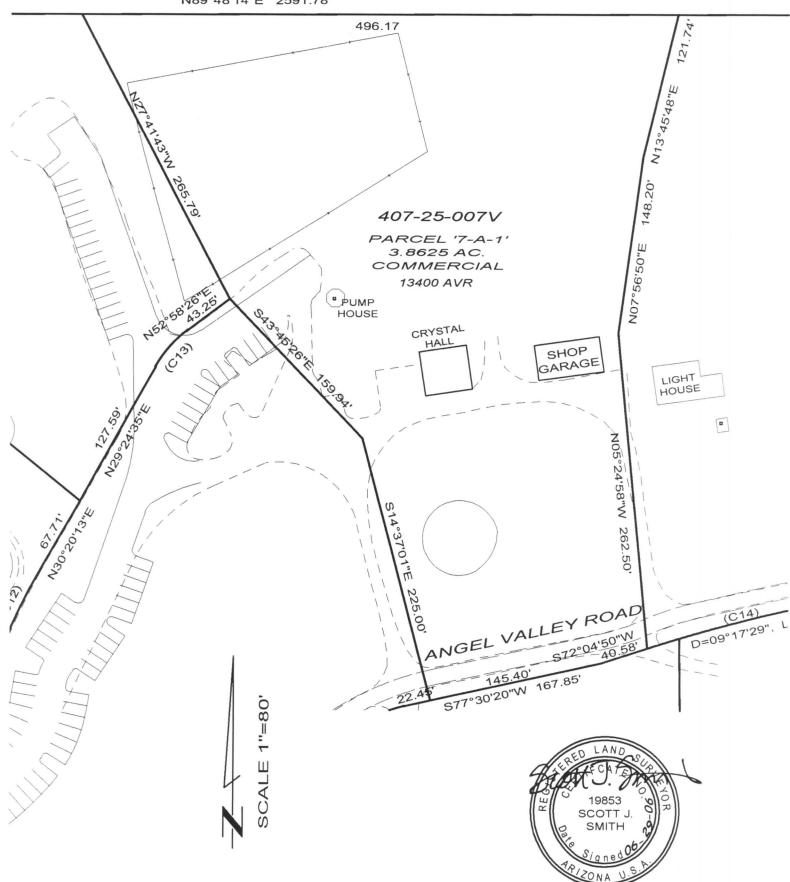
FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.						
SECTION A - PROPERTY OWNER INFORMATION For Incure Comments of the Comments of						
BUILDING OWNER'S NAME MICHAEL AND DIVERA HAMILTON	Number					
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. 13400 ANGEL VALLEY ROAD	Company NAIC Number					
CITY STATE	ZIP CODE					
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN #407-25-007V						
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)						
ACCESSORY (SHOP/GARAGE SEE ATTACHED MAP)						
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.####") HORIZONTAL DATUM: SOURCE: GPS (Type): USGS Quad Map Other						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
DA MEID COMMUNICATION OF THE PROPERTY OF THE P						
ST. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME AVAPAI AVAPAI	3. STATE AZ					
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL B8. FLOOD	B9. BASE FLOOD ELEVATION(S)					
O4025C1445 F JUNE 6 ZOOI JUNE 6 ZOOI UNISHADED X	(Zone AO, use depth of flooding)					
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.	3-100.0					
X FIS Profile						
B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 NAVD 1988 Other (Des	cribe):					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area Designation Date:	(OPA)? Yes No					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRE	D)					
C1. Building elevations are based on: Construction Drawings* Building Under Construction*	X 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 ce	ertificate 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 measure	d. If the datum is different from					
calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to	document the datum conversion					
Datum NG VD 29 Conversion/Comments	decament the datam conversion.					
Elevation reference mark used RM 33A Does the elevation reference mark used appear	on the FIRM? _ Yes X No					
☐ a) Top of bottom floor (including basement or enclosure)3720 6 _ ft.(m) _ vi	The state of the s					
\square b) Top of next higher floor \square ft.(m) \square	THE CAND SUBTREE					
c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)	The state of the s					
☐ c) Bottom of lowest horizontal structural member (V zones only) N/Aft.(m) ☐ d) Attached garage (top of slab) ft.(m) ☐ e) Lowest elevation of machinery and/or equipment						
servicing the building (Describe in a Comments area.) N/Aft.(m)						
servicing the building (Describe in a Comments area.) or f) Lowest adjacent (finished) grade (LAG) or highest adjacent (finished) grade (LAG)	SMITH NO!					
g) Highest adjacent (finished) grade (HAG)						
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _ O8	Signed					
☐ i) Total area of all permanent openings (flood vents) in C3.hO_ sq. in. (sq. cm)	SONA UST					
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.						
SCOTT J. SMITH AZ RSL	#19853					
PRESIDENT TRUE NORTH SURVEYS,	INC.					
ADDRESS CITY STATE ZIP CODE 4140 WESTERN DRIVE, SUITE A, COTTONWOOD, AZ 86326						
SIGNATURE 2011 TELEPHONE JUNE 30, 2006 TELEPHONE (928) 646-5951						

