

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

ELEVATION CERTIFICATE

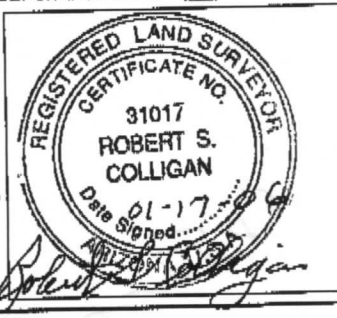
Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION. BUILDING OWNER'S NAME: ZURKO, ZURKO MICHAEL + SHARI. BUILDING STREET ADDRESS: 845 N AUTUMN LN. CITY: COTTONWOOD. STATE: AZ. ZIP CODE: 86326. APN: 406-45-112F.

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION. B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: YAVAPAI COUNTY 040093. B2. COUNTY NAME: YAVAPAI. B3. STATE: AZ. B4. MAP AND PANEL NUMBER: 04025C1782. B5. SUFFIX: F. B6. FIRM INDEX DATE: JUNE 6 2001. B7. FIRM PANEL EFFECTIVE/REVISED DATE: JUNE 6 2001. B8. FLOOD ZONE(S): AE. B9. BASE FLOOD ELEVATION(S): 3278.2.

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED). C1. Building elevations are based on: [X] Finished Construction. C2. Building Diagram Number: 1. C3. 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.

Elevation reference mark used: RM 119. Does the elevation reference mark used appear on the FIRM? [X] Yes. [] No. a) Top of bottom floor (including basement or enclosure): 3279.4 ft.(m). b) Top of next higher floor: N/A ft.(m). c) Bottom of lowest horizontal structural member (V zones only): N/A ft.(m). d) Attached garage (top of slab): 3278.1 ft.(m). e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.): 3278.95 ft.(m). f) Lowest adjacent (finished) grade (LAG): 3276.9 ft.(m). g) Highest adjacent (finished) grade (HAG): 3277.6 ft.(m). h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade: N/A. i) Total area of all permanent openings (flood vents) in C3.h: N/A sq. in. (sq. cm).



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION. This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. CERTIFIER'S NAME: ROBERT S. COLLIGAN. LICENSE NUMBER: 31017. TITLE: RLS. COMPANY NAME: VERDE VALLEY SURVEYING LLC. ADDRESS: P.O. Box 2855. CITY: CAMP VERDE. STATE: AZ. ZIP CODE: 86822. SIGNATURE: Robert S. Colligan. DATE: 01-17-06. TELEPHONE: 928-567-2230.

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number	
CITY	STATE	ZIP CODE	Company NAIC Number	

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

COMMENTS 2ND STRUCTURE (WORK SHOP EAST OF MAIN HOUSE)
FINISHED FLOOR ELEV = 3278.51

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft. (m) _____ in. (cm) _____ above or _____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft. (m) _____ in. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is _____ ft. (m) _____ in. (cm) _____ above or _____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- 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-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft. (m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft. (m) Datum: _____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments



PIC DATE 4 APR 2006

466-45-117F



