

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

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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: <u>B&B REVOCABLE TRUST</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>1405 E BOW MAKER TRL</u>		Company NAIC Number: _____
City: <u>COTTONWOOD</u> State: <u>AZ</u> ZIP Code: <u>86326</u>		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>406-49-234 VERDE VILLAGE UNIT 7 LOT 3429</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>34°42'24"N</u> Long. <u>112°00'42"W</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84		
A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number: <u>7</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): <u>0</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u>		
d) Total net open area of non-engineered flood openings in A8.c: <u>0</u> sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0</u> sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: <u>0</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u>		
d) Total net open area of non-engineered flood openings in A9.c: <u>0</u> sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>0</u> sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>0</u> sq. ft.		
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1.a. NFIP Community Name: <u>Yavapai County</u>		B1.b. NFIP Community Identification Number: <u>040093</u>
B2. County Name: <u>Yavapai, Unincorporated Area</u>	B3. State: <u>AZ</u>	B4. Map/Panel No.: <u>04025C1759</u> B5. Suffix: <u>G</u>
B6. FIRM Index Date: <u>08/24/2021</u>	B7. FIRM Panel Effective/Revised Date: <u>09/03/2010</u>	
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>3438.60</u>	
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____		
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA		
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>1405 E BOW MAKER TRL</u>	FOR INSURANCE COMPANY USE Policy Number: _____ Company NAIC Number: _____
City: <u>COTTONWOOD</u> State: <u>AZ</u> ZIP Code: <u>86326</u>	

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

- 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.
- C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: B31 Vertical Datum: 3508.0(NAVD88)

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?

☐ Yes ☒ No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

- | | | |
|---|---------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | <u>3451.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | <u>3461.9</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | <u>N/A</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>3450.5</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | <u>3450.6</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | <u>3450.3</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | <u>3460.1</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | <u>3450.8</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

☒ Check here if attachments and describe in the Comments area.

Certifier's Name: CLINT GILLESPIE License Number: 50106

Title: Registered Land Surveyor

Company Name: Heritage Land Survey & Mapping

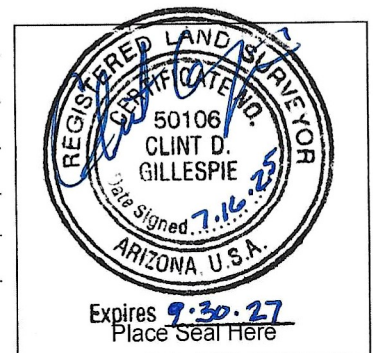
Address: PO box 3270

City: Camp Verde State: AZ ZIP Code: 86322

Telephone: (928) 567-9401

Ext.: _____ Email: _____

Signature:  Date: 07/15/2025



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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):
C2e is an 2 A/C units located on the East side of the residence with an elevation of 3450.6.

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 1405 E BOW MAKER TRL	FOR INSURANCE COMPANY USE
City: COTTONWOOD State: AZ ZIP Code: 86326	Policy Number: _____ Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

☐ Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

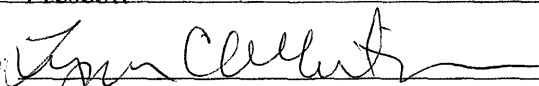
Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

<div style="border-bottom: 1px solid black; padding-bottom: 5px;">Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 1405 E BOW MAKER TRL</div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 5px;"><div>City: COTTONWOOD</div><div>State: AZ</div><div>ZIP Code: 86326</div></div>	<div style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;">FOR INSURANCE COMPANY USE</div> <div style="border-top: 1px solid black; padding-top: 5px;">Policy Number: _____ Company NAIC Number: _____</div>
SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)	
<p>The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:</p> <p>G1. <input type="checkbox"/> 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)</p> <p>G2.a. <input type="checkbox"/> A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.</p> <p>G2.b. <input type="checkbox"/> A local official completed Section H for insurance purposes.</p> <p>G3. <input type="checkbox"/> In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.</p> <p>G4. <input checked="" type="checkbox"/> The following information (Items G5–G11) is provided for community floodplain management purposes.</p> <p>G5. Permit Number: <u>P52019000397</u> G6. Date Permit Issued: <u>03/04/2019</u></p> <p>G7. Date Certificate of Compliance/Occupancy Issued: <u>9/10/2025</u></p> <p>G8. This permit has been issued for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement</p> <p>G9.a. Elevation of as-built lowest floor (including basement) of the building: <u>3451.0</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters Datum: <u>'88</u></p> <p>G9.b. Elevation of bottom of as-built lowest horizontal structural member: <u>NA</u> <input type="checkbox"/> feet <input type="checkbox"/> meters Datum: _____</p> <p>G10.a. BFE (or depth in Zone AO) of flooding at the building site: <u>3438.6</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters Datum: <u>'88</u></p> <p>G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: <u>3439.6</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters Datum: <u>'88</u></p> <p>G11. Variance issued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, attach documentation and describe in the Comments area.</p> <p>The local official who provides information in Section G must sign here. <i>I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.</i></p> <p>Local Official's Name: <u>Lynn Whitman</u> Title: <u>Yavapai County Flood Control Director</u></p> <p>NFIP Community Name: <u>Yavapai County</u></p> <p>Telephone: <u>928-771-3197</u> Ext.: _____ Email: <u>Lynn.Whitman@Yavapaiaz.gov</u></p> <p>Address: <u>1120 Commerce</u></p> <p>City: <u>Prescott</u> State: <u>AZ</u> ZIP Code: <u>86305</u></p> <p>Signature:  Date: <u>7/16/2025</u></p> <p>Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H): </p>	

