#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2022

# **ELEVATION CERTIFICATE**

**Important:** Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION					FOR INSUF	RANCE COMPANY USE	
A1. Building Owner's Name  EAGLE CLIFF DEVELOPMENT, LLC  Policy Number:						ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  100 SUNCLIFFE DR.					Company N	AIC Number:	
City SEDONA							
A3. Property Desc 405-56-012, LOT 3		nd Block Numbers, Ta F UNIT 1	x Parcel	Number, Le	gal Description, etc	c.)	
A4. Building Use (	e.g., Resider	ntial, Non-Residential,	Addition,	, Accessory,	etc.) RESIDEN	ΓIAL	
A5. Latitude/Longit	tude: Lat. <u>3</u>	4°47'8.5" N	Long. 1	11°45'22.4" V	V Horizontal	Datum: NAD 1	927 × NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being ເ	ised to obtain flood	l insurance.	
A7. Building Diagra	am Number	1B					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of craw	space or enclosure(s)			N/A sq ft		
b) Number of p	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade N/A
c) Total net ar	ea of flood o	penings in A8.b		N/A sq ir	Ī		
d) Engineered	flood openir	ngs? 🗌 Yes 🗵 N	No				
A9. For a building v	vith an attach	ned garage:					
		ned garage		576.00 sq ft			
		ood openings in the at				acent grade 0	
		penings in A9.b	taonoa g	0.00 sq	•	<u></u>	
				<u> </u>			
d) Engineered	nood openin	gs? ☐ Yes ⊠ N	NO				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number YAVAPAI COUNTY #040093					B3. State Arizona		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
04025C1445	G	12-17-2020	09-03-2	vised Date 2010	UNSHADED X	4106.4	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  ☐ FIS Profile ☐ FIRM ☐ Community Determined ☒ Other/Source: SUBDIVISION PLAT- FIRECLIFF UNIT 1							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No							
Designation I	Date:		CBRS	□ОРА			

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IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, S 100 SUNCLIFFE DR.	uite, and/or Bldg. No.) or f	P.O. Route and Box No.	Policy Number:		
City SEDONA	State Arizona	ZIP Code 86322	Company NAIC Number		
SECTION C – BUI	LDING ELEVATION INF	ORMATION (SURVEY R	EQUIRED)		
		•			
<ul> <li>C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.</li> <li>C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.</li> <li>Benchmark Utilized: YCFC BM 922 Vertical Datum: 4103.22 (NAVD88)</li> </ul>					
Indicate elevation datum used for the ele	vations in items a) through	n h) below.			
☐ NGVD 1929 ☐ NAVD 1988	Other/Source:				
Datum used for building elevations must		for the BFE.			
			Check the measurement used.		
a) Top of bottom floor (including basement	ent, crawlspace, or enclos	ure floor)	4117.3 X feet  meters		
<ul><li>b) Top of the next higher floor</li></ul>			N/A  feet  meters		
c) Bottom of the lowest horizontal struct	ural member (V Zones onl	y)	N/A feet meters		
d) Attached garage (top of slab)	•	* *	4116.8 X feet meters		
e) Lowest elevation of machinery or equ     (Describe type of equipment and local	uipment servicing the build	ing 	N/A  feet  meters		
f) Lowest adjacent (finished) grade next to building (LAG) N/A feet meters					
g) Highest adjacent (finished) grade nex			N/A ☐ feet ☐ meters		
h) Lowest adjacent grade at lowest elev		luding	N/A ☐ feet ☐ meters		
structural support	IDVEVOD ENGINEED	OD A DOUBTEOT OFFITE			
		OR ARCHITECT CERTIF			
This certification is to be signed and sealed be I certify that the information on this Certificate statement may be punishable by fine or impri	represents my best effort	's to interpret the data availa	y law to certify elevation information. able. I understand that any false		
Were latitude and longitude in Section A prov	rided by a licensed land su	ırveyor? ⊠Yes ☐ No			
Certifier's Name	License Nun	nber			
CLINT GILLESPIE	50106		RED AND S		
Title			TO THE STATE OF TH		
REGISTERED LAND SURVEYOR			50106 2 112		
Company Name HERITAGE LAND SURVEYING	-		GISTES PAR 1		
Address PO BOX 3270			ARIZONA V.S.		
City	State	ZIP Code			
CAMP VERDE	Arizona	86322	Expires <u><b>9.30.21</b></u>		
Signature 14 Cp/	Date 22 June 202	Telephone (928) 567-9170	Ext.		
Copy all pages of this Elevation/Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2(e), if applicable) BUILDING WAS UNDER CONSTRUCTION AT TIME OF CERTIFICATION					

