FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

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 20Ma Suite, and/or Bldg No.) OR P.O. ROUTE AND BOX NO. Including Apt., Unit Company NAIC Number CITY ZIP CODE STATE Y DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 79-00 BUILDING/USE (e.g., Residential, Non-residential, Addition, Accessory, etc., Use a Comments area, if necessary.) -CCI MOY LATITUDE/LONGITUDE (OPTIONA HORIZONTAL DATUM: SOURCE: GPS (Type): (##° - ## - ## .##" or ## .#####") □ NAD 1927 □ NAD 1983 USGS Quad Map ☐ Other. SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B2. COUNTY NAME** B3. STATE 84. MAP AND PANE 87. FIRM PONEL B9. BASE FLOCD ELEVATION(S) NUMBER **B5. SUFFIX** EFFECTIVE/REVISED DATE B8. FLCCD ZONE(S) (Zone AO, use depth of flooding) 46 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 5 (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 ____ Conversion/Comments Elevation reference mark used 33 Does the elevation reference mark used appear on the FIRM? o a) Top of bottom floor (including basement or enclosure) 3439.42±(m) LAND License Number, Embossed Seal o b) Top of next higher floor NA ft(m) o c) Bottom of lowest horizontal structural member (V zones only) 5458.14 ft (m) and Date 26925 o d) Attached garage (top of slab) MA A(m) DUGAN L o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) MA ft(m) o f) Lowest adjacent (finished) grade (LAG) 3447.36 t(m) o g) Highest adjacent (finished) grade (HAG) 3457,52t(m) o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N. A o i) Total area of all permanent openings (flood vents) in C3.h NAsq. 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. SNAME

BUILDING STREET ADDRESS	(Including Amt. Unit Suite and	manda Na VOD D	n Section A.	For Insurance Company Use:
CITY	POINT and/	() Bigg. No.) OR P.O.	ROUTE AND BOX NO.	Policy Number
Cornville		STATE	SUP CODE	Company NAIC Number
SEC	TION D - SURVEYOR, ENG	INEER, OR ARCHI	TECT CERTIFICATION (CON	TINUED)
Copy both sides of this Eleva	ation Certificate for (1) commi	unity official, (2) inst	urance agent/company, and (3) building owner
COMMENTS		,	, , , , , , , , ,	, sanding owner.
,				
				Check here if attachr
SECTION E - BUILDING	ELEVATION INFORMATION	N (SURVEY NOT R	EQUIRED) FOR ZONE AO AI	ID ZONE A GAMERIA
To Long Alla Zone A (With	lout DFE), complete Items F	1 through E5 If the	Elevation Certificate is intend	ed for use as supporting
nformation for a LOMA or LONE1. Building Diagram Number	MR-F, Section C must be con	npleted.		and outpoining
see pages 6 and 7. If no o	diagram accurately represent	agram most similar	to the building for which this c	ertificate is being completed
top of the bottom mod	Uliciuding pasement or encl	ocura) of the building	de a sketch or photograph.) g is ft. (m) in. (cm) Jahovo os Jhalan
(check one) the highest ac	djacent grade. (Use natural g	grade, if available.)	, s . s	citi) [above or [] below
.5. For building Diagrams 6-8	with openings (see page 7)	the next higher floo	r or elevated floor (elevation b)) of the building is
4. The top of the platform of r	machinery and/or equipment	servicing the building	Items C3.h and C3.i on front on the sign is a sign in the sign is sign in the sign is sign in the sign	
(check one) the highest ac	ljacent grade. (Use natural g	rade, if available.)	iy i> π. (m) in. (cm) above or below
5. For Zone AO only: If no flo	ood depth number is available	a is the ten of the h	ottom floor elevated in accorda	ance with the community's
	140	I TONKHOWN. IN	e local official must certify this	information in Caption C
020	HOW F - FROPERIT OWNE	R IOR OWNER'S F	PEDDECENTATIVE CEDTICI	CATION
without a FEMA-issued or co	s authorized representative with mmunity-issued BFE) or Zone	vno completes Secti e AO must sign ber	ons A, B, C (Items C3.h and C e. The statements in Sections	3.i only), and E for Zone A
he best of my knowledge.	, , , , , , , , , , , , , , , , , , , ,	e Ao mast sign hen	e. The statements in Sections	A, B, C, and E are correct to
PROPERTY OWNER'S OR OWN	ER'S AUTHORIZED REPRESE	NTATIVE'S NAME		
DDRESS		CITY		
SIGNATURE		Citt	STATE	ZIP CODE
		DATE	TELEPHO	NE
COMMENTS				
				I I Charlet W. H.
	SECTION G - CO	MMUNITY INFORM	ATION (OPTIONAL)	Check here if attachm
e local official who is authoriz	ed by law or ordinance to ad-	minister the second	1. 1. 7	ordinance can complete
ctions A, B, C (or E), and G o	of this Elevation Certificate. C	complete the applica	able item(s) and sign below.	ordinance can complete
	ion o was taken from other o	ocumentation that h	oc boon sizzzzi i	d by a licensed surveyor,
			evation information. (Indicate	
 A community official cor 	mpleted Section E for a buildi	ing located in Zone	A (without a FEMA-issued or o	community issued REE) or
				originating-issued BFE) of
4. PERMIT NUMBER			plain management purposes.	
+. PERMIT NUMBER	G5. DATE PERMIT ISSUE	ED	G6. DATE CERTIFICATE OF CO	OMPLIANCE/OCCUPANCY
This permit has been issued	for: New Construction	- Substantial	ISSUED Improvement	
Elevation of as-built lowest fl	loor (including basement) of t	he building is:		# /m\ Datum
BFE or (in Zone AO) depth of	of flooding at the building site	is:		ft. (m) Datum: ft. (m) Datum:
OCAL OFFICIAL'S NAME				
DMMUNITY NAME		TITLI		
		TELE	PHONE	
GNATURE		DATE		· · · · · · · · · · · · · · · · · · ·
DMMENTS				
1A Form 81-31, January 2003				Check here if attachme
- 1 01, candary 2000				Replaces all previous edition

