

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME G.W. DANIELS		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1791 CHAVEZ RANCH ROAD		Company NAIC Number
CITY SEDONA	STATE AZ	ZIP CODE 86336
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) ADN 408-12-022B		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ###.####)	HORIZONTAL DATUM: <input checked="" 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 040093		B2. COUNTY NAME YAVAPAI	B3. STATE AZ
B4. MAP AND PANEL NUMBER 04025C IAG0	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) 4049.0

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: _____

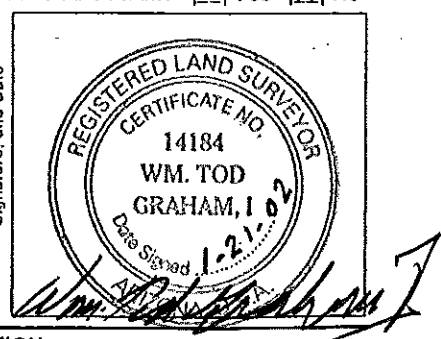
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 **3** (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, ARIA, 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 1929** Conversion/Comments _____
 Elevation reference mark used **RM 36A** Does the elevation reference mark used appear on the FIRM? Yes No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	4050.5	5	(ft)
<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 checked="" type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	4050	5	(ft)
<input checked="" type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	4060	5	(ft)
<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 **W.M. TOD GRAHAM I** LICENSE NUMBER **L.S. 14184 (ARIZONA)**

TITLE **PRESIDENT** COMPANY NAME **LANDMARK ENGINEERING & SURVEYING INC.**

ADDRESS **1785 W. HWY. 89-A STE. 1A** CITY **SEDONA** STATE **AZ** ZIP CODE **86336**

SIGNATURE **Wm. Tod Graham I** DATE **1-21-02** TELEPHONE **(928) 282-7104**

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

BUILDING OWNER'S NAME <u>G.W. DANIELS</u>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>1791 CHAVEZ RANCH ROAD</u>		Policy Number	
CITY <u>SEDONA</u>	STATE <u>AZ</u>	ZIP CODE <u>86336</u>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>APN 408-12-022B</u>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>RESIDENTIAL</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.#####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

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 AND PANEL NUMBER <u>04025C 1460</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 depth of flooding) <u>4049.0</u>

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 _____ (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 _____ 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)	License Number, Embossed Seal, Signature, and Date
<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)	_____ ft.(m)	
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	_____ 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)		

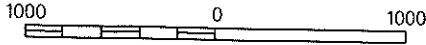
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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		LICENSE NUMBER	
TITLE	COMPANY NAME		
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	



APPROXIMATE SCALE IN FEET



SEDONA

1460 F

NATIONAL FLOOD INSURANCE PROGRAM

FIRM

FLOOD INSURANCE RATE MAP

**YAVAPAI COUNTY,
ARIZONA AND
INCORPORATED AREAS**

PANEL 1460 OF 3925

(SEE MAP INDEX FOR PANELS NOT PRINTED)

CONTAINS:

COMMUNITY

NUMBER PANEL SUFFIX

SEDONA, CITY OF	040130	1460	F
YAVAPAI COUNTY, UNINCORPORATED AREAS	040093	1460	F

**MAP NUMBER
04025C1460 F**

**EFFECTIVE DATE:
JUNE 6, 2001**



Federal Emergency Management Agency

34°48'45"

111°45'00"