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE ARE NO VENTS AND NO CRAWL SPACE. SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and COMMENTS BUILDING IS FRAME CONSTRUCTION, SLAB ON GRADE ARE NO VENTS AND NO CRAWL SPACE. SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AND OR ZONE AND TO CRAWL SPACE. SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AND TO CAME SPACE. SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AND TO CRAWL SPACE. SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AND TO CAME SPACE SECTION SPACE SECTI	CONTINUED) Ind (3) building owner. C. THERE Check here if attack AO AND ZONE A (WITHOUT B Intended for use as supporting this certificate is being complete in.) in. (cm) above or below tion b) of the building is ront of form. in. (cm) above or below coordance with the community's
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and COMMENTS BUILDING IS FRAME CONSTRUCTION, SLAB ON GRADE ARE NO VENTS AND NO CRAWL SPACE. SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AND TO ZONE AND ZONE ZONE ZONE ZONE ZONE ZONE ZONE ZONE	CONTINUED) Ind (3) building owner. I Check here if attack AO AND ZONE A (WITHOUT B) Intended for use as supporting this certificate is being complete bh.) _ in. (cm) above or below tion b) of the building is ront of form in. (cm) above or below coordance with the community's
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(check one) the highest adjacent grade. (Use natural grade, if available.) 3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevated loor), the next higher floor or elevated floor (elevated loor), the next higher floor or elevated floor (elevated loor), the next highest floor or elevated floor (elevated loor), the top of the platform of machinery and/or equipment servicing the building is _ _ ft. (m) _ _ (check one) the highest adjacent grade. (Use natural grade, if available.) 5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in a floodplain management ordinance? _ Yes _ No _ Unknown. The local official must certife SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CE	tion b) of the building is ront of form in. (cm) above or bel
3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevate _ ft. (m) _ _ lin. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on fig. The top of the platform of machinery and/or equipment servicing the building is _ _ ft. (m) _ (check one) the highest adjacent grade. (Use natural grade, if available.) 5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in a floodplain management ordinance? _ Yes _ No _ Unknown. The local official must certife SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CE	ront of form in. (cm) above or bel ccordance with the community's
4. The top of the platform of machinery and/or equipment servicing the building is ft. (m) _ (check one) the highest adjacent grade. (Use natural grade, if available.) 5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in a floodplain management ordinance? Yes _ No _ Unknown. The local official must certife SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CE	_ in. (cm) above or bel ccordance with the community's
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SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CE	
to account and an extension of an extension of a contract of the contract of t	RTIFICATION
he property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h	
without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Seme best of my knowledge.	ctions A, B, C, and E are correc
ROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME	
DDD500	710 0005
DDRESS CITY STA	ATE ZIP CODE
IGNATURE DATE TEL	LEPHONE
OMMENTS	
	Check here if attack
SECTION G - COMMUNITY INFORMATION (OPTIONAL)	
e local official who is authorized by law or ordinance to administer the community's floodplain manage	
ections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign be I. [] The information in Section C was taken from other documentation that has been signed and em	
engineer, or architect who is authorized by state or local law to certify elevation information. (Ir	
elevation data in the Comments area below.)	
2. [] A community official completed Section E for a building located in Zone A (without a FEMA-issu	red or community-issued BFE)
Zone AO. 3. [] The following information (Items G4-G9) is provided for community floodplain management purp	00606
G5. DATE PERMIT ISSUED G6. DATE CERTIFICAT ISSUED	E OF COMPLIANCE/OCCUPANC
7. This permit has been issued for: New Construction Substantial Improvement	
B. Elevation of as-built lowest floor (including basement) of the building is:	ft. (m) Datum:
9. BFE or (in Zone AO) depth of flooding at the building site is:	ft. (m) Datum:
OCAL OFFICIAL'S NAME TITLE	
OMMUNITY NAME TELEPHONE	
SIGNATURE DATE	
COMMENTS	
	Check here if attac



FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

10B #02037 Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME Policy Number MICHAEL HAMILTON BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO Company NAIC Number 13400 ANGEL V LE CITY STATE ZIP CODE SEDONA 96336 AZ PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 407-25-007V CRY STAR (BARN BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)

ACCESSORY LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: | | GPS (Type): (##° - ##' - ##.##" or ##.####") _| NAD 1927 |__| NAD 1983 __ USGS Quad Map SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** B3. STATE ΑZ TAYAPAI COUNTY 040093 [AVAPA **B4. MAP AND PANEL** B5. SUFFIX **B6. FIRM INDEX B7. FIRM PANEL** B8. FLOOD B9. BASE FLOOD ELEVATION(S) NUMBER EFFECTIVE/REVISED DATE DATE (Zone AO, use depth of flooding) ZONE(S) 04025C1445 UNE 62001 JUNE 62001 3700.00 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. I I FIRM Community Determined |__| Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X 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 Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: |__|Construction Drawings* | | Building Under Construction* | X|Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. 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.) 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 NGVP 29 Conversion/Comments Elevation reference mark used Does the elevation reference mark used appear on the FIRM? Yes □ a) Top of bottom floor (including basement or enclosure) 3718 96 ft.(m) ☐ b) Top of next higher floor □ c) Bottom of lowest horizontal structural member (V zones only) ☐ d) Attached garage (top of slab) ft.(m) 19853 ightharpoonup e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) ft.(m) SMITH I f) Lowest adjacent (finished) grade (LAG) 3718 ft.(m) ☐ g) Highest adjacent (finished) grade (HAG) 3718 $\frac{1}{2}$ ft.(m) ighthalpha in the image is a horizontal part of the image is a horizontal properties in the image is a horizontal properties i ☐ i) Total area of all permanent openings (flood vents) in C3.h N/A __ 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 LICENSE NUMBERAZ RLS # SCOTT J. SMITH 19853 TITLE COMPANY NAME PRESIDENT TRUE NORTH SURVEYS, INC. ADDRESS4140 WESTERN DR. STATE AZ ZIP CODE 86326 SUITE A COTTONWOOD TELEPHONE 928-646-5951 12-28-05

