Dar ZIM YOUNG

## EDERAL EMERGENCY MANAGEMENT ENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires July 31, 2002

JOB # 02037

## **ELEVATION CERTIFICATE**

| Important: Read the instructions on pages 1 - 7.   |  |  |  |  |
|--|--|--|--|--|
| SECTION A - PROPERTY OWNER INFORMATION   | For Insurance Company Use:   |  |  |  |
| BUILDING OWNER'S NAME  | Policy Number  |  |  |  |
| DOM C SANDRA DETERSON  | Con NAIC Number  |  |  |  |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bida, No.) OR PO ROLITE AND BOX NO.   | Sole Trained   |  |  |  |
| 13900 ANGEL VALLEY RD STATED   | ZIP CODE   |  |  |  |
| SeDONA (YELOW HOUSE) STATE   | 86336  |  |  |  |
| DOODERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)   | , .  |  |  |  |
| 40.7-25-00.3  BUILDING USE (e.g., Residential Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)   |  |  |  |  |
| RESIDENTIAL  |  |  |  |  |
| LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type)   |  |  |  |  |
| (##° - ##' - ##.##" or ##.####")     NAD 1927   NAD 1983   USGS Quad   | Map  _  Other:   |  |  |  |
|  |  |  |  |  |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMA  |  |  |  |  |
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME   | B3. STATE  |  |  |  |
| YAVARAL COUNTY YAVARAL   | AL   |  |  |  |
| BA. FIRM PANEL BS. FLOO  |  |  |  |  |
| NUMBER DATE EFFECTIVE/REVISED DATE ZONE(S  | 3708.9   |  |  |  |
| CAOZSC 1465 F JUNE 67001 JUNE 67001 AE   | 3 (00.   |  |  |  |
| 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:   NAVD 1929   NAVD 1988   Other (Describe): Describe   NAVD 1988   Other (Describe):   NAVD 1988   NAVD 1988   NAVD 1988   Other (Describe):   NAVD 1988   NAVD    | er (Describe):   |  |  |  |
| B11. Indicate the elevation datum used for the BFE in B9: FFE in B | ed Area (OPA)?  _ Yes  \textstyle No   |  |  |  |
|  |  |  |  |  |
| Designation Date:  | OUIRED)  |  |  |  |
| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY RE  |  |  |  |  |
| C1. Building elevations are based on:   Construction Drawings*   Building Under Construction   | on - 12  Finished Construction   |  |  |  |
| The state will be required when construction of the building is complete.  | this certificate is being completed - see  |  |  |  |
| C2. Building Diagram Number (Select the building diagram most similar to the building for which  | i una cerunicato la comig completa   |  |  |  |
| a 17 K and discress accurately represents the building provide a SKetch of photograph.)  | )  |  |  |  |
| pages 6 and 7. If no diagram accurately represents the building, provide a characteristic pages 6 and 7. If no diagram accurately represents the building provide a characteristic pages 6 and 7. If no diagram accurately represents the building provide a characteristic pages 6 and 7. If no diagram accurately represents the building provide a characteristic pages 6 and 7. If no diagram accurately represents the building provide a characteristic pages 6 and 7. If no diagram accurately represents the building provide a characteristic pages 6 and 7. If no diagram accurately represents the building provide a characteristic pages 6 and 7. If no diagram accurately represents the building provide a characteristic pages 6 and 7. If no diagram accurately represents the building pages 6 and 7. If no diagram accurately represents th | tum used. If the datum is different from   |  |  |  |
| C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, VI-V30, V (with B1 E), VIII E (with B1 E), VE, VI-V30, V (with B1 E), VIII E (with B1 E), VE, VI-V30, V (with B1 E), VIII E (with B1 E), VIII | leasuronicitis and actain  |  |  |  |
| the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show held in calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate the comments area.  | riate, to document the datum conversion.   |  |  |  |
| calculation. Use the space provided or the Comments area of Section 5 of Section 5, as appropriate   |  |  |  |  |
| Datum NGVD 29 Conversion/Comments  | appear on the FIRM?  _  Yes  X  No   |  |  |  |
| □ a) Top of bottom floor (including basement or enclosure)   | TO TO THE PARTY OF |  |  |  |
| a) Top of bottom floor (including basement of enclosure)  b) Top of next higher floor  ft.(m)  |  |  |  |  |
| T.(m)  |  |  |  |  |
| d) Attached garage (top of slab)   | E E   400 100 00 00 00 00 00 00 00 00 00 00 00   |  |  |  |
|  |  |  |  |  |
| e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)  ft.(m)  ft.(m)  7 1 Lowest adjacent (finished) grade (LAG)  3718.0 ft.(m)   | SCOTT J. SMITH   |  |  |  |
| I) Lowest adjacent (finished) grade (LAG)      3718.0 ft.(m)   | Z 00 1   |  |  |  |
| O a) Highest adjacent (finished) grade (HAG)   | Signed Signed  |  |  |  |
| D b) No of permanent openings (flood vents) within 1 ft. above adjacent grade  | 3 ZONA USA   |  |  |  |
| i) Total area of all permanent openings (flood vents) in C3.h sq. in. (sq. cm)   |  |  |  |  |
| SECTION D. SURVEYOR, ENGINEER, OR ARCHITECT CERTIF   | ICATION  |  |  |  |
| - and a standard by a land supveyor, engineer, or architect authorized by  | law to certify elevation information.  |  |  |  |
| The state of the s | 11.0.1   |  |  |  |
|  |  |  |  |  |
| CEPTICICO'S NAME   | BERAZ RLS #19853   |  |  |  |
| SCOTT J. SMITH COMPANY NAME TO THE NOR   |  |  |  |  |
| IIICE PRESIDENT  | WIE SARP   |  |  |  |
| ADDRESS 4140 WESTERN DR, STE. A CTY COTTONWOOD S   | TATE AZ ZIP CODE 86326   |  |  |  |
| DAIL   | ELEPHONE 928-646-5951  |  |  |  |
| SIGNATURE Scott J. Smith 12-11-02  | DEDI ACES ALL PREVIOUS EDITION   |  |  |  |
|  | DEDI ACES ALL PREVIOUS EDITION   |  |  |  |