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 1405 E BOW MAKER TRL		FOR INSURANCE COMPANY USE	
City: COTTONWOOD State: AZ ZIP Code: 86326		Policy Number: _____	
		Company NAIC Number: _____	
SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)			
<p>The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.</p>			
H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):			
a) For Building Diagrams 1A, 1B, 3, and 5–8. Top of bottom _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above the LAG floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is:			
b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above the LAG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:			
H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION			
<p>The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. <i>The statements in Sections A, B, and H are correct to the best of my knowledge.</i> Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.</p>			
<input type="checkbox"/> Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.			
Property Owner or Owner's Authorized Representative Name: _____			
Address: _____			
City: _____ State: _____ ZIP Code: _____			
Telephone: _____ Ext.: _____ Email: _____			
Signature: _____ Date: _____			
Comments:			

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
1405 E BOW MAKER TRL

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

City: COTTONWOOD State: AZ ZIP Code: 86326

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: West side of the structure

Clear Photo One



Photo Two

Photo Two Caption: South side of the structure

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
1405 E BOW MAKER TRL

City: **COTTONWOOD** State: **AZ** ZIP Code: **86326**

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: North side of the structure

Clear Photo Three



Photo Four

Photo Four Caption: East side of the structure

Clear Photo Four



YAVAPAI COUNTY
FLOOD CONTROL DISTRICT
www.yavapaiaz.gov/YCFlood



Elevation Certificate "Section B" Information

Parcel No. 406-49-234

Address: 1405 E Bow Maker Trl, Cottonwood

B1.a NFIP Community Name Yavapai County		B1.b. NFIP Community Identification Number 040093		B2. County Name Yavapai, Unincorporated Area		B3. State Arizona
B4. Map/Panel Number 04025C1759	B5. Suffix G	B6. FIRM Index Date 02/08/2024	B7. FIRM Panel Effective / Revised Date 09/03/2010	B8. Flood Zone (s) AE	B9. Base Flood Elevation (s) (Zone AO, use Base Flood Depth) 3438.6	

B 10. Indicate the source of the Base Flood Elevation (BFE) date or base flood depth indicated in Item B9:

☒ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other / Source: _____

B 11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988

☐ Other / Source: _____

B 12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?

☐ Yes ☒ No Designation Date: _____ ☐ CBRS ☐ OPA

B 13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐ Yes ☒ No

Stacey Yeager

Determined by: Hydrologist

Signed: _____

Date: 7/02/2025

Comments:



YAVAPAI COUNTY
FLOOD CONTROL DISTRICT
www.yavapaiaz.gov/YCFlood



FEMA ELEVATION CERTIFICATE SECTION B

Instructions:

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Complete the Elevation Certificate on the basis of the FIRM in effect at the time of the certification.

The information for Section B is obtained by reviewing the FIRM panel that includes the building's location. Information about the current FIRM is available from the Federal Emergency Management Agency (FEMA) by calling 1-800-358-9616. If a Letter of Map Amendment (LOMA) or Letter of Map Revision (LOMR-F) has been issued by FEMA, please provide the letter date and case number in the Comments area of Section D or Section G, as appropriate.

For a building in an area that has been annexed by one community but is shown on another community's FIRM, enter the community name and 6-digit number of the annexing community in Item B1, the name of the county or new county, if necessary, in Item B2, and the FIRM index date for the annexing community in Item B6. Enter information from the actual FIRM panel that shows the building location, even if it is the FIRM for the previous jurisdiction, in Items B4, B5, B7, B8, and B9.

