

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

JOB #98057

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use
BUILDING OWNER'S NAME TRACY LEONARD		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 9770 Cornville Road		Community NAIC Number
CITY Cornville, AZ 86325	STATE	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) YAVAPAI COUNTY AP# 407-12-010		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residence - existing		
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 COUNTY 040093	B2. COUNTY NAME YAVAPAI	B3. STATE AZ
B4. MAP AND PANEL NUMBER O4025C1810	B5. SUFFIX F	B6. FIRM INDEX DATE JUNE 6 2001
B7. FIRM PANEL EFFECTIVE/REVISED DATE JUNE 6 2001	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 3296.7

- 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 8 (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 C3.a-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 NGVD 29 Conversion/Comments _____
Elevation reference mark used RM 282 Does the elevation reference mark used appear on the FIRM? Yes No
- a) Top of bottom floor (including basement or enclosure) 3295 1 ft.(m)
 - b) Top of next higher floor 3298 38 ft.(m)
 - c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
 - d) Attached garage (top of slab) N/A ft.(m)
 - e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) 3298 38 ft.(m)
 - f) Lowest adjacent (finished) grade (LAG) 3295 1 ft.(m)
 - g) Highest adjacent (finished) grade (HAG) 3295 9 ft.(m)
 - h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
 - i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm)



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 SCOTT J. SMITH	LICENSE NUMBER AZ RLS # 19853
TITLE PRESIDENT	COMPANY NAME TRUE NORTH SURVEYS, INC.
ADDRESS 1219 S. PIONEER DR.	CITY COTTONWOOD STATE AZ ZIP CODE 86326
SIGNATURE <i>Scott J. Smith</i>	DATE 7-16-10 TELEPHONE 928-646-5951

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. 9770 Cornville Road		Policy Number	
CITY Cornville, AZ	STATE 86325	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

A site built single family residence with a crawl-space with dirt floor under the living area. The floor of the crawl space is below grade. The vents are higher than 1' above the adjacent grades. Detached garage = elevation 3295.26'. This certificate revises and supercedes one dated 04/02/03.

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 E5. 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. (Use natural grade, if available.)
- 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. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is ____ ft. (m) ____ in. (cm) ____ above or ____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

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
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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

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

JOB #98057

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME TRACY LEONARD		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 9780 Cornville Road, Units A & B		Company NAIC Number
CITY Cornville, AZ 86325	STATE	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) YAVAPAI COUNTY AP# 407-12-010J		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Existing multi family residential (duplex)		
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 COUNTY 040093	B2. COUNTY NAME YAVAPAI	B3. STATE AZ.
B4. MAP AND PANEL NUMBER 04025C1810	B5. SUFFIX F	B6. FIRM INDEX DATE JUNE 6 2001
B7. FIRM PANEL EFFECTIVE/REVISED DATE JUNE 6 2001	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 3296.7

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 8 (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 C3.a-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 NGVD 29 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)	<u>3296.2</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>3299.24</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>N/A</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>3299.24</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>3296.0</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>3296.6</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>5</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <u>300</u> 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 **SCOTT J. SMITH** LICENSE NUMBER **AZ RLS # 19853**

TITLE **PRESIDENT** COMPANY NAME **TRUE NORTH SURVEYS, INC.**

ADDRESS **1219 S. PIONEER DR.** CITY **COTTONWOOD** STATE **AZ** ZIP CODE **86326**

SIGNATURE *Scott J. Smith* DATE **7-16-10** TELEPHONE **928-646-5951**

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. 9780 Cornville Road Units A & B		Policy Number
CITY Cornville, AZ 86325	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
 A site built muti-family residence (duplex) with a crawl-space with dirt floor under the living area. The floor of the crawl space is below grade. There are attached, enclosed storage rooms at the back of each carport on the end of each unit. Both living areas have the same elevation. Only 5 of 27 vents of within 1' above the adjacent grade including 1 vent on the storage room. (Revises certificate of 04/02/03)
 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 E5. 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. (Use natural grade, if available.)
- 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. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is ____ ft. (m) ____ in. (cm) ____ above or ____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

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
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- 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

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

JOB #98057

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME TRACY LEONARD		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 9774 Cornville Road, Units C & D		Company NAIC Number
CITY Cornville, AZ 86325	STATE AZ	ZIP CODE 86325
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) YAVAPAI COUNTY AP# 407-12-010J		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Existing multi family residential (duplex)		
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: 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 COUNTY 040093	B2. COUNTY NAME YAVAPAI	B3. STATE AZ
B4. MAP AND PANEL NUMBER O4025C1810	B5. SUFFIX F	B6. FIRM INDEX DATE JUNE 6 2001
B7. FIRM PANEL EFFECTIVE/REVISED DATE JUNE 6 2001		B8. FLOOD ZONE(S) AE
B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 3296.7		

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 8 (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
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Datum NGVD 29 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)	<u>3296.0</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>3299.49</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>N/A</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>3299.49</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>3296.4</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>3296.9</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>22</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>1320</u> sq. in. (sq. cm)



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 **SCOTT J. SMITH** LICENSE NUMBER **AZ RLS # 19853**

