

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.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME RON & SANDRA PETERSON		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 13900 ANGEL VALLEY ROAD DEER PASS RD		Company NAIC Number
CITY SEDONA	STATE AZ	ZIP CODE 86336
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 407-25-003		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, 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 COUNTY		B2. COUNTY NAME YAVAPAI		B3. STATE AZ	
B4. MAP AND PANEL NUMBER 0A025C 1465	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) 3708.9
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input checked="" type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): 3708.9					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe):					
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: _____					

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 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 33A Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____	_____	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____	_____	ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	_____	ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____	3718.3	ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	_____	_____	ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	_____	3718.0	ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	_____	3726.5	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____			
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h _____ 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 4140 WESTERN DR, STE. A	CITY COTTONWOOD
	STATE AZ
	ZIP CODE 86326
SIGNATURE Scott J. Smith	DATE 12-11-02
	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. 13900 DEER PASS RD		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 **FINISHED CONSTRUCTION, SLAB ON GRADE**

SEE ATTACHED SKETCH FOR BUILDING LOCATION WITHIN PROPERTY

|_| 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. (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. 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 _____
-------------------------	------------------------------	---

- 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

OAK CREEK

19° 48' 14" E 2591.78'

1109.28'

ENCROACHMENTS

PARCEL '4'
27.6104 AC.

N 89° 38' 31" E 889.08'

31

438.56'

327.10'

12

111.45'

563° 13' 30" E

563° 14' 49.93"

T17N R5E
E 1/16 S12

PARCEL '5'
18.9874 AC.

EXISTING PARCEL 2
BK. 3454, PG. 163
1.2795 AC.

SEE DETAIL SHEET 2

EXISTING PARCEL 1 407-25-003
BK. 3454, PG. 163
0.5031 AC.

1045.48'

S 89° 59' 38" W 1327.21'

C-N 1/16 S11

EXISTING BUILDING

NE 1/16 S11

S00 01'29"W 789.78'