IMPORTANT: In these spaces,	copy the corresponding info	rmation from	Section A	For Insurance Company Use:
BUILDING STREET ADDRESS (Inclu	ding Apt., Unit, Suite, and/or Bldg.			Policy Number
13400 ANGEL	VALLEY ROAD STA	TF	ZIP CODE	E Company NAIC Number
SEDONA		AZ	86336	
	D - SURVEYOR, ENGINEER			
Copy both sides of this Elevation	Certificate for (1) ∞mmunity of	fficial, (2) insur	ance agent/company, and	(3) building owner.
COMMENTS CBE - a	concrete pad	for a	n Ac unit	is attached
to the west 5	ide of the built	ding		
		J		
				Check here if attachme
SECTION E - BUILDING ELE	VATION INFORMATION (SUI	RVEY NOT RE	QUIRED) FOR ZONE AO	AND ZONE A (WITHOUT BFE)
or Zone AO and Zone A (without I			Elevation Certificate is inte	ended for use as supporting
formation for a LOMA or LOMR-F				
 Building Diagram Number see pages 6 and 7. If no diagr 	(Select the building diagram am accurately represents the l	n most similar t building provid	o the building for which thi	s certificate is being completed -
2. The top of the bottom floor (inc	luding basement or enclosure)	of the building	is _ ft. (m) i	n. (cm) above or below
(check one) the highest adjace	nt grade. (Use natural grade,	if available.)		 -
3. For Building Diagrams 6-8 with	openings (see page 7), the ne pove the highest adjacent grad	ext higher floor	or elevated floor (elevation	n b) of the building is
4. The top of the platform of mach	ninery and/or equipment service	ing the building	is ft. (m) i	in. (cm) labove or l lbelow
(check one) the highest adjace	nt grade. (Use natural grade,	if available.)		
For Zone AO only: If no flood of floodplain management ordinal	depth number is available, is th	ne top of the bo	ttom floor elevated in acco	ordance with the community's
	F - PROPERTY OWNER (OF			
he property owner or owner's au	thorized representative who co	mpletes Section	ons A, B, C (Items C3.h an	nd C3.i only), and E for Zone A
without a FEMA-issued or commu	unity-issued BFE) or Zone AO	must sign here	. The statements in Secti	ons A, B, C, and E are correct to
he best of my knowledge. PROPERTY OWNER'S OR OWNER'S	AUTHORIZED REPRESENTATI	IVE'S NAME		
ADDRESS		CITY	STATE	E ZIP CODE
SIGNATURE		DATE	TELER	PHONE
COMMENTS				,
				I Charleborn if attach
	SECTION G - COMMU	NITY INFORM	ATION (OPTIONAL)	Check here if attachme
ne local official who is authorized t				ent ordinance can complete
ections A, B, C (or E), and G of thi	is Elevation Certificate. Comp	lete the applica	ble item(s) and sign below	V.
1. [] The information in Section				ossed by a licensed surveyor, cate the source and date of the
elevation data in the Comm		law to certify e	evadori information. (indi	cate the source and date of the
2. A community official comple	eted Section E for a building lo	ocated in Zone	A (without a FEMA-issued	or community-issued BFE) or
Zone AO. Zone AO. Jense Ao. Zone AO.	tems G4-G9) is provided for a	ommunity floor	dolain management numer	200
34. PERMIT NUMBER	G5. DATE PERMIT ISSUED			
N/A	N/A			OF COMPLIANCE/OCCUPANCY
7. This permit has been issued for			I Improvement	
 Elevation of as-built lowest floor BFE or (in Zone AO) depth of floor 		ouilding is:	*	ft. (m) Datum:
,	boding at the building site is.		•	ft. (m) Datum:
OCAL OFFICIAL'S NAME	Young	TITI	E HYPROLOGI	.5T
COMMUNITY NAME YAVADA		TEL	FDUONE	39-8151
IGNATURE 104	COUNTY / AT	DAT		101-0101
COMMENTS			- "	//
BARN"(S	LOCATED IN FIR	2m ZON	E"UNSHADED	X". NIRTH AREA
OF PROPO	RTY LOCATED IN	FIRM Z	INE AE.	
				Check here if attachmen