TITLE **PRESIDENT** COMPANY NAME **TRUE NORTH SURVEYS, INC.**

ADDRESS **1219 S. PIONEER DR.** CITY **COTTONWOOD** STATE **AZ** ZIP CODE **86326**

SIGNATURE *Scott J. Smith* DATE **7-16-10** TELEPHONE **928-646-5951**

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. 9774 Cornville Road Units C & D		Policy Number
CITY Cornville, AZ 86325	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 ~~Site built muti-family residence (duplex) with a crawl-space with dirt floor under the living area. The floor of the crawl space is below grade. There are attached, enclosed storage rooms at the back of each carport on the end of each unit. Each storage room has 2 vents (60 sq. in. each). Both living areas have the same elevation. (Revises certificate of 04/02/03)~~

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 E5. 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. (Use natural grade, if available.)
- 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. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is _____ ft. (m) _____ in. (cm) _____ above or _____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

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
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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 CERTIFICATE E-FILE CHECKLIST

HYDROLOGIST: Stacey Yeager	LOMR EDITOR:
PARCEL#: 407-12-010L	DATE: 8/31/2022

ELEVATION CERTIFICATES File extension: .EC

DOCUMENT REQUIRES SCANNING/EDITING

FIELDS	YOUR ANSWERS				
PERMIT #:	YA51246			PHYSICAL RETENTION	
				<input checked="" type="checkbox"/>	
TYPE OF EC FEMA STATUS	EC TYPE				
	PERMIT RELATED	INSURANCE ONLY	FLOOD CERT		
	X	<input type="checkbox"/>	<input type="checkbox"/>		
FEMA FLOODZONE:	FLOODZONE		AE		
VERIFICATION:	UNDER STUDY		EC VERIFIED <small>FOR EC'S ≥ 01/01/2010 ONLY</small>		MULT EC'S
	YES	NO	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			
BUILD PERMIT APP DT: <small>FIELD REQUIRED FOR ALL EC'S</small>	01/13/1993		TYPE OF MISCELLANEOUS EC <small>(SEE PAGE 2)</small>		
BUILDING TYPE: <small>SELECT ONE (*SEE BOTTOM OF FORM FOR EXPLANATION OF CHOICES)</small>	S	M	*D1	*D2	*D3
	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOMR/PMR: <small>EFFECTIVE LOMR/PMR'S (EFF AFTER 9/3/2010) LOMA'S: SEE LOMA E-FILE CHECKLIST</small>	APPLICABLE TO EFFECTIVE LOMR'S AND PMR'S ONLY (EFF ≥ 9/3/2010)				
	LOMR	PMR	CASE NUMBER		REVISED TO NEW EFF DATE
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
REVALIDATION LTR SOMA CASE# (EDITOR: USE RMK FLD FOR SOMA CASE#)	REVALIDATION LETTER (PMR ONLY)			SOMA (PMR ONLY)	
FINAL DETERMINATION <small>SEE TABLE BELOW</small>	REVALIDATED <small>NOT INCORPORATED</small>	TO BE DETERMINED	INCORPORATED	SUPERSEDED	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
REMARKS					

BUILDING TYPE TABLE

BUILDING TYPES		
TYPE	SUB-TYPE	DESCRIPTION
S		SITE BUILT
M		MANUFACTURED HOME
D	SEE BELOW	MISCELLANEOUS
	D1	NON-HABITABLE/NOMINAL VALUE SHED; HAY BARN ETC.
	D2	NON-HABITABLE STANDARD GARAGE ETC.
	D3	HABITABLE AC; HOTWATER TANK; WORKSHOP; ART STUDIO, ETC.

LOMC **FINAL DETERMINATION** DEFINITIONS

INCORPORATED

MODIFICATIONS TO PREVIOUS MAPS AFFECTED BY LOMC'S ARE INCORPORATED INTO THE NEW/REVISED MAP PANELS.

REVALIDATED ~~NOT~~ INCORPORATED

THESE LOMCS WILL BE LISTED ON THE LETTER OF REVALIDATION. THEY ARE NOT REFLECTED ON THE REVISED FIRM PANELS BECAUSE OF MAP SCALE LIMITATIONS OR THE LOT/STRUCTURE IS OUTSIDE THE FLOOD ZONE AS SHOWN ON THE REVISED MAP PANEL

SUPERSEDED

LOMC'S NOT REFLECTED ON THE FINAL REVISED FIRM PANELS BECAUSE THEY ARE BEING SUPERSEDED BY NEW DETAILED FLOOD HAZARD INFORMATION, OR THE INFORMATION WAS NOT SUFFICIENT TO MAKE A DETERMINATION. THESE LOMC'S WILL NO LONGER BE IN EFFECT WHEN THE NEW MAP PANELS BECOME EFFECTIVE.

TO BE RE-DETERMINED

LOMC'S ISSUED FOR **MULTIPLE LOTS OR STRUCTURES WHERE THE DETERMINATION FOR ONE OR MORE LOTS OR STRUCTURES HAS CHANGED**. FEMA WILL REVIEW THE DATA PREVIOUSLY SUBMITTED FOR THE LOMC REQUESTS AND ISSUE TO THE COMMUNITY A NEW DETERMINATION FOR THE AFFECTED PROPERTIES AFTER THE EFFECTIVE DATE OF THE REVISED FIRM.