

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. 13800 ANGEL VALLEY ROAD		Company NAIC Number
CITY SEDONA	STATE AZ	ZIP CODE 86336
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 407-25-001F #103 407-25-010B		
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 YAVAPI COUNTY 040033	B2. COUNTY NAME YAVAPI	B3. STATE AZ
B4. MAP AND PANEL NUMBER 04025C 1A65	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) 3706.9

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

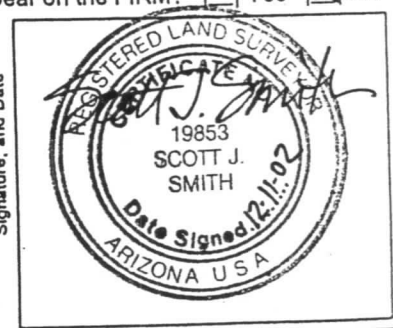
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 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)	_____	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)	<u>3713.7</u>	ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>3714.9</u>	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)



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.			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 [ORANGE HOUSE]
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 _____
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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 JULY 2002 EC FORM ACQUIRED WITH DEC 2002 DATED SEAL
NEW FEMA EC FORM NOT RELEASED AS OF "STAMP" DATE 04

Check here if attachments

OAK CREEK

•48'14"E 2591.78'

1109.28'

ACHMENTS

PARCEL '4'
27.6104 AC.

31

N89°38'31"E 889.08'

T17N R5E
E 1/16 S12

407-25-001F

PARCEL '5'
18.9874 AC.

GRANDE HOUSE
EXISTING
BUILDING

SEE DETAIL SHEET 2

EXISTING PARCEL 1
BK. 3454, PG. 163
0.5031 AC.

1045.48'

S89°59'38"W 1327.21'

C-N 1/16 S11

NE 1/16 S11

SC0°01'29"W 789.78'

438.56'

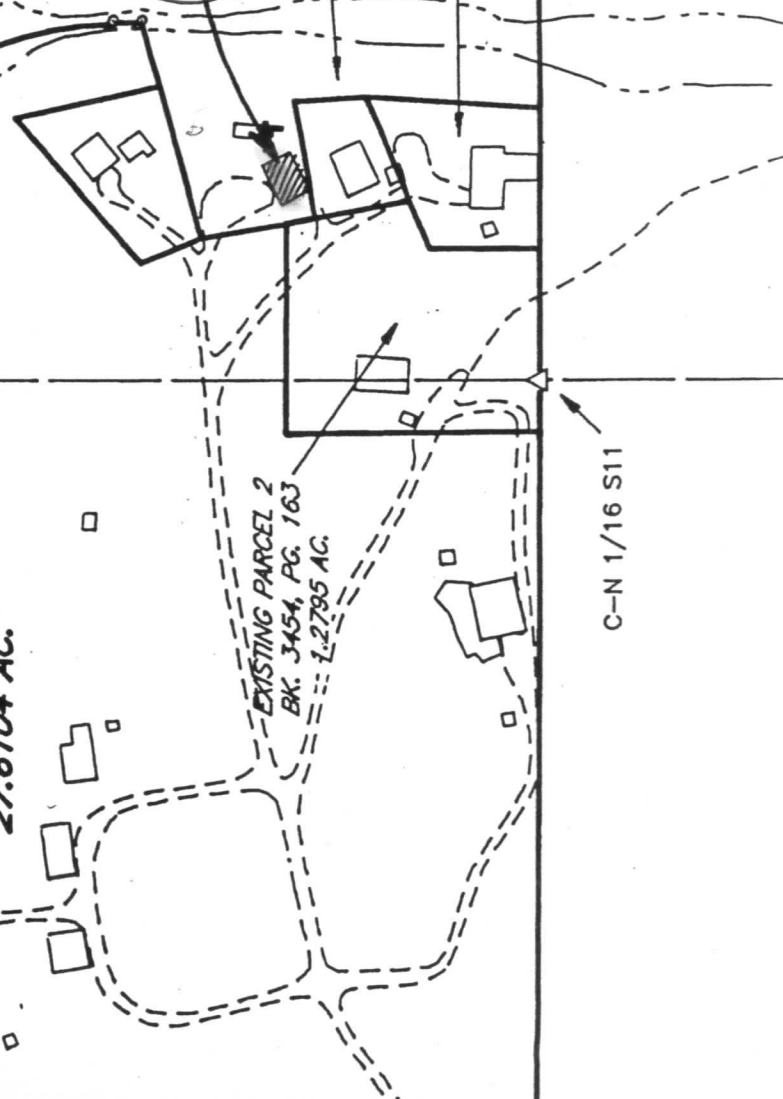
327.10'