# **ELEVATION CERTIFICATE**

IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, a 100 SUNCLIFFE DR.	nd/or Bldg. No.) or P.O	. Route and Box No.	Policy Number:		
City VILLAGE OF OAK CREEK	State Arizona	ZIP Code 86322	Company NAIC Number		
SECTION E – BUILDING E FOR ZOI	LEVATION INFORMA	ATION (SURVEY NOT (WITHOUT BFE)	REQUIRED)		
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.					
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).  a) Top of bottom floor (including basement,					
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet	rs  above or  below the HAG.		
crawlspace, or enclosure) is		feet			
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided in §	Section A Items 8 and/or			
E3. Attached garage (top of slab) is		feet	rs  above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is		feet _ meter	rs ☐ above or ☐ below the HAG.		
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance? Yes	ble, is the top of the bo	ttom floor elevated in ac The local official must	ccordance with the community's certify this information in Section G.		
SECTION F - PROPERTY O	WNER (OR OWNER'S	REPRESENTATIVE) CI	ERTIFICATION		
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.					
Property Owner or Owner's Authorized Representativ	e's Name				
Address	City	St	tate ZIP Code		
Signature	Date	Тє	elephone		
Comments					
			☐ Check here if attachments.		

# **ELEVATION CERTIFICATE**

IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, S 100 SUNCLIFFE DR.	P.O. Route and Box No.	Policy Number:				
City VILLAGE OF OAK CREEK	State Arizona	ZIP Code 86322	Company NAIC Number			
SECTION	ON G - COMMUNITY INF	ORMATION (OPTIONA	L)			
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.						
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)						
G2. A community official completed Sect or Zone AO.	G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.					
G3. The following information (Items G4-	-G10) is provided for com	munity floodplain manag	gement purposes.			
G4. Permit Number	G5. Date Permit Issued	d G	Date Certificate of     Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction S	Substantial Improvement				
G8. Elevation of as-built lowest floor (includin of the building:	g basement)		feet  meters Datum			
G9. BFE or (in Zone AO) depth of flooding at	the building site:		feet  meters Datum			
G10. Community's design flood elevation:	-		feet  meters Datum			
Local Official's Name		Title				
Community Name		Telephone				
Signature		Date				
Comments (including type of equipment and lo	cation, per C2(e), if applic	cable)				
			Check here if attachments.			

## **BUILDING PHOTOGRAPHS**

# **ELEVATION CERTIFICATE**

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the correspon	Name and Address of the Owner, where the Owner, while the	FOR INSURANCE (	COMPANY USE	
Building Street Address (including Apt., Unit, Suite, ar 100 SUNCLIFFE DR.	nd/or Bldg. No.) or P.O.	. Route and Box No.	Policy Number:	-
City	State	ZIP Code	Company NAIC Nun	nber
VILLAGE OF OAK CREEK	Arizona	86322		
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.				
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				= "
				_ ''_'
Photo One Continu	Photo One			Clear Photo One
Photo One Caption				Clear Photo One
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	Photo Two			
Photo Two Caption				Clear Photo Two

### **BUILDING PHOTOGRAPHS**

# **ELEVATION CERTIFICATE**

Continuation Page

IMPORTANT: In these spaces, copy the corresp	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite 100 SUNCLIFFE DR.	e, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:		
City	State	ZIP Code	Company NAIC Number		
VILLAGE OF OAK CREEK	Arizona	86322			
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.					
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