## DEPARTMENT OF HOMELAND SECURITY

# Federal Emergency Management Agency ELEVATION CERTIFICATE

**IMPORTANT:** FOLLOW THE INSTRUCTIONS ON PAGES 9-16

Copy all pages of this Elevation Certificate and all attachments for	or (1) community offic	ial, (2) insuran	nce agent/compar	ny, and (3) buil	xpiration: 11/30/2018 ding owner.		
SECTION A - PROPERTY INFOR		FORM INSUR	ANCE COMP	ANY USE			
A1. Building Owner's Name CHAD DEWITT							
A2. Building Street Address (including Apt., Unit, Suite, and/Box No.  1338 E PEILA AVE							
City COTTONWOOD	ONA	Zip Code	86326				
A3. Property Description (Lot and Block Numbers, Tax Parce 406-48-545	el Number, Legal De			Zip Gode	00320		
A4. Building Use (e.g., Residential, Non-Residential, Addition	n, Accessory, etc.) R	RESIDENTIAL					
A5. Latitude/Longitude: Lat. <b>34°42'38.45"</b> Long. <b>112°00'</b> 4		ıl Datum	○ NAD 1927	■ NAD 198	22		
A6. Attach at least 2 photographs of the building if the Certific	cate is being used to			IVAD 150	,5		
A7. Building Diagram Number 1B							
A8. For a building with a crawlspace or enclosure(s):	A9	. For a buildir	ng with an attach	ned garage:			
a) Square footage of crawlspace or enclosure(s)	<b>0</b> sq ft a)	Square footag	ge of attached g	arage	<b>704</b> sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	b)	Number of pe	ermanent flood o	penings	N/A		
c) Total net area of flood openings in A8.b			of flood opening	ge in AO h			
d) Engineered flood openings?  Yes No			lood openings?		0 sq ir		
SECTION B - FLOOD INS		_					
B1. NFIP Community Name & Community Number YAVAPAI 040093	B2. County Na YAVAPA	ame			B3. State AZ		
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date	B7. FIRM Panel Ef	fective/ B8.	Flood Zone(s)		ood Elevation(s)		
04025C1759 G 10/16/2015	Revised Date 9/3/2010		AE	depth	O, use base flood		
B10. Indicate the source of the Base Flood Elevation (BFE) da		th entered in	Item B9:				
		2 4000 6 0					
B11. Indicate elevation datum used for BFE in Item B9:   N  B12. Is the building leceted in a Coastal Parrier Resource Co							
B12. Is the building located in a Coastal Barrier Resources Sys  Designation Date: CBRS C	Stem (CBRS) area oi `OPA	Otherwise P	rotected Area (C	DPA)? (CY	es 🕡 No		
SECTION C - BUILDING ELE		TION (SURVE	Y REQUIRED)				
C1. Building elevations are based on: Construction Drawin		Under Constr		Finished Con	struction		
C2. Elevations - Zones A1 - A30, AE, AH, A (with BFE), VE, V Complete Items C2.a -h below according to the building diagra	m specified in Item A	7. In Puerto F	AR/AE, AR/A1 - Rico only, enter	A30, AR/AH, meters.	AR/AO.		
A new Elevation Certificate will be required when construction	n of the building is co	mplete.					
Benchmark Utilized: P 493		Datum: <b>3316</b>					
ndicate elevation datum used for the elevations in items a) three	ough h) below.	NGVD 1929	<b>NAVD 1988</b>				
Other/Source:							
Datum used for building elevations must be the same as that u	sed for the BFE.			Check the me	easurement used.		
a) Top of bottom floor (including basement, crawlspace, or end	closure floor)		3460.83	feet	← meters		
D) Top of the next higher floor			N/A	feet	meters		
<ul><li>Bottom of the lowest horizontal structural member (V Zones</li><li>Attached garage (top of slab)</li></ul>	s only)		N/A 3460.59	Cfeet	meters		
Lowest elevation of machinery or equipment servicing the b	puildina		3400.33	feet	meters		
(Describe type of equipment and location in Comments)	and in g		3462.29	feet	C meters		
) Lowest adjacent (finished) grade next to building (LAG)			3459.30	feet	meters		
Highest adjacent (finished) grade next to building (HAG)			3460.40	feet	meters		
<ul> <li>Lowest adjacent grade at lowest elevation of deck or stairs, structural support</li> </ul>	including		N/A	feet	meters		

