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

OMB No. 1660-0008

Expiration Date: November 30, 2018

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 | | | | | | RANCE COMPANY USE | |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------|----------------------|------------------------------------|---------------------------------|--|
| A1. Building Owner's Name Frankie S & Kimberly L Trimble Policy Number: | | | | | | | |
| 4177 E Comanche Dr | | | | | | NAIC Number: | |
| City Cottonwood | Cottonwood Arizona 86326 | | | | | | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN 406-47-253 Lot 2096 Verde Village Unit 5 | | | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential | | | | | | | |
| A5. Latitude/Longitude: Lat. | A5. Latitude/Longitude: Lat. 34°42'22.7"N Long. 111°58'53"w Horizontal Datum: NAD 1927 NAD 1983 | | | | | | |
| A6. Attach at least 2 photogra | aphs of the building if the | Certific | ate is being | used to obtain floo | od insurance. | | |
| A7. Building Diagram Numbe | r <u>1B</u> | | | | | | |
| A8. For a building with a craw | rlspace or enclosure(s): | | | | | | |
| a) Square footage of cra | wlspace or enclosure(s) | | | 0.00 sq ft | | | |
| b) Number of permanent | flood openings in the cra- | wlspace | e or enclosur | e(s) within 1.0 foo | t above adjacent gra | ade 0 | |
| c) Total net area of flood | | | sq ir | | M | | |
| d) Engineered flood oper | nings? Yes No |) | | | | | |
| A9. For a building with an atta | | | | | | | |
| a) Square footage of attac | a) Square footage of attached garage sq ft | | | | | | |
| b) Number of permanent | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade | | | | | | |
| | a) Total and are of floor described as a second sec | | | | | | |
| | | | | | | | |
| d) Engineered flood openings? Yes No | | | | | | | |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | | | |
| B1. NFIP Community Name & | | | B2. County | | | B3. State | |
| Yavapai County 040093 | | | Yavapai | | | Arizona | |
| B4. Map/Panel B5. Suffix Number | B6. FIRM Index Date | Effe | M Panel ctive/ ised Date | B8. Flood Zone(s) | B9. Base Flood El (Zone AO, use | evation(s) Base Flood Depth) | |
| 1778 H | 06-06-2001 | 10-16-2 | | AE | 3254.93 | | |
| 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: | | | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 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 Date: CBRS OPA | | | | | | | |
| | | | | | | | |
| | | | -12 | | | | |

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

| MPORTANT: In these spaces, copy the corresponding information from Section A. | | | FOR INSURANCE COMPANY USE | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| uilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 177 E Comanche Dr | | | Policy Number: | | |
| City Cottonwood | | ZIP Code 86326 | Company NAIC Number | | |
| SECTION C – BUILDING | ELEVATION INFORI | MATION (SURVEY R | EQUIRED) | | |
| | inction Drawings* Inconstruction of the bound of the boun | Building Under Construuilding is complete. Ith BFE), AR, AR/A, AR ied in Item A7. In Puerl um: 3277.72' pelow. The BFE. The | uction* | | |
| structural support SECTION D – SURVEYO | | 3 | | | |
| This certification is to be signed and sealed by a land I certify that the information on this Certificate represe statement may be punishable by fine or imprisonment Were latitude and longitude in Section A provided by a | surveyor, engineer, or nts my best efforts to in under 18 U.S. Code, S | architect authorized by hterpret the data availa Section 1001. | law to certify elevation information. ble. I understand that any false | | |
| Certifier's Name Martin T. Etcheverry | License Number 33873 | | | | |
| Title Registered Land Surveyor Company Name Southwest Geographic Services Address PO Box 2701 City | State | ZIP Code | Pierre do Company de la Compan | | |
| Cottonwood | Arizona | 86326 | Mha to any | | |
| Signature White to Elding | Date 09-25-2018 | Telephone (928) 239-9525 | 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, p Lowest equipment is a hot water heater near kitchen. | | | | | |