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7. For Insurance Company Use: SECTION A - PROPERTY OWNER INFORMATION Policy Number BUILDING OWNER'S NAME OSTHERN BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number STATE ZIP CODE PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Kesiden HAPE LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: NAD 1927 ■ NAD 1983 (##° - ##' - ##.##" or ##.####") USGS Quad Map Other SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME B3. STATE B9. BASE FLOOD ELEVATION(S) B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX **B7. FIRM PANEL** B8. FLOOD ZONE(S) (Zone AO, use depth of flooding) EFFECTIVE/REVISED DATE NUMBER DATE B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. |__| Community Determined Other (Describe): FIRM 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) |X|Finished Construction |Building Under 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. Conversion/Comments Does the elevation reference mark used appear on the FIRM? Elevation reference mark used *Pm#* 83 . 09ft.(m) a) Top of bottom floor (including basement or enclosure) LAND ft.(m) □ b) Top of next higher floor c) Bottom of lowest horizontal structural member (V zones only) ft.(m) ft.(m) □ d) Attached garage (top of slab) 26925 ☐ e) Lowest elevation of machinery and/or equipment DUGAN L servicing the building (Describe in a Comments area.) ft.(m) McDONALD . 49 ft.(m) ☐ f) Lowest adjacent (finished) grade (LAG) g) Highest adjacent (finished) grade (HAG) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _ 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. COMPANY NAME STATE CITY DAT

FEMA Form 81-31, January 2003

	s, copy the corresponding informat			For Insurance Company Use:
UILDING STREET ADDRESS (In	cluding Apt., Unit, Suite, and/or Bldg. No.)	OR P.O. ROL	JTE AND BOX NO.	Policy Number
ITY PORNUILLE	STATE AZ		ZIP CODE	Company NAIC Number
SECTI	ON D - SURVEYOR, ENGINEER, OR	ARCHITEC		TINUED)
opy both sides of this Elevation	on Certificate for (1) community official	, (2) insuran	ce agent/company, and (3	3) building owner.
OMMENTS	e thousand of the	ch 130	elah an ma	de Elevation is
/	,		SIAD ON Grac	. , ,
, ,	·	TE UNI	DER CONSTRUCT	10 h tor Son Deck.
METAL DIATE I	5 3458.21			
				Check here if attachmen
	LEVATION INFORMATION (SURVE)			
formation for a LOMA or LOMF 1. Building Diagram Number _ see pages 6 and 7. If no dia 2. The top of the bottom floor (out BFE), complete Items E1. through BR-F, Section C must be completed. (Select the building diagram mosagram accurately represents the buildi (including basement or enclosure) of the acent grade. (Use natural grade, if available)	st similar to t ng, provide ne building is	the building for which this a sketch or photograph.)	certificate is being completed -
3. For Building Diagrams 6-8 w ft. (m) _ in. (cm) 4. The top of the platform of m (check one) the highest adja 5. For Zone AO only: If no floor floodplain management ordinates.	with openings (see page 7), the next hi) above the highest adjacent grade. Contachinery and/or equipment servicing the second grade. (Use natural grade, if avoid depth number is available, is the topinance? Yes No Unkriting the second grade.	gher floor or complete Iter he building in allable.) or of the bottonown. The leading to the leading t	ms C3.h and C3.i on front s _ ft. (m) _ in. om floor elevated in accordocal official must certify this	of form. (cm) above or below dance with the community's is information in Section G.
SECTI	ION F - PROPERTY OWNER (OR OW	VNER'S RE	PRESENTATIVE) CERTIF	FICATION
The property owner or owner's without a FEMA-issued or comble best of my knowledge.	authorized representative who comple nmunity-issued BFE) or Zone AO must	etes Section t sign here.	s A, B, C (Items C3.h and The statements in Section	C3.i only), and E for Zone A as A, B, C, and E are correct to
	ER'S AUTHORIZED REPRESENTATIVE'S	NAME		
DDRESS		CITY	STATE	ZIP CODE
SIGNATURE		DATE	TELEPH	HONE
COMMENTS				*
				Check here if attachme
	SECTION G - COMMUNITY			
ections A, B, C (or E), and G or 1. The information in Secti engineer, or architect w elevation data in the Co 2. A community official cor Zone AO.	ed by law or ordinance to administer the fithis Elevation Certificate. Complete to ion C was taken from other documentation is authorized by state or local law to ments area below.) Impleted Section E for a building locate on (Items G4-G9) is provided for commentation.	the applicab ation that ha to certify ele and in Zone A aunity floodp	le item(s) and sign below. s been signed and embos vation information. (Indica (without a FEMA-issued clain management purpose	sed by a licensed surveyor, ate the source and date of the or community-issued BFE) or es.
64. PERMIT NUMBER	G5. DATE PERMIT ISSUED		G6. DATE CERTIFICATE OF ISSUED	F COMPLIANCE/OCCUPANCY
	for: _ New Construction _ S floor (including basement) of the building of flooding at the building site is:		mprovement ··	ft. (m) Datum: _ ft. (m) Datum:
OCAL OFFICIAL'S NAME		TITLE		
COMMUNITY NAME			PHONE	
SIGNATURE		DATE		
COMMENTS				