111.45'

12

S63°13'30"E
563°14.93'

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





ORANGE HOUSE



ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

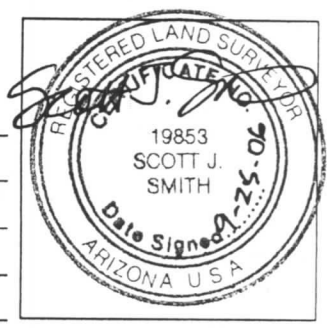
Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use
A1. Building Owner's Name <u>DIVERA G. HAMILTON</u>		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>13800 ANGEL VALLEY ROAD</u>		Company NAIC Number
City <u>SEDONA,</u>	State <u>AZ</u>	ZIP Code <u>86336</u>
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>407-25-010B TEEPEE</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>OVERNIGHT GUEST ACCOMMODATIONS (TEEPEE SEE ATTACHED MAP)</u>		
A5. Latitude/Longitude: Lat. <u>34° 48' 08.49"</u> Long. <u>-111° 52' 30.98"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <u>N/A (SEE ATTACHED SKETCH)</u>		
A8. For a building with a crawl space or enclosure(s), provide:		A9. For a building with an attached garage, provide:
a) Square footage of crawl space or enclosure(s) <u>N/A</u> sq ft	b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>N/A</u>	a) Square footage of attached garage <u>N/A</u> sq ft
c) Total net area of flood openings in A8.b <u>N/A</u> sq in		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>N/A</u>
		c) Total net area of flood openings in A9.b <u>N/A</u> sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <u>YAVAPAI COUNTY 040093</u>		B2. County Name <u>YAVAPAI</u>		B3. State <u>AZ</u>	
B4. Map/Panel Number <u>04025X 1465</u>	B5. Suffix <u>F</u>	B6. FIRM Index Date <u>JUNE 6 2001</u>	B7. FIRM Panel Effective/Revised Date <u>JUNE 6 2001</u>	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>3706.9</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input checked="" type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe)					
B11. Indicate elevation datum used for BFE in Item 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 _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. 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 C2.a-g below according to the building diagram specified in Item A7. Benchmark Utilized <u>RM 33A</u> Vertical Datum <u>NGVD 29</u> <u>3690.65</u> Conversion/Comments <u>N/A</u>	
Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor) <u>3709.3</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor <u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) <u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) <u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) <u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG) <u>3709.1</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG) <u>3709.2</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	<input type="checkbox"/> meters (Puerto Rico only)

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 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.	
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.	
Certifier's Name <u>SCOTT J. SMITH</u>	License Number <u>#19853</u>
Title <u>PRESIDENT</u>	Company Name <u>TRUE NORTH SURVEYS, INC.</u>
Address <u>4140 WESTERN DRIVE, SUITE A, COTTONWOOD, AZ 86326</u>	City <u>SEPTEMBER 25, 2006</u> State <u>(928)</u> ZIP Code <u>646-5951</u>
Signature <u>Scott J. Smith</u>	Date <u>9-25-06</u> Telephone



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.			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 THE STRUCTURE IS A MANUFACTURED REPLICA PLAINS INDIAN TEEPEE
UTILIZING WOOD POLES AND MODERN FABRIC ON A DIRT FLOOR. THE
BASE OF THE FABRIC HAS APPROXIMATELY 0.1' CLEARANCE FROM THE GROUND.