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

| MPORTANT: In these spaces, copy the corresponding information from Section A. | | | | FOR INSURANCE COMPANY USE | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 4177 E Comanche Dr | | | | Policy Number: | |
| City Cottonwood | Ar | tate ZIP Co rizona 86326 | | Company NAIC N | lumber |
| | SECTION E – BUILDING ELE FOR ZONE | VATION INFORMATION AO AND ZONE A (WITH | (SURVEY NOT OUT BFE) | REQUIRED) | |
| For Zones AO and A (w complete Sections A, B enter meters. | vithout BFE), complete Items E1– ,and C. For Items E1–E4, use na | E5. If the Cortificate is inter | adad ta avan a t | LOMA or LOMR-F ment used. In Puerl | request, to Rico only, |
| goc aajaoo | nformation for the following and c nt grade (HAG) and the lowest ad loor (including basement, | heck the appropriate boxes ljacent grade (LAG). | to show whethe | r the elevation is ab | ove or below |
| crawlspace, or | enclosure) is | | feet meter | s above or | below the HAG. |
| crawlspace, or | loor (including basement, enclosure) is | | feet meter | s above or | below the LAG. |
| E2. For Building Diagra the next higher floo the diagrams) of th | ams 6–9 with permanent flood ope or (elevation C2.b in | enings provided in Section | | And the second s | |
| E3. Attached garage (to | | | feet meter | | below the HAG. |
| E4. Top of platform of r | machinery and/or equipment | | _feet meter | s above or | below the HAG. |
| servicing the building | ng is ng flood depth number is available, | | feet meters | above or | below the HAG. |
| floodplain manager | ment ordinance? Yes N | No Unknown. The loc | cal official must o | ertify this information | ommunity's on in Section G. |
| | ECTION F - PROPERTY OWNE | P (OP OWNER'S PERF | SENTATIVE) CE | DTIEICATION | |
| | ECTION F - PROPERTY OWNE | | | | |
| The property owner or o community-issued BFE) | wner's authorized representative or Zone AO must sign here. The er's Authorized Representative's N | who completes Sections A, statements in Sections A, I | D and E for 7a | ο Λ (vith - vt - ΕΕΙ | IA-issued or y knowledge. |
| The property owner or o community-issued BFE) Property Owner or Owner | wner's authorized representative or Zone AO must sign here. The | who completes Sections A, statements in Sections A, I | D and E for 7a | ne A (without a FEM ect to the best of m | IA-issued or y knowledge. |
| The property owner or o community-issued BFE) Property Owner or Owner Address | wner's authorized representative or Zone AO must sign here. The | who completes Sections A, statements in Sections A, I | B, and E for Zor B, and E are corr Sta | ne A (without a FEM ect to the best of my | y knowledge. |
| The property owner or o community-issued BFE) Property Owner or Owner Address Signature | wner's authorized representative or Zone AO must sign here. The | who completes Sections A, statements in Sections A, ENAME City | B, and E for Zor B, and E are corr Sta | ne A (without a FEM ect to the best of m | y knowledge. |
| The property owner or o community-issued BFE) Property Owner or Owner Address Signature | wner's authorized representative or Zone AO must sign here. The | who completes Sections A, statements in Sections A, ENAME City | B, and E for Zor B, and E are corr Sta | ne A (without a FEM ect to the best of my | y knowledge. |
| The property owner or o community-issued BFE) Property Owner or Owner Address Signature | wner's authorized representative or Zone AO must sign here. The | who completes Sections A, statements in Sections A, ENAME City | B, and E for Zor B, and E are corr Sta | ne A (without a FEM ect to the best of my | y knowledge. |
| The property owner or o community-issued BFE) Property Owner or Owner Address Signature | wner's authorized representative or Zone AO must sign here. The | who completes Sections A, statements in Sections A, ENAME City | B, and E for Zor B, and E are corr Sta | ne A (without a FEM ect to the best of my | y knowledge. |
| The property owner or o community-issued BFE) Property Owner or Owner Address Signature | wner's authorized representative or Zone AO must sign here. The | who completes Sections A, statements in Sections A, ENAME City | B, and E for Zor B, and E are corr Sta | ne A (without a FEM ect to the best of my | y knowledge. |
| The property owner or o community-issued BFE) Property Owner or Owner Address Signature | wner's authorized representative or Zone AO must sign here. The | who completes Sections A, statements in Sections A, ENAME City | B, and E for Zor B, and E are corr Sta | ne A (without a FEM ect to the best of my | y knowledge. |
| The property owner or o community-issued BFE) Property Owner or Owner Address Signature | wner's authorized representative or Zone AO must sign here. The | who completes Sections A, statements in Sections A, ENAME City | B, and E for Zor B, and E are corr Sta | ne A (without a FEM ect to the best of my | y knowledge. |
| The property owner or o community-issued BFE) Property Owner or Owner Address Signature | wner's authorized representative or Zone AO must sign here. The | who completes Sections A, statements in Sections A, ENAME City | B, and E for Zor B, and E are corr Sta | ne A (without a FEM ect to the best of my | y knowledge. |
| The property owner or o community-issued BFE) Property Owner or Owner Address Signature | wner's authorized representative or Zone AO must sign here. The | who completes Sections A, statements in Sections A, ENAME City | B, and E for Zor B, and E are corr Sta | ne A (without a FEM ect to the best of my | y knowledge. |
| The property owner or o community-issued BFE) Property Owner or Owner Address Signature | wner's authorized representative or Zone AO must sign here. The | who completes Sections A, statements in Sections A, ENAME City | B, and E for Zor B, and E are corr Sta | ne A (without a FEM ect to the best of my | y knowledge. |
| The property owner or o community-issued BFE) Property Owner or Owner Address Signature | wner's authorized representative or Zone AO must sign here. The | who completes Sections A, statements in Sections A, ENAME City | B, and E for Zor B, and E are corr Sta | ne A (without a FEM ect to the best of my | y knowledge. |
| The property owner or o community-issued BFE) | wner's authorized representative or Zone AO must sign here. The | who completes Sections A, statements in Sections A, ENAME City | B, and E for Zor B, and E are corr Sta | ne A (without a FEM ect to the best of my | y knowledge. |