# **ELEVATION CERTIFICATE**

SECTION D - S	SURVEYOR, ENGIN	IEER, OR A	RCHITECT CE	RTIFICATION
This certification is to be signed and sealed by a	land surveyor, engin	neer, or arch	itect authorized	by law to certify elevation information. I certify
that the information on this Certificate represents			data available.	l understand that any false statement may be
punishable by fine or imprisonment under 18 U.S				
	Were latitude and l			
Check here if attachments.	provided by a licens		rveyor?	COLAND A
Contificula Nama				
Certifier's Name CLINT GILLESPIE	License Number 50106		iber	50106 O
Title	Company Name			GILLESPIE
R.L.S.	HERITAGE LAND	SURVEYI	NG .	% Stoned 5:5:
Address PO BOX 3270	City CAMP VERDE	State AZ	Zip Code 86322	ARIZONA, U.S.P.
Signature	Date	Teleph	one	Expires 9.30.18
(1) +Capa			567-9170	
Clind Colon	5 May, 2016			
Copy both sides of this Elevation Certificate for (	1) community official,	, (2) insuran	ce agent/comp	any, and (3) building owner.
Comments (including type of equipment and loca	ation , per C2(e), if ap	oplicable)"		
MACHINERY SERVICING RESIDENCE IS A HO	OT WATER HEATER	RLOCATE	IN GARAGE.	
Signature Co. A. G. O. A.				
Signature ( ) (SOf-				Date 5 May, 2016
SECTION E - BUILDING ELEVATION INFO	DRMATION (SURVE	Y NOT REC	QUIRED) FOR	ZONE AO AND ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), complete Ite Sections A, B,and C. For Items E1 -E4, use natur	ms E1 -E5. If the Ce ral grade, if available	rtificate is in . Check the	tended to supp measurement	ort a LOMA or LOMR-F request, complete used. In Puerto Rico only, enter meters.
E1. Provide elevation information for the following	a and check the anni	onriate hov	es to show who	other the elevation is above or holow the
highest adjacent grade (HAG) and the lowest	adjacent grade (LAC	G).	es to snow whe	ther the elevation is above of below the
<ul> <li>a) Top of bottom floor (including basement, c or enclosure) is</li> </ul>	rawlspace,		C feet C	meters above or below the HAG.
<ul> <li>b) Top of bottom floor (including basement, c or enclosure) is</li> </ul>	rawlspace,		Geet C	meters above or below the LAG.
E2. For Building Diagrams 6 -9 with permanent flo nigher floor (elevation C2.b in the diagrams) of th		ed in Sectio		d/or 9 (see pages 8 -9 of Instructions), the next meters above or below the HAG.
E3. Attached garage (top of slab) is			Cfeet C	meters above or below the HAG.
E4. Top of platform of machinery and /or equipme	ent	_	Greet C	meters
servicing the building is			. Vileet Vil	meters above or below the HAG.
E5. Zone AO only: If no flood depth number is ava				
management ordinance? Cyes CNo C	Unknown. The local	official mus	t certify this inf	ormation in Section G.
SECTION F - PROPER				
The property owner or owner's authorized represe				
community-issued BFE) or Zone AO must sign he	ere. The statements	in Sections	A, B, and E are	e correct to the best of my knowledge.
Property Owner or Owner's Authorized Represer	ntative's Name:			
Address	City		State	ZIP Code
Signature	Date		Telephor	ne
Comments				· ·
				•
				Check here if attachments.
				☐ Check here if attachments.