CITY OF SEDONA
YAVAPAI COUNTY

CORPORATE LIMITS

ZONE X

ZONE A

FD

FC

ZONE X

FB

FA

FB

CITY OF SEDONA
040130

ZONE AE

ZONE X

26

*RM
266
USE 36A*

25

VILLAGE DRIVE
EARL DRIVE

ZONE X

LIMIT OF
DETAILED STUDY
RM266

PROFILE
BASE LINE

CORPORATE LIMITS

ZONE X

EW

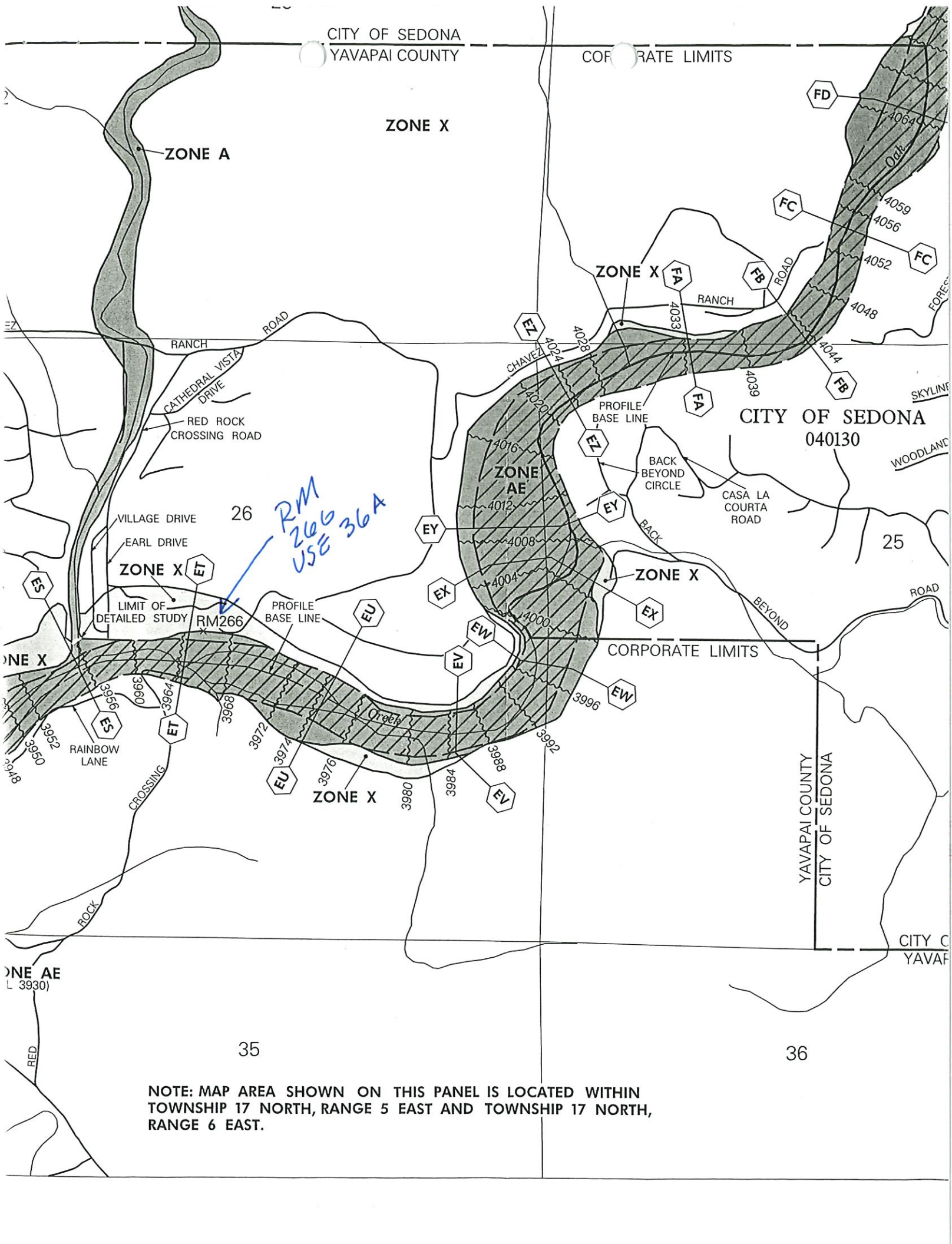
YAVAPAI COUNTY
CITY OF SEDONA

ZONE AE
L 3930)

35

36

NOTE: MAP AREA SHOWN ON THIS PANEL IS LOCATED WITHIN
TOWNSHIP 17 NORTH, RANGE 5 EAST AND TOWNSHIP 17 NORTH,
RANGE 6 EAST.



ELEVATION REFERENCE MARKS

REFERENCE MARK	ELEVATION (FEET NGVD)	DESCRIPTION OF LOCATION
----------------	-----------------------	-------------------------

1 * RM266 3966.55 Aerial Mapping Company 1/2-inch rebar with aluminum cap, approximately 250 feet northeast of Oak Creek, approximately 250 feet southeast of 20 by 20 wooden shed, approximately 40 feet northeast of concrete irrigation box and ditch, approximately 2,200 feet east and 2,500 feet south of the northwest corner of Section 26, T17N, R5E.