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

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: 4177 E Comanche Dr City State ZIP Code Company NAIC Number Cottonwood Arizona 86326 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. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters. 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.) A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. The following information (Items G4–G10) is provided for community floodplain management purposes. G4. Permit Number G5. Date Permit Issued G6. Date Certificate of Compliance/Occupancy Issued G7. This permit has been issued for: New Construction Substantial Improvement Elevation of as-built lowest floor (including basement) feet meters Datum of the building: 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 location, per C2(e), if applicable) Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, co Building Street Address (including | FOR INSURANCE COMPANY USE Policy Number: | | |
|----------------------------------------------------------------------|------------------------------------------|-------------------|---------------------|
| 4177 E Comanche Dr | | | i dinay i talingan |
| City Cottonwood | State Arizona | ZIP Code 86326 | Company NAIC Number |

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.



Photo One

Photo One Caption Front View 09-25-2018

Clear Photo One



Photo Two Caption Back View 09-25-2018

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the corre | FOR INCURANCE COMPANY LICE | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|---------------------|
| Building Street Address (including Apt., Unit, Su | FOR INSURANCE COMPANY USE | | |
| 4177 E Comanche Dr | ille, and/or blug. No.) | or P.O. Route and Box No. | Policy Number: |
| City | State | ZIP Code | Company NAIC Number |
| Cottonwood | Arizona | 86326 | |
| If submitting more photographs than will fit or with: date taken; "Front View" and "Rear View photographs must show the foundation with rep | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Photo ' | Three | |
| | | | |
| | | v. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Photo Tr | nree | |
| Photo Three Caption | | | Clear Photo Three |
| | | 1. (1.0.0.0.) | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Dhata i | | |
| | Photo F | -our | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| hoto Four Caption | Photo For | JF | |
| · · · · · · · · · · · · · · · · · · · | | | Clear Photo Four |