

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME KENNETH H. CRUFF	Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 10260 WILLOW	Company NAIC Number	
CITY CORNVILLE	STATE AZ	ZIP CODE 86325
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 4 ARROWHEAD ACRES 409-02-004C		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.####°)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Yavapai 040093		B2. COUNTY NAME YAVAPAI		B3. STATE ARIZONA	
B4. MAP AND PANEL NUMBER 04025C 1810	B5. SUFFIX F	B6. FIRM INDEX DATE 6-6-01	B7. FIRM PANEL EFFECTIVE/REVISED DATE June 6, 01	B8. FLOOD ZONE(S) unshaded	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 3327.9

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date: _____

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.

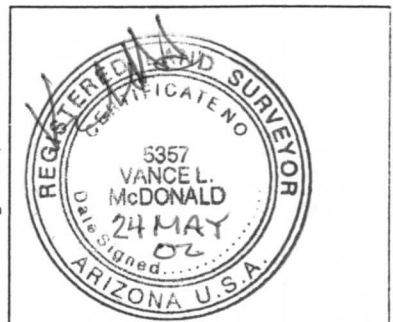
C2. Building Diagram Number **1** (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

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
 Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum _____ Conversion/Comments _____

Elevation reference mark used **RM 282** Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	3353 . 57 ft. (m)
<input type="checkbox"/> b) Top of next higher floor	NA . _____ ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	NA . _____ ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	3352 . 93 ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	NA . _____ ft. (m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	3351 . 3 ft. (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	3351 . 4 ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	NA
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	NA sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



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.
 I certify that the information in Sections A, B, and C 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.

CERTIFIER'S NAME VANCE L. McDONALD	LICENSE NUMBER LS 5357
TITLE L.S.	COMPANY NAME PD&D ASSO.
ADDRESS P.O. BOX 1863	CITY CAMP VERDE
SIGNATURE <i>Vance L. McDonald</i>	STATE AZ
DATE 24 MAY '02	ZIP CODE 86322
	TELEPHONE 928-567-9141

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 RM 282 IS BLM REF. MON (THE LOWER OF TWO)
FOUND AS GENERALLY DESCRIBED. EL 3318.11
NOTE: ELEV OF THE OTHER REF MON IS 3338.39

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 E4. 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.
- 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.
- E4. 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, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

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
-------------------	------------------------	---

- 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

ELEVATION OF FLOODPLAIN PROPERTY

When Completed Return To: **Yavapai County Flood Control District, 500 S. Marina St., Prescott, AZ, 86303**
(520) 771-3197 FAX 771-3427

DATE 24 MAY 02

ASSESSORS NUMBER 407-02-004C

SUBDIVISION NAME AND NUMBER LOT 4 ARROWHEAD ACRES

OWNER KENNETH H. GRUFF

SITUS ADDRESS _____

BASE BENCHMARK: Number BM 282 Elevation 3318.11

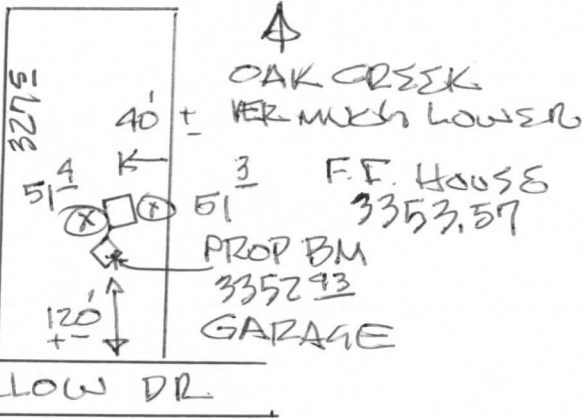
PROPERTY BENCHMARK 3352.93

DESCRIPTION OF PROPERTY BENCHMARK CENTER OF GARAGE DOOR AT TOP CONC. GARAGE FLOOR

GROUND ELEVATIONS AT BUILDING SITE 3351[±] E. OF Bldg 3351[±] W. →
 (Please provide a minimum of three (3) elevations points, representative of the site) APPROX 100' LOWER AT CREEK,

Sketch of Lot
 (include location of property benchmark and building site elevations)

Remarks NEW HOUSE @ SITE OF FIRE F.F. 3353.57



Signed Vancel McDonald
 P.D. ASSO
 Company Name P.O. Box 1863
 Address CAMP VERDE AZ 86370
 Telephone 928-567-9141
 FX 4387

FOR YAVAPAI COUNTY FLOOD CONTROL DISTRICT USE: Date: _____

Base Flood Elevation + 1.0' = Regulatory Elevation

** ELEVATION DETERMINATIONS ARE BASED ON BEST AVAILABLE DATA WHEN CALCULATED. ELEVATIONS ARE SUBJECT TO CHANGE WHEN NEW OR REVISED FLOOD STUDIES, OR DATA IS SUPPLIED TO THE DISTRICT.*