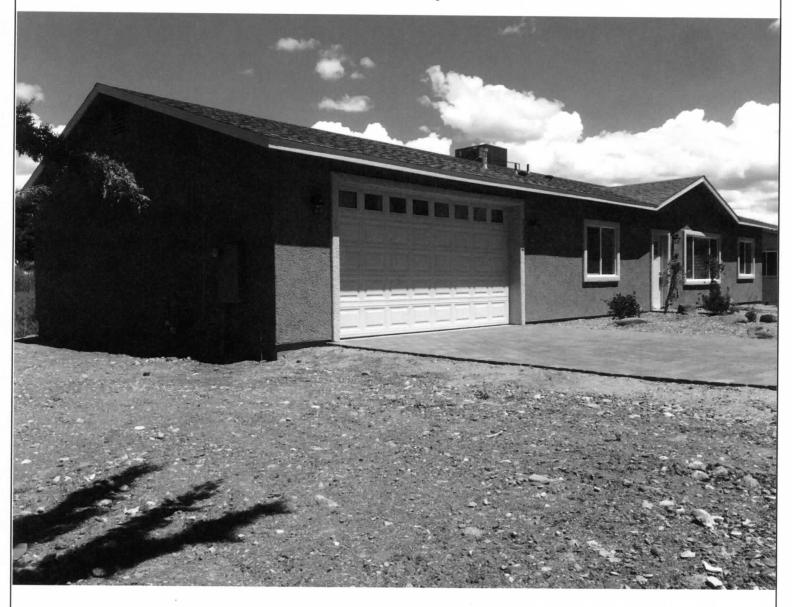
SECTION G - CC	MMUNITY INFORMA	TION (O	PTIONAL)		
The local official who is authorized by law or ordinance to ad A, B, C (or E), and G of this Elevation Certificate. Complete G10. In Puerto Rico only, enter meters.	Iminister the communit the applicable item(s)	ty's flood and sign	plain manag below. Ched	ement ordinance can complete Secti kk the measurement used in Items G	ions 8 -
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 Section E for a bui	ilding located in Zone A	A (withou	it a FEMA-is	sued or community-issued BFE) or Z	one
G3. The following information (Items G4 -G10) is provided	ded for community floo	dplain m	anagement	purposes.	
G4. Permit Number G5. Date	Permit Issued	G6. Da	te Certificate	of Compliance/Occupancy Issued	
G7. This permit has been issued for:  New Construction	C Substantial Impro	vement			
G8. Elevation of as-built lowest floor (including basement) of the building:		Cfeet	Cmeters	Datum	
G9. BFE or (in Zone AO) depth of flooding at the building site:		Cfeet	meters	Datum	
G10. Community's design flood elevation:		Cfeet	meters	Datum	
Local Official's Name	Title				_
Community Name	Telephone	)			
Signature	Date				
Comments					
				Check here if attachmer	nts.
FFMA Form 086-0-33 (7/15)	Replaces all previous	s edition	s	Page 5 of 1	 5

See instructions for Item A6

OMB Control Number: 1660-0008

			Expiration: 17/30/2016
IMPORTANT: In these spaces, copy the co	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, 1338 E PEILA AVE	Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City COTTONWOOD	State <b>AZ</b>	Zip Code <b>86326</b>	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.

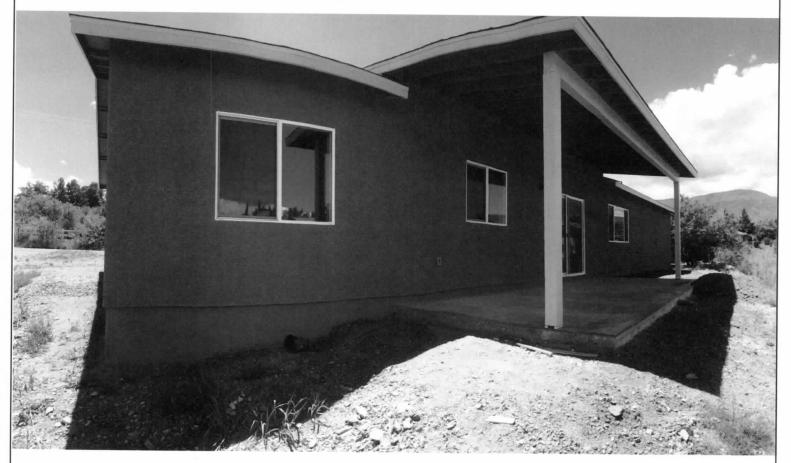


Continuation Page

OMB Control Number: 1660-0008 Expiration: 11/30/2018

IMPORTANT: In these spaces, copy the correspondi	FORM INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit,Suite, and/o	Policy Number:		
City COTTONWOOD	State AZ	Zip Code 86326	Company NAIC Number:

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.



