

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SCAN

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME

JOSEPH E BLAY / FLORENCE E BLAY

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

675 S SHEEPSHEAD CROSSING Rd.

Company NAIC Number

CITY
CORNVILLE

STATE
AZ

ZIP CODE
86325

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

407-14-006A

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)

Residence

LATITUDE/LONGITUDE (OPTIONAL)
(##° - ##' - ###" or ##.#####)

HORIZONTAL DATUM:
 NAD 1927 NAD 1983

SOURCE: GPS (Type):
 USGS Quad Map Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER
YAVAPAI (UPINCOOP) 040093

B2. COUNTY NAME
YAVAPAI CO.

B3. STATE
AZ

B4. MAP AND PANEL NUMBER
040093 0870

B5. SUFFIX
B

B6. FIRM INDEX DATE
8/19/85

B7. FIRM PANEL EFFECTIVE/REVISED DATE
8/19/85

B8. FLOOD ZONE(S)
A17

B9. BASE FLOOD ELEVATION(S)
(Zone AO, use depth of flooding)
3306.7

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 7 (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 NGVD 1929 Conversion/Comments Prop B.M. 3326.47

Elevation reference mark used RM-28 Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) 3316 . 69 ft.(m)
- b) Top of next higher floor 3326 . 44 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 3322 . 60 ft.(m)
- f) Lowest adjacent grade (LAG) 3314 . 80 ft.(m)
- g) Highest adjacent grade (HAG) 3322 . 63 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 C3h 0 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 Ivo

LICENSE NUMBER LS# 32230

TITLE 5280 BENTLEY DRIVE

COMPANY NAME RIMROCK

ADDRESS

CITY 6/30/00

STATE AZ

ZIP CODE 86322

SIGNATURE Ivo

DATE

TELEPHONE 520-567-1414

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. 675 S. SHEEPSHEAD CROSSING RD		For Insurance Company Use:
CITY CORNVILLE	STATE AZ	Policy Number:
ZIP CODE 86322		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 HOME, GARAGE BENEATH LIVING QUARTERS
 MECHANICAL APPLIANCES ON GRADE WITH UPPER LEVEL
 407-14-006A**

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 D91-84	G5. DATE PERMIT ISSUED 11-15-1991	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 July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SCAN 

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME

JOSEPH E BLAY / FLORENCE E BLAY

Policy Number

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LATITUDE/LONGITUDE (OPTIONAL)
(##°-##'-###.###" or ##.#####°)

HORIZONTAL DATUM:
 NAD 1927 NAD 1983

SOURCE: GPS (Type):
 USGS Quad Map Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER YAVAPAI (UPINCOOP) 040093		B2. COUNTY NAME YAVAPAI CO.		B3. STATE AZ	
B4. MAP AND PANEL NUMBER 040093 0870	B5. SUFFIX B	B6. FIRM INDEX DATE 8/19/85	B7. FIRM PANEL EFFECTIVE/REVISED DATE 8/19/85	B8. FLOOD ZONE(S) A17	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 3306.7

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

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Datum NGVD 1929 Conversion/Comments Prop B.M. 3326.47

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I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME IVO LICENSE NUMBER LS# 32230

TITLE 5280 BENTLEY DRIVE COMPANY NAME RIMROCK SURVEYS

ADDRESS 5280 BENTLEY DRIVE CITY RIMROCK STATE AZ ZIP CODE 86322

SIGNATURE [Signature] DATE 6/30/00 TELEPHONE 520-567-1414

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. 675 S. SHEEPSHEAD CROSSING RD	For Insurance Company Use:	
	Policy Number:	
	Company NAIC Number:	
CITY CORNVILLE	STATE AZ	ZIP CODE 86322

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ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____ TELEPHONE _____

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- 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 D91-84	G5. DATE PERMIT ISSUED 11-15-1991	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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