Signature _____ Date _____ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 a) Top of bottom floor (including basement, crawl space, or enclosure) is _____. feet meters above or below the HAG.
 b) Top of bottom floor (including basement, crawl space, or enclosure) is _____. feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____. feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____. feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____. feet meters above or below the HAG.
- E5. 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. *The statements in Sections A, B, 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. Check the measurement used in Items G8, and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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: _____ feet meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

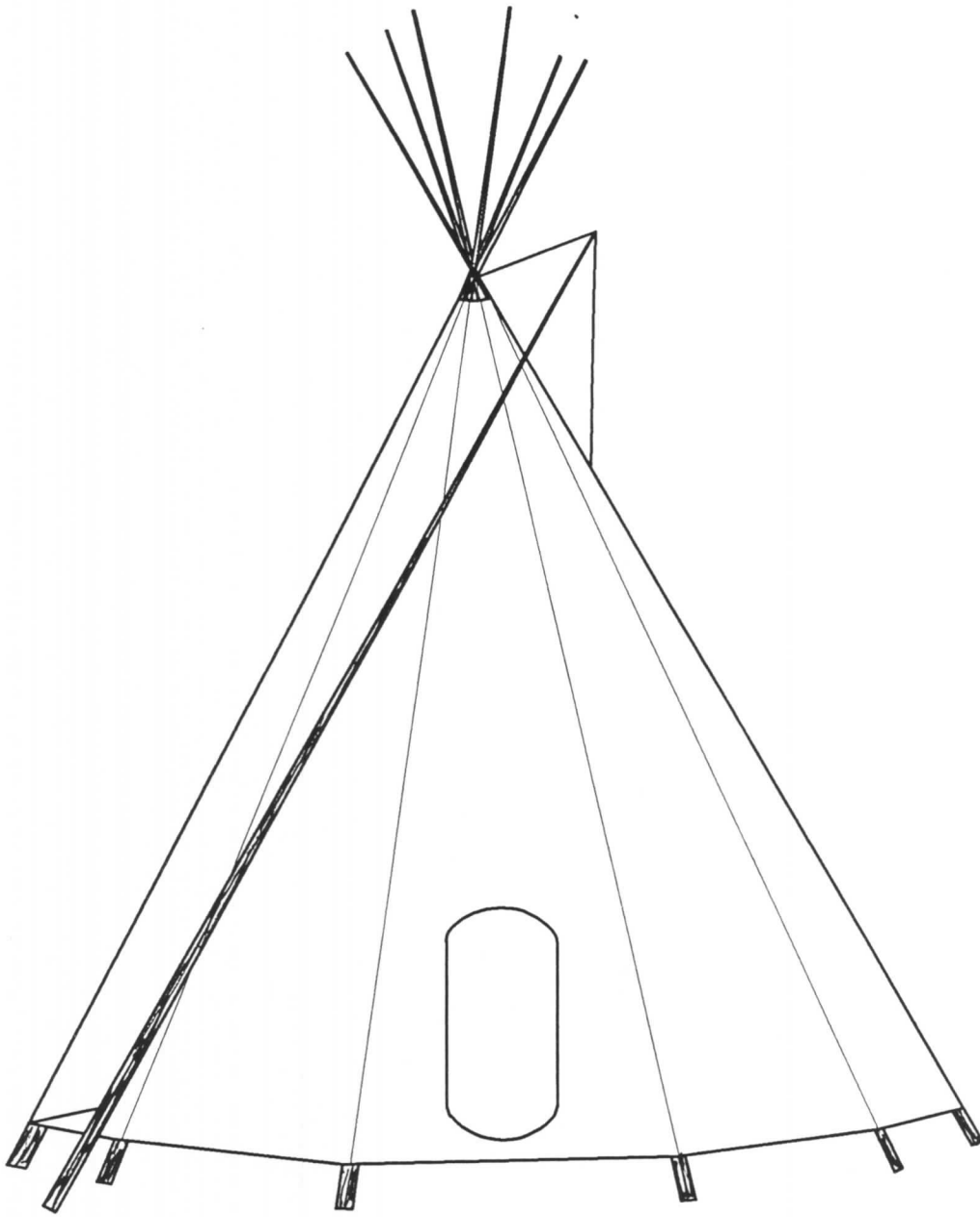
Signature _____ Date _____

Comments _____

Check here if attachments

SKETCH

TEEPEE





ORANGE HOUSE

407-25-0103