If the map in effect at the time of the building's construction was other than the current FIRM, and you have the past map information pertaining to the building, provide the information in the Comments area of Section D.

Item B1. NFIP Community Name & Community Number. Enter the complete name of the community in which the building is located and the associated 6-digit community number. For a newly incorporated community, use the name and 6-digit number of the new community. Under the NFIP, a "community" is any State or area or political subdivision thereof, or any Indian tribe or authorized native organization, that has authority to adopt and enforce floodplain management regulations for the areas within its jurisdiction. To determine the current community number, see the NFIP *Community Status Book*, available on FEMA's web site at <https://www.fema.gov/national-flood-insurance-program/national-flood-insurance-program-community-status-book>, or call 1-800-358-9616.

Item B2. County Name. Enter the name of the county or counties in which the community is located. For an unincorporated area of a county, enter "unincorporated area." For an independent city, enter "independent city."

Item B3. State. Enter the 2-letter state abbreviation (for example, VA, TX, CA).

Items B4–B5. Map/Panel Number and Suffix. Enter the 10-character "Map Number" or "Community Panel Number" shown on the FIRM where the building or manufactured (mobile) home is located. For maps in a county-wide format, the sixth character of the "Map Number" is the letter "C" followed by a 4-digit map number. For maps not in a county-wide format, enter the "Community Panel Number" shown on the FIRM.

Item B6. FIRM Index Date. Enter the effective date or the map revised date shown on the FIRM Index.

Item B7. FIRM Panel Effective/Revised Date. Enter the map effective date or the map revised date shown on the FIRM panel. This will be the latest of all dates shown on the map. The current FIRM panel effective date can be determined by calling 1-800-358-9616.

Item B8. Flood Zone(s). Enter the flood zone, or flood zones, in which the building is located. All flood zones containing the letter "A" or "V" are considered Special Flood Hazard Areas. The flood zones are A, AE, A1–A30, V, VE, V1–V30, AH, AO, AR, AR/A, AR/AE, AR/A1–A30, AR/AH, and AR/AO. Each flood zone is defined in the legend of the FIRM panel on which it appears.



YAVAPAI COUNTY
FLOOD CONTROL DISTRICT
www.yavapaiaz.gov/YCFlood



Instructions (continued):

Item B9. Base Flood Elevation(s). Using the appropriate Flood Insurance Study (FIS) Profile, Floodway Data Table, or FIRM panel, locate the property and enter the BFE (or base flood depth) of the building site. If the building is located in more than 1 flood zone in Item B8, list all appropriate BFEs in Item B9. BFEs are shown on a FIRM or FIS Profile for Zones A1–A30, AE, AH, V1–V30, VE, AR, AR/A, AR/AE, AR/A1–A30, AR/AH, and AR/AO; flood depth numbers are shown for Zone AO. Use the AR BFE if the building is located in any of Zones AR/A, AR/AE, AR/A1–A30, AR/AH, or AR/AO. In A or V zones where BFEs are not provided on the FIRM, BFEs may be available from another source. For example, the community may have established BFEs or obtained BFE data from other sources for the building site. For subdivisions and other developments of more than 50 lots or 5 acres, establishment of BFEs is required by the community's floodplain management ordinance. If a BFE is obtained from another source, enter the BFE in Item B9. In an A Zone where BFEs are not available, complete Section E and enter N/A for Section B, Item B9. Enter the BFE to the nearest tenth of a foot (nearest tenth of a meter, in Puerto Rico).

Item B10. Indicate the source of the BFE that you entered in Item B9. If the BFE is from a source other than FIS Profile, FIRM, or community, describe the source of the BFE.

Item B11. Indicate the elevation datum to which the elevations on the applicable FIRM are referenced as shown on the map legend. The vertical datum is shown in the Map Legend and/or the Notes to Users on the FIRM.

Item B12. Indicate whether the building is located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA). (OPAs are portions of coastal barriers that are owned by Federal, State, or local governments or by certain non-profit organizations and used primarily for natural resources protection.) Federal flood insurance is prohibited in designated CBRS areas or OPAs for buildings or manufactured (mobile) homes built or substantially improved after the date of the CBRS or OPA designation. For the first CBRS designations, that date is October 1, 1983. Information about CBRS areas and OPAs may be obtained on the FEMA website at <https://www.fema.gov/national-flood-insurance-program/coastal-barrier-resources-system>.