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 FOR INSURANCE COMPANY USE A1. Building Owner's Name Policy Number: RACHEL HERNANDEZ Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number: 812 E. CHERRY HILLS WAY City State ZIP Code COTTONWOOD Arizona 86326 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 3242 VERDE VILLAGE UNIT 7 APN 406-49-047 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL A5. Latitude/Longitude: Lat. 34 42 35.8 Long. 112 01 15.6 Horizontal Datum: NAD 1927 X NAD 1983 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b 0 sq in d) Engineered flood openings? Yes X No A9. For a building with an attached garage: a) Square footage of attached garage
 0 sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade c) Total net area of flood openings in A9.b d) Engineered flood openings? Yes X No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number B2. County Name B3. State Unincorporated Yavapai County #040093 YAVAPAI Arizona B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood Zone(s) B9. Base Flood Elevation(s) Number Date Effective/ (Zone AO, use Base Revised Date Flood Depth) 04025C1759 G 10/16/2015 09/03/2010 AE 3508.5 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: 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 Date: ☐ CBRS ☐ OPA

ELEVATION CERTIFICATE					Expiration Date: November 30, 2018	
IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSUF	RANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 812 E. CHERRY HILLS WAY			Policy Numl			
City COTTONWOOD	State Arizona	ZIP Code 86326		Company N	AIC Number	
SECTION C - BUI	LDING ELEVATION I	NFORMATIC	N (SURVEY F	REQUIRED)		
*A new Elevation Certificate will be requir C2. Elevations – Zones A1–A30, AE, AH, A ( Complete Items C2.a–h below according Benchmark Utilized: ERM VV04B Indicate elevation datum used for the elev  NGVD 1929 × NAVD 1988	with BFE), VE, V1–V30 to the building diagram Verti vations in items a) throu Other/Source:	of the building b), V (with BFE) b) specified in H cal Datum: 3 ugh h) below.	, AR, AR/A, AF tem A7. In Pue 545.10 (NAVD	R/AE, AR/A1–A rto Rico only, e	Finished Construction  30, AR/AH, AR/AO.  nter meters.	
a) Top of bottom floor (including baseme b) Top of the next higher floor c) Bottom of the lowest horizontal structu d) Attached garage (top of slab) e) Lowest elevation of machinery or equi (Describe type of equipment and locati f) Lowest adjacent (finished) grade next g) Highest adjacent (finished) grade next h) Lowest adjacent grade at lowest eleva structural support	nt, crawlspace, or encloseral member (V Zones of pment servicing the builtion in Comments) to building (LAG) to building (HAG) tion of deck or stairs, in	osure floor) only) ilding acluding	3509. 9 N/A. N/A. N/A. 3509. 4 3508. 2 3508. 4 N/A.	X fo	eet meters eet meters eet meters	
SECTION D – SUF	RVEYOR, ENGINEER	, OR ARCHI	TECT CERTIF	ICATION		
This certification is to be signed and sealed by I certify that the information on this Certificate is statement may be punishable by fine or imprise Were latitude and longitude in Section A provide	onment under 18 U.S. (	Code, Section	ct authorized by the data availa 1001. Yes ⊠ No	able. I understa	elevation information.  and that any false  here if attachments.	
Certifier's Name Timothy L. Hammes	License Nu L.S. #292	10000				
Title President  Company Name Hammes Surveying LLC  Address 2100 Via Silverado  City Camp Verde	State Arizona		P Code 322	REGULATION OF THE PROPERTY OF	THIOTHY L. SPANMES Here CONA US	
Signature C. Hanne	Date 10/17/2017	Te	lephone 25) 567-2833	Degar	5 4(-1/19	
Copy all pages of this Elevation Certificate and all	attachments for (1) con	nmunity official	, (2) insurance	agent/company	and (3) building owner	
Comments (including type of equipment and loc LOWEST ELEVATION FOR EQUIPMENT SER	cation, per C2(e), if app	licable)			(c) sending officer.	

## **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy the corresponding info	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or Bldg	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.						
	Photo One					
Photo One Caption						
	Dhoto Turo					
Photo Two Caption	Photo Two					

**ELEVATION CERTIFICATE** 

## **BUILDING PHOTOGRAPHS**

## **ELEVATION CERTIFICATE**

Continuation Page

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		Expiration Bate: November 66; 2616			
IMPORTANT: In these spaces, copy the corresponding information	ion from Section A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No	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.					
Ph	oto One				
Photo One Caption					
	oto Two				
Photo Two Caption					