

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

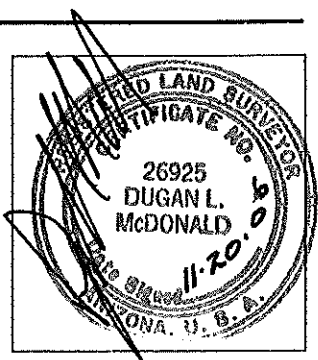
Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name <u>John's Janice Carter</u>		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>150 ZANE GREY LANE</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>408-16-050F</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>34° 49.859</u> Long. <u>111° 48.520'</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>1</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	a) Square footage of attached garage <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>	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 A8.b <u>N/A</u> sq in	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>04025C1460</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>A</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>3985.0</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other (Describe) <u>Engineering study</u>					
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 36A</u>	Vertical Datum <u>3962.94</u>
Conversion/Comments	
Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor) <u>3986.11</u> <input checked="" type="checkbox"/> feet <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)	
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)	
d) Attached garage (top of slab) <u>N/A</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) <u>3983.64</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
f) Lowest adjacent (finished) grade (LAG) <u>3983.41</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
g) Highest adjacent (finished) grade (HAG) <u>3984.73</u> <input checked="" type="checkbox"/> feet <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 type="checkbox"/> Check here if comments are provided on back of form.			
Certifier's Name <u>DUGAN L. McDONALD</u>		License Number <u>RLS 26925</u>	
Title <u>President</u>		Company Name <u>HERITAGE LAND SURVEY & MAPPING</u>	
Address <u>PO BOX 3270</u>		City <u>Camp Verde</u>	State <u>AZ</u>
		State <u>AZ</u>	ZIP Code <u>86322</u>
Signature <u>[Signature]</u>	Date <u>11-20-06</u>	Telephone <u>928-527-9170</u>	



IMPORTANT: In these spaces, copy the responding 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. <i>150 ZANE GREY LANE</i>		Policy Number
City <i>SEDONA</i>	State <i>AZ</i>	ZIP Code <i>86336</i>
		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 *C2-E is a A.C. pad with a elevation of 3983.64*

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 <i>DP 800-21</i>	G5. Date Permit Issued <i>3-22-2000</i>	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