* * RM267 4183.48 Aerial Mapping Company railroad spike in rock approximately 100 feet west and 2,250 feet south of the northeast corner of Section 24, T17N, R5E, and approximately 18 feet south of edge of cliff, and approximately 100 feet south of the flowline of Oak Creek and approximately 600 feet south of a house on the north side of Oak Creek, and approximately 25 feet northwest of a 2 foot diameter Cedar tree.

RM313 4518.18 A U.S. Forest Service brass cap cemented in rock and stamped "OAK A-25, 1971", located on the southeast side of U.S. 89A 2.1 miles from junction of 89A and Arizona 179 in Sedona, 0.1 miles northeast of northeast end of the bridge over creek, down the bank from the highway approximately 40 feet and not visible from the highway. It is approximately 300 feet northeast of mile post 376.

COCONINO CO

SOUTHWEST
DRIVESINAGUA
DRIVE

2 RM317 4290.56 A U.S. Forest Service brass cap in concrete post, stamped "OAK SM 1, 1971", located along U.S. 89A at the north end of Sedona, 0.7 miles north of the junction of U.S. 89A and Arizona 179 in Sedona, 100 feet north of motel and 40 feet east of highway centerline.

COCONINO CO.

* USE 36A
ELEV = 3962.943
"NOT SHOWN ON FIRM"

* * USE 37A
ELEV = 4097.803

3

YAVAPAI COUNTY FLOOD CONTROL DISTRICT

MONUMENT RECORD FORM

CORNER LOCATION INFORMATION

SECTION 46 CORNER INDEX CODE _____
 TOWNSHIP 17 NORTH, RANGE 5 EAST
6 SR MERIDIAN YAVAPAI COUNTY

CORNER TYPE:
 ALIQUOT GOV'T COR. NON-ALIQUOT GOV'T COR. OTHER
 FORMAL CORNER NAME: RM 36 A

NOTES FOR USING TOWNSHIP INDEX TO DETERMINE INDEX CODE

FOR ALIQUOT SECTION, QUARTER, AND SIXTEENTH CORNERS, PUT A CIRCLE AT THE CORNER LOCATION. THEN READ GRID DESIGNATION (A-1 THRU Z-25). A CORNER THAT APPLIES TO TWO OR MORE TOWNSHIPS SHOULD BE INDEXED UNDER THE TOWNSHIP NORTH OR WEST OF THE CORNER LOCATION AS INDICATED BY THE HEAVY LINE ON THE INDEX (GENERALLY THE SOUTH AND EAST LINES EXCEPT THE N.E. AND S.W. CORNERS). CLOSING CORNERS WILL BE INDEXED UNDER THE TOWNSHIP TO WHICH THEY APPLY. FOR 1/64 CORNERS AND FURTHER DIVISIONS, AND FOR NON-ALIQUOT CORNERS LYING BETWEEN GRID DESIGNATIONS OR WITHIN A GRID SQUARE ON THE INDEX, DRAW AN APPROPRIATE REFERENCE LINE OR SHAPE ON THE INDEX, THEN CIRCLE THE CORNER LOCATION AND SPECIFY THE NEAREST INDEX CODE TO THE NORTH OR WEST (IF ON A GRID LINE), OR AT THE NORTHWEST CORNER OF THE GRID BLOCK.

MONUMENT FIELD VISIT INFORMATION

DATE OF FIELD VISIT: 01/31/1995

MONUMENT:
 LEFT AS FOUND FOUND & TAGGED FOUND & REBUILT
 RESTORED LOST CORNER ESTABLISHED NEW ACCESSORIES
 STATE PLANE COORDINATES: ESTABLISHED TO _____ ORDER
 ZONE: WEST CENTRAL EAST NOT ESTABLISHED
 DATA: N.A.D. 1927 (FEET) N.A.V.D. 1929 (FEET)
 Y=_____ X=_____ EL.=_____
 N.A.D. 1983 (METERS) N.A.V.D. 1988 (METERS)
 N=_____ E=_____ EL.=_____
 LAT: _____ NORTH, LONG. _____ WEST
 GEOD HEIGHT _____ SCALE FACTOR _____
 CONTROL STATIONS USED: PT 607 OC PER YCFCD