| IPORTANT: In these spaces, copy   | corresponding information   | from Section A.  | For Insurance Company Use:   |
|---|---|--|--|
| ILDING STREET ADDRESS (Including A  | Apt., Unit, Suite, and/or Bldg. No.) OR   | P.O. ROUTE AND BOX NO.   | Policy Number  |
| Υ   | STATE   | ZIP CODE   | Company NAIC Number  |
| SECTION D.  | SURVEYOR, ENGINEER, OR AR   | RCHITECT CERTIFICATION (CO   | ONTINUED)  |
| py both sides of this Elevation Certif  | ficate for (1) community official, (2   | ) insurance agent/company, and   | (3) building owner.  |
|   | CONSTRUCTION, SLAB  |  |  |
| FINISHED  |   |  | MUTN DDODEDTV  |
| SEE ATTAC   | HED SKETCH FOR BUI  | LDING LOCATION WI  | THIN PROPERTY  |
|   |   |  | I Check here if attachment   |
| SECTION E - BUILDING ELEVAT   | TION INFORMATION (SURVEY N  | OT REQUIRED) FOR ZONE AC   |  |
| or Zone AO and Zone A (without BFE formation for a LOMA or LOMR-F, Sel. Building Diagram Number(see pages 6 and 7. If no diagram 2. The top of the bottom floor (includice (check one) the highest adjacent (see Building Diagrams 6-8 with op  ft.(m)    in.(cm) above | c), complete Items E1. through E4. ection C must be completed.  Select the building diagram most saccurately represents the buildinging basement or enclosure) of the grade. (Use natural grade, if available the highest adjacent grade. Complete a page 7), the next high the highest adjacent grade. | If the Elevation Certificate is infinitely in the building for which the provide a sketch or photograph building is ft.(m)   able.)  The floor or elevated floor (elevating better the bottom floor elevated in act  | nis certificate is being completed –  n.)  _[in.(cm)    above or    below  on b) of the building is  not of form.  cordance with the community's |
| a   | 2   IYAS   INO   IUNKNO   | Wh. The local official filest corting  | THE WITTER   |
| SECTION F The property owner or owner's author  | - PROPERTY OWNER (OR OWN  | FK.2 KELKESEMIMINE) OF   | VIII IOVIIIOII   |
| The property owner or owner's author<br>without a FEMA-issued or communithe best of my knowledge.<br>PROPERTY OWNER'S OR OWNER'S A  | ty-issued BFE) or Zone AO must s  | IAME   | 2.2005   |
| ADDRESS   |   | CITY STA   |  |
| SIGNATURE   | (   | DATE   | EPHONE   |
| COMMENTS  |   |  |  |
|   |   |  | Check here if attachme   |
|   | SECTION G - COMMUNITY   | INFORMATION (OPTIONAL)   |  |
| The local official who is authorized by Sections A, B, C (or E), and G of this G1.     The information in Section C engineer, or architect who is elevation data in the Comm G2.     A community official comple Zone AO.   | Elevation Certificate. Complete to was taken from other documentals authorized by state or local law to ents area below.)  ted Section E for a building locate  | tion that has been signed and enco certify elevation information. (In the control of the control | nbossed by a licensed surveyor, Indicate the source and date of the ued or community-issued BFE) or irposes.                                     |
| G4. PERMIT NUMBER   | G5. DATE PERMIT ISSUED  | G6. DATE CERTIFICA   | TE OF COMPLIANCE/OCCUPANCY   |
| 11- DD  |   | ISSUED   |  |
| G7. This permit has been issued for:<br>G8. Elevation of as-built lowest floor<br>G9. BFE or (in Zone AO) depth of flo  | (including basement) of the build   | ing is.  | ft.(m) Datum:<br>ft.(m) Datum:   |
| LOCAL OFFICIAL'S NAME   |   | TITLE  |  |
| COMMUNITY NAME  |   | TELEPHONE  |  |
| SIGNATURE   |   | DATE   |  |
| COMMENTS  |   |  |  |
| WIND 113  |   |  |  |
|   |   |  |  |
|   |   |  | Check here if attachm  |
|   |   |  |  |

