U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

ELEVATION CERTIFICATE



OMB No. 1660-0008 Expires February 28, 2009

Important: Read the instructions on pages 1-8. National Flood Insurance Program SECTION A - PROPERTY INFORMATION For Insurance Company Use: Policy Number A1. Building Owner's Name Juan Carlos & Gancarla Brenda Aguilar Company NAIC Number A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 675 N. Spring Creek Trl. State Cornville ΑZ 86325 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 407-34-044 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential Horizontal Datum: NAD 1927 X NAD 1983 A5. Latitude/Longitude: Lat. 34°44'41.4" Long. 111°54'40.7" A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 8 A9. For a building with an attached garage, provide: A8. For a building with a crawl space or enclosure(s), provide a) Square footage of attached garage sa ft a) Square footage of crawl space or enclosure(s) 1200 sq ft No. of permanent flood openings in the attached garage b) No. of permanent flood openings in the crawl space or walls within 1.0 foot above adjacent grade n/a enclosure(s) walls within 1.0 foot above adjacent grade 33 Total net area of flood openings in A9.b n/a sq in 2195.42 sq in Total net area of flood openings in A8.b SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. State B1. NFIP Community Name & Community Number B2. County Name 040093 AUADAI COUNT AUADAI B8. Flood B9 Base Flood Elevation(s) (Zone B7. FIRM Panel B5. Suffix B6. FIRM Index B4. Map/Panel Number AO, use base flood depth) Effective/Revised Date Zone(s) Date 4,2001 AE Une une 6. B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. ☐ FIRM ☐ Community Determined ☐ Other (Describe) X FIS Profile B11. Indicate elevation datum used for BFE in Item B9: X NGVD 1929 ■ NAVD 1988 ☐ Other (Describe) MNo Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes □ OPA ☐ CBRS **Designation Date** SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) □ Construction Drawings* ☐ Building Under Construction* C1. Building elevations are based on: *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 29 Vertical Datum 3363.73' (1929)
Conversion/Comments 81 Conversion/Comments Check the measurement used. 3363.51 Top of bottom floor (including basement, crawl space, or enclosure floor)_ ☐ feet ☐ meters (Puerto Rico only) 3366.77 b) Top of the next higher floor ☐ feet ☐ meters (Puerto Rico only) Bottom of the lowest horizontal structural member (V Zones only) 3365.16 c) SEE SECT G ☑ feet ☐ meters (Puerto Rico only) 3364..03 Attached garage (top of slab) d) Lowest elevation of machinery or equipment servicing the building 3364.72 e) (Describe type of equipment in Comments) meters (Puerto Rico only) Lowest adjacent (finished) grade (LAG) 3363.75 f) Highest adjacent (finished) grade (HAG) ☐ feet ☐ meters (Puerto Rico only) 3364.28 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. Check here if comments are provided on back of form. 26925 DUGAN L License Number Certifier's Name McDONALD O Dugan L. McDonald RLS 26925 Title Company Name Heritage Land Surveying & Mapping President ZIP Code State Address City 86322 AZ Camp Verde PO Box 3270 Date Telephone Signature Expires 3.3/.20

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8.11.08

		ese spaces, cop		esponding information from Section A.				r Insurance Company Use:
	eet Addres	s (including Apt., U		nd/or Bldg. No.) or F	P.O. Route and	Box No.		licy Number
City Cornville	State AZ	$A \cap A = A \cap A \cap A \cap A$						
		SECTION D	- SURVE	YOR, ENGINEER	R, OR ARCHIT	TECT CERTIFICATION	ON (CONTIN	UED)
Copy both s	sides of this	s Elevation Certifica	ate for (1) co	ommunity official, (2) insurance age	ent/company, and (3) but	uilding owner.	
Comments C2-E is an A/C pad.								
Signature	☐ Check here if attachments							
SECTI	ION E - B	UILDING ELEVA	TION INF	ORMATION (SUI	RVEY NOT R	EQUIRED) FOR ZO	NE AO AND	ZONE A (WITHOUT BFE)
and C. For E1. Proving grade a) To b) To E2. For E (elev. E3. Attac E4. Top c E5. Zone	r Items E1- ide elevation e (HAG) and op of botton by of botton Building Dia ration C2.b ched garage of platform e AO only:	E4, use natural grain information for the different floor (including bain floor floor floor) of the diagrams) of the diagrams) of the diagrams) is continuous and/off floor flood depth numbers.	de, if availa e following ent grade (L sement, cra sement, cra manent floo the building or equipmen umber is ava	and check the meand check the approach (AG). awl space, or enclose (AG) award (A	asurement used opriate boxes to sure) is sure) is d in Section A I feet me eters above ling is the bottom floor	i. In Puerto Rico only, o show whether the ele feet	enter meters. vation is above neters above age 8 of Instru below the HAG G. ers above co	
		SECTION F	- PROPE	RTY OWNER (O	R OWNER'S	REPRESENTATIVE) CERTIFICA	ATION
The proper	ty owner o				the second secon		THE RESERVE OF THE PARTY OF THE	ssued or community-issued BFE)
or Zone AC	must sigr	here. The statement Owner's Authorized	ents in Sect	tions A, B, and E are	e correct to the	best of my knowledge.		
Address					City			ZIP Code
Signature					Date		Telephone	
Comments								
Comments	· 					*		,
								☐ Check here if attachmen
			SEC	TION G - COMMI	JNITY INFOR	MATION (OPTIONA	AL)	
The local off	ficial who is	authorized by law	or ordinanc	e to administer the	community's flo	odplain management o	ordinance can	complete Sections A, B, C (or E),
G1 \square Th	G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in items G8, and G9.							
G4. Permit			G5. Date F	Permit Issued				nce/Occupancy Issued
		en issued for:			☐ Substantial In	nprovement		
				nent) of the building	:	_ feet	R) Datum	
		O) depth of flooding				☐ feet ☐ meters (P	R) Datum	_
Local Offic	cial's Name	Jim You	NG			itle 144 proloc	5185	
Communit	y Name	TAUSPAL	COUNT		Т	elephone 978-6	39-8151	
Signature		1/2	00111		D	ate		
Comments	s Fig	EVATION OF	2040	MSIDE OF S	SUPPORT	FRAME RALL		
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		0000000						
								☐ Check here if attachmer