#### DEPARTMENT OF HOMELAND SECURITY

## Federal Emergency Management Agency

## **ELEVATION CERTIFICATE**

**IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16** 

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9	-16	Expiration: 11/3	0/2018
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insuran		, and (3) building owner. NCE COMPANY USE	
SECTION A - PROPERTY INFORMATION  A1 Building Owner's Name	FUKINI INOUNA	NCE COMPANT USE	
A1. Building Owner's Name CHAD DEWITT	Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Company NAIC Number:		
1338 E PEILA AVE		T	
City COTTONWOOD State ARIZ		Zip Code <b>86326</b>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 406-48-545	.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL	L		
A5. Latitude/Longitude: Lat. 34°42'38.45" Long. 112°00'44.79" Horizontal Datum:		<b>●</b> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood i	insurance.		
A7. Building Diagram Number 1B			
A8. For a building with a crawlspace or enclosure(s):  A9. For a building	ling with an attache	ed garage:	
	age of attached ga		sqft
	ermanent flood op ed garage within 1		
above adjacent grade  N/A  above adjacent grade		.0 100t N/A	-
c) Total net area of flood openings in A8.b sq in c) Total net area	a of flood opening	s in A9.b	sq in
d) Engineered flood openings? CYes No d) Engineered	flood openings?	C Yes	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) IN	FORMATION		
B1. NFIP Community Name & Community Number YAVAPAI 040093  B2. County Name YAVAPAI		B3. State AZ	
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ B8. Revised Date	Flood Zone(s)	B9. Base Flood Elevation (Zone AO, use base	
04025C1759 G 10/16/2015 9/3/2010	AE	depth 3,450.20'	noou
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in	ltom PO:	0,400.20	
FIS Profile FIRM Community Determined Other/Source:	ritem 55.		
B11. Indicate elevation datum used for BFE in Item B9:	Other/Source:		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise F		PA)? (Yes (6 No	`
Designation Date: CBRS COPA	riolected Alea (O	rA): ( les ( No	,
SECTION C - BUILDING ELEVATION INFORMATION (SURV	/EY REQUIRED)		
C1. Building elevations are based on: Construction Drawings* Building Under Const		Finished Construction	
C2. Elevations - Zones A1 - A30, AE, AH, A (with BFE), VE, V1 - V30, V (with BFE), AR, AR/A			
Complete Items C2.a -h below according to the building diagram specified in Item A7. In Puerto  * A new Elevation Certificate will be required when construction of the building is complete.	Rico only, enter n	neters.	
· · · · · · · · · · · · · · · · · · ·	10.00		
Benchmark Utilized: P 493 Vertical Datum: 331 Indicate elevation datum used for the elevations in items a) through h) below.    NGVD 1929			
	MINAAD 1800		
Other/Source:			
Datum used for building elevations must be the same as that used for the BFE.		Check the measurement	used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	3460.83	feet meter	
b) Top of the next higher floor	N/A N/A	feet meter	
<ul><li>c) Bottom of the lowest horizontal structural member (V Zones only)</li><li>d) Attached garage (top of slab)</li></ul>	3460.59	feet meter	
e) Lowest elevation of machinery or equipment servicing the building	-	6 feet meter	
(Describe type of equipment and location in Comments)	3462.29	feet c meter	'S
f) Lowest adjacent (finished) grade next to building (LAG)	3459.30	feet _ meter	rs
g) Highest adjacent (finished) grade next to building (HAG)	3460.40	feet meter	s
h) Lowest adjacent grade at lowest elevation of deck or stairs, including	N/A	_ feet _ meter	rs
structural support		(*1000 (*111010)	J