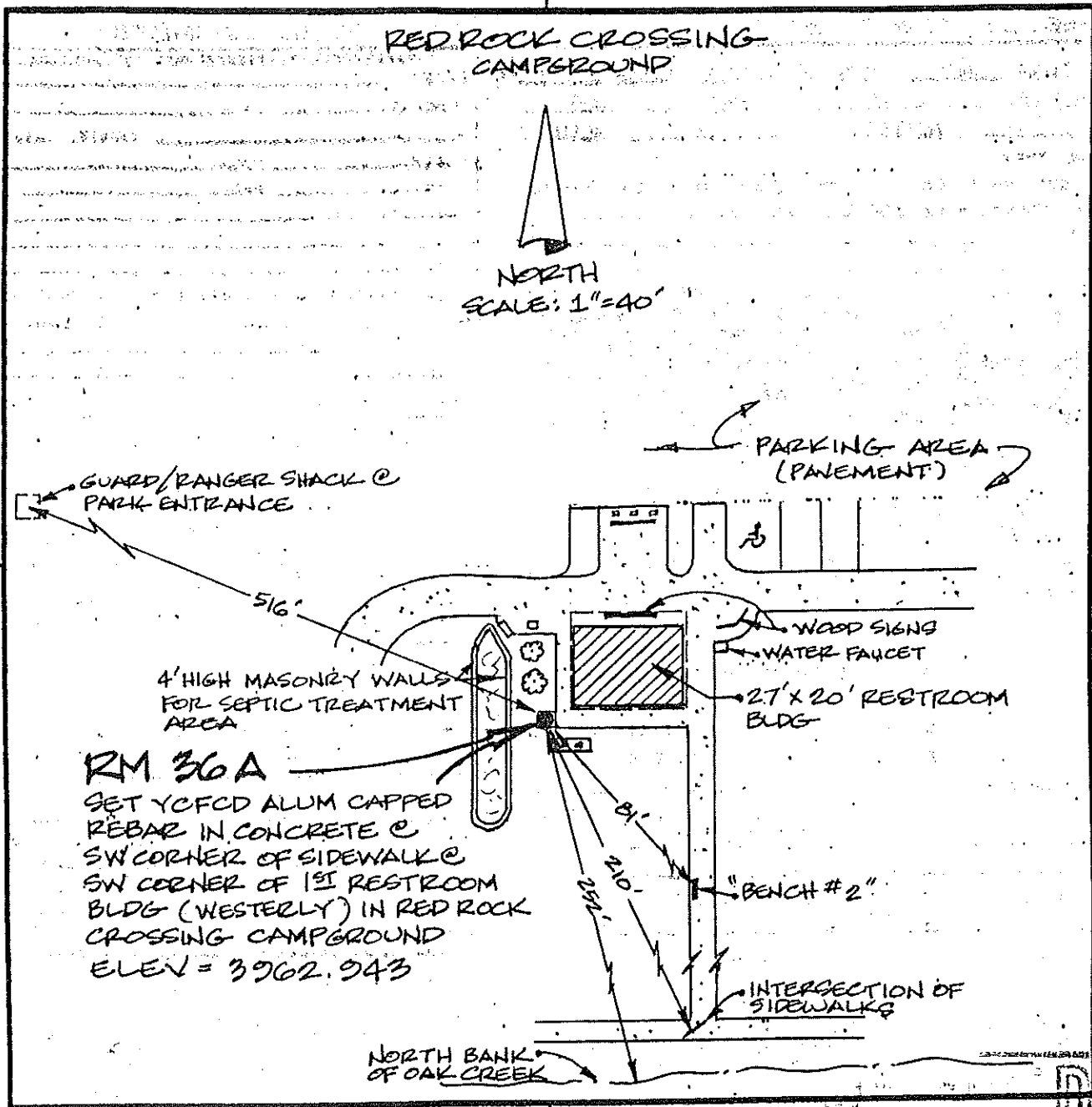


408-16-050 F

PIC DATE 20 JULY 2007





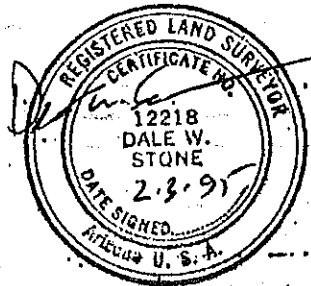
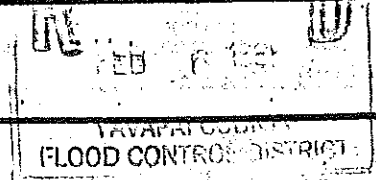


RM 36 A
 SET YCFCD ALUM CAPPED
 REBAR IN CONCRETE @
 SW CORNER OF SIDEWALK @
 SW CORNER OF 1ST RESTROOM
 BLDG (WESTERLY) IN RED ROCK
 CROSSING CAMPGROUND
 ELEV = 3962.943

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

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 <i>John and Janice Carter</i>			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>150 Lane Grey Lane</i>			Company NAIC Number	
CITY <i>Sedona</i>	STATE <i>AZ</i>	ZIP CODE <i>86336</i>		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>Lot 50 Cathedral Vista, APN 408-16-050A (Now 050F)</i>				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <i>Residential</i> <i>Now 408-16-050F</i>				
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 <i>Yavapai County 040093</i>		B2. COUNTY NAME <i>Yavapai</i>		B3. STATE <i>AZ</i>	
B4. MAP AND PANEL NUMBER <i>040093 0690</i>	B5. SUFFIX <i>B</i>	B6. FIRM INDEX DATE <i>3-9-99</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>8-19-85</i>	B8. FLOOD ZONE(S) <i>A</i>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>3985.0'</i>

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): *Floodplain Study by Now! Engineering.*

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): *and Property Benchmark*

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 C3a-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 N-W PROP. COR. Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>3985.77</u> . . . (ft)(m)
<input type="checkbox"/> b) Top of next higher floor	<u>NONE</u> . . . ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>NONE</u> . . . ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>NONE</u> . . . ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>NONE</u> . . . ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>3982.8</u> . . . (ft)(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>3984.2</u> . . . (ft)(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>NONE</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____ 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 <i>JOHN A. LUCKOW</i>	LICENSE NUMBER <i>18297 ARIZONA</i>
TITLE <i>SURVEY MANAGER</i>	COMPANY NAME <i>SHEPARD - WESPITZER</i>
ADDRESS <i>1146 W. HWY. 89A STE B</i>	CITY <i>SEDONA</i> STATE <i>AZ</i> ZIP CODE <i>86336</i>
SIGNATURE <i>John A. Luckow</i>	DATE <i>11-14-00</i> TELEPHONE <i>520-282-1061</i>

IMPORTANT: In these spaces, copy the following 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. 150 ZANE GREY LANE 408-16-050F	Policy Number
CITY STATE ZIP CODE SEDONA AZ 86336	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 BASE BENCH MARK FOR THIS CERTIFICATION IS RM 36A, ELEV. 3962.943. THIS ELEVATION WAS TRANSFERRED TO THE N-W PROPERTY CORNER (ELEV. 3984.74) BY TIMOTHY HAMMES. THIS ELEVATION DOCUMENT IS IN APPENDIX R OF THE FLOODPLAIN ANALYSIS BY NWD/ENG. 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.
 - 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.
 - 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, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

JOHN B. + JANICE C. CARTER

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME 150 ZANE GREY LN.	STATE AZ	ZIP CODE 86336
ADDRESS SEDONA	CITY SEDONA	STATE AZ
SIGNATURE Janice C. Carter	DATE 12-6-00	TELEPHONE 520-205-0819

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	

Check here if attachments