COUNTY FILING INFORMATION

APPLY COUNTY STICKER HERE IF APPLICABLE

FEE \$ _____
 DOCKET _____ PAGE _____
 _____ COUNTY, ARIZONA
 DATE _____ HOUR _____
 FEE: _____ PAGES _____
 REQUEST OF: _____

 TITLE: _____
 SUBMITTED TO BE CHECKED FOR COMPLETENESS
 _____ FILED AT REQUEST OF COUNTY REVIEWER

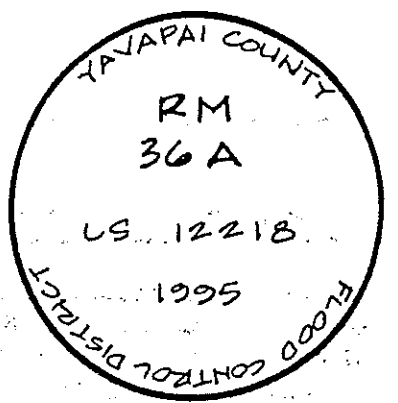
TITLE: _____
 SIGNED: _____ DATE: _____

TOWNSHIP INDEX SCALE: 1" = 10,000'

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
A	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
B	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
C	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
D	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
E	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
F	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
G	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
H	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
I	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
J	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
K	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
L	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0	0	0	0	0	0	0
M	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
N	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
O	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
P	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	
Q	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
R	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
S	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
T	00	29	28	27	26	25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	
U	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
V	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
W	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
X	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
Y	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Z	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

DESCRIBE RECORD EVIDENCE FOUND, INCLUDING TIES AND ACCESSORIES, OR IF A MONUMENT NOT OF RECORD, TELL WHY YOU ACCEPTED IT AS VALID. DESCRIBE ANY ACTIONS TAKEN BY YOU TO REHABILITATE OR PERPETUATE THIS MONUMENT IF FOUND IN PERISHABLE OR DETERIORATED CONDITION. IF NO EVIDENCE OF THE ORIGINAL MONUMENT OR ITS LOCATION CAN BE FOUND, DESCRIBE THE PROCEDURE FOLLOWED IN THE RESTORATION OF THE MONUMENT AND THE CONTROLLING CORNERS USED, INCLUDING ALL RECORD OF SURVEY REFERENCES. DESCRIBE ANY NEW MONUMENT SET (INCLUDING ACCESSORY MONUMENTS) AS TO MATERIAL, SHAPE, MARKING, PROJECTION OR BURIAL, AND DISPOSITION OF OLD MONUMENT. DESCRIBE NEW TIES AND ACCESSORIES IN COORDINATION WITH THE SKETCH ON THE REVERSE. DESCRIBE ANY CONFLICTING MONUMENTS OR EVIDENCE AND YOUR CONCLUSIONS.