OMB Control Number: 1660-0008

## **ELEVATION CERTIFICATE**

SECTION D -	SURVEYOR, ENGINEE	R, OR ARCHITECT C	ERTIFICATION
that the information on this Certificate represent	s my best efforts to inter		d by law to certify elevation information. I certify I understand that any false statement may be
punishable by fine or imprisonment under 18 U.	·		
Check here if attachments.	Were latitude and long provided by a licensed	<del>-</del>	C WLAND
Certifier's Name	€ Yes ∩ No	ense Number	
CLINT GILLESPIE		106	50106 O
Title R.L.S.	Company Name HERITAGE LAND S	URVEYING	GILLESPIE GILLESPIE
Address PO BOX 3270	City CAMP VERDE	State Zip Code AZ 86322	ARIZONA, U.S.A.
Signature	Date	Telephone (928) 567-9170	Expires 9.30.18
Un Gla	5May, 2016		
Comments (including type of equipment and loc		•	:. -
Signature OAG			Date 5 May, 2016
SECTION E - BUILDING ELEVATION INF For Zones AO and A (without BFE), complete It			ZONE AO AND ZONE A (WITHOUT BFE)
Sections A, B, and C. For Items E1 -E4, use nati			
<ol> <li>Provide elevation information for the following highest adjacent grade (HAG) and the lowes</li> <li>a) Top of bottom floor (including basement,</li> </ol>	st adjacent grade (LAG).	riate boxes to show wh	
or enclosure) is			
<ul> <li>b) Top of bottom floor (including basement, or enclosure) is</li> </ul>	crawlspace,		meters above or below the LAG.
E2. For Building Diagrams 6 -9 with permanent nigher floor (elevation C2.b in the diagrams) of t			nd/or 9 (see pages 8 -9 of Instructions), the next meters above or below the HAG.
E3. Attached garage (top of slab) is			meters $\square$ above or $\square$ below the HAG.
E4. Top of platform of machinery and /or equipm servicing the building is	nent	·	meters  above or below the HAG.
E5. Zone AO only: If no flood depth number is a management ordinance? $\bigcap_{Yes}\bigcap_{No}\bigcap$	vailable, is the top of the Unknown. The local of		
	RTY OWNER (OR OWN	<u> </u>	
The property owner or owner's authorized repre- community-issued BFE) or Zone AO must sign i Property Owner or Owner's Authorized Represe	sentative who completes here. The statements in	Sections A, B, and E	for Zone A (without a FEMA-issued or
Address	City	State	ZIP Code
Signature	Date	Telepho	one
Comments			
			•
			Check here if attachments.

	SECTI	ON G - CO	MMUNITY INFORMA	TION (O	PTIONAL)		
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.						mplete Sections d in Items G8 -	
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 Section AO.	E for a build	ding located in Zone A	(withou	t a FEMA-iss	ued or community-issue	ed BFE) or Zone
G3.	☐ The following information (Items G4 -G	10) is provid	ed for community floo	dplain m	anagement p	ourposes.	
G4.	Permit Number	G5. Date F	Permit Issued	G6. Da	te Certificate	of Compliance/Occupar	ncy Issued
G7.	This permit has been issued for:	onstruction	C Substantial Impro	vement			
G8.	Elevation of as-built lowest floor (including b of the building:	asement)		⊂ feet	○ meters	Datum	
	BFE or (in Zone AO) depth of flooding at the site:	building		C feet	C meters	Datum	
G10	Community's design flood elevation:		-	Cfeet	meters	Datum	
	Official's Name		Title	1001	meters	Datom	
Con	munity Name		Telephone	!			
Sigr	ature		Date				
Con	ments		·····				
	Apparent a series					Check here	e if attachments.

See instructions for Item A6

OMB Control Number: 1660-0008 Expiration: 11/30/2018

IMPORTANT: In these spaces, copy the correspor	nding information	No.) or P.O. Route and Box No.		
Building Street Address (including Apt., Unit, Suite, at 1338 E PEILA AVE	nd/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:	
City COTTONWOOD	State AZ	Zip Code <b>86326</b>	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.



Continuation Page

OMB Control Number: 1660-0008 Expiration: 11/30/2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit,Suite, and/or Bldg. No.) or P.O.Route and Box No.

1338 E PEILA AVE

City

Coty

Coty

Coty

AZ

State

AZ

State

AZ

State

BORM INSURANCE COMPANY USE

FORM INSURANCE COMPANY USE

FORM INSURANCE COMPANY USE

Company NAIC Number:

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.



See instructions for Item A6

OMB Control Number: 1660-0008 Expiration: 11/30/2018

IMPORTANT: In these spaces, copy the	e corresponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., L	lo. Policy Number:		
City	State	Zip Code	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.



Continuation Page

OMB Control Number: 1660-0008 Expiration: 11/30/2018

IMPORTANT: In these spaces, copy the correspondi	FORM INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit,Suite, and/o	Policy Number:		
City	State	Zip Code	Company NAIC Number:

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.



FFMA Form 086-0-33 (7/15)