CORNER MONUMENT CAP STAMPING

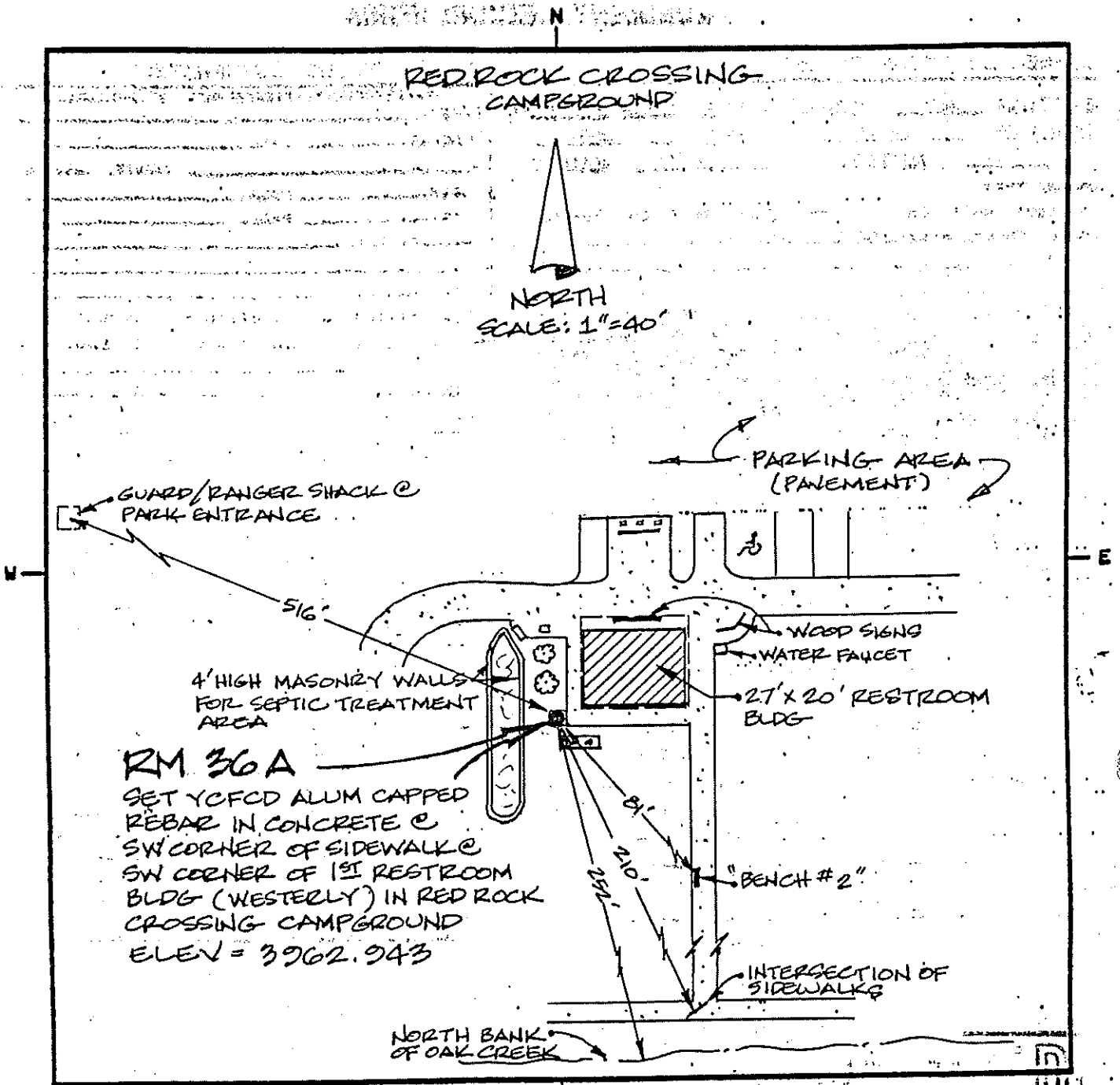


RM 36 A
SET TO REPLACE RM 36 (NOT FOUND)
PER Y.C.F.C.D. INSTRUCTIONS
ELEV = 3962.243
(ESTABLISHED FROM PT. "607 OC" PER YAVAPAI COUNTY FLOOD CONTROL DATA)

FILED RECORD OF SURVEY IN COUNTY RECORDS AT _____ BOOK _____, PAGE(S) _____
 ATTACHED SHEETS: WRITTEN TESTIMONY FIELD NOTE PAGE(S) _____ OTHER _____

(OVER)

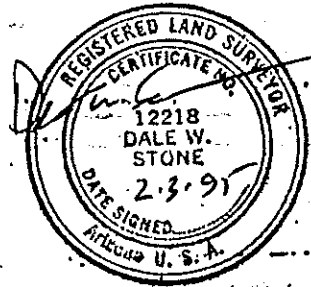
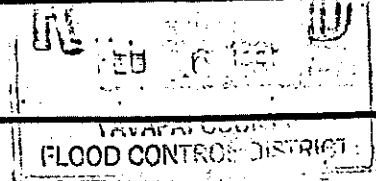
36 A NOT SHOWN ON FIRM REPLACES (RM 266 ON FIRM 1460F)



LAND SURVEYOR IDENTIFICATION AND CERTIFICATION

I, DALE W. STONE, ARIZONA, R.L.S. NUMBER 12218, HEREBY CERTIFY THAT THIS CORNER RECORD WAS PREPARED UNDER MY DIRECTION, THAT ALL MONUMENTATION ACTUALLY EXISTS AS SHOWN HEREON.

COMPANY NAME DALE W. STONE RLS
 STREET ADDRESS _____
 MAILING ADDRESS PO BOX 1288
 CITY, STATE, ZIP CAMP VERDE, AZ 86322
 TELEPHONE NUMBER (602) 567-5344



SIGNATURE, SEAL AND DATE