

# ELEVATION CERTIFICATE

**Important:** Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

| SECTION A – PROPERTY INFORMATION   |            |                     |  | FOR INSURANCE COMPANY USE |   |
|--|------------|---------------------|--|---------------------------|---|
| A1. Building Owner's Name  |            |                     |  | Policy Number:            |   |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  |            |                     |  | Company NAIC Number:      |   |
| City   |            | State               |  | ZIP Code                  |   |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)   |            |                     |  |                           |   |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____   |            |                     |  |                           |   |
| A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input 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 _____  |            |                     |  |                           |   |
| A8. For a building with a crawlspace or enclosure(s):  |            |                     |  |                           |   |
| a) Square footage of crawlspace or enclosure(s) _____ sq ft  |            |                     |  |                           |   |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____   |            |                     |  |                           |   |
| c) Total net area of flood openings in A8.b _____ sq in  |            |                     |  |                           |   |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No   |            |                     |  |                           |   |
| A9. For a building with an attached garage:  |            |                     |  |                           |   |
| a) Square footage of attached garage _____ sq ft   |            |                     |  |                           |   |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____  |            |                     |  |                           |   |
| c) Total net area of flood openings in A9.b _____ sq in  |            |                     |  |                           |   |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No   |            |                     |  |                           |   |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION  |            |                     |  |                           |   |
| B1. NFIP Community Name & Community Number   |            |                     | B2. County Name                        |                           | B3. State   |
| B4. Map/Panel Number   | B5. Suffix | B6. FIRM Index Date | B7. FIRM Panel Effective/ Revised Date | B8. Flood Zone(s)         | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br><input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ |            |                     |  |                           |   |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____  |            |                     |  |                           |   |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA         |            |                     |  |                           |   |

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

|  |                  |                   |                                  |  |
|--|------------------|-------------------|----------------------------------|--|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                |                  |                   | <b>FOR INSURANCE COMPANY USE</b> |  |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>29 SERENE COURT |                  |                   | Policy Number:                   |  |
| City<br>SEDONA   | State<br>Arizona | ZIP Code<br>86336 | Company NAIC Number              |  |

## 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. 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–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: ERM 36A Vertical Datum: 3965.51 (NAVD88)

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- |   |        |  |                                 |
|---|--------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | 3995.4 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | 4003.4 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | N/A    | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | N/A    | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | 3992.9 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | 3991.6 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | 4004.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | 3995.1 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

## 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.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

|                                       |                    |                              |      |  |
|---------------------------------------|--------------------|------------------------------|------|--|
| Certifier's Name<br>TIMOTHY L. HAMMES |                    | License Number<br>L.S. 29263 |      |  |
| Title<br>PRESIDENT                    |                    |                              |      |  |
| Company Name<br>HAMMES SURVEYING LLC  |                    |                              |      |  |
| Address<br>2100 VIA SILVERADO         |                    |                              |      |  |
| City<br>CAMP VERDE                    | State<br>Arkansas  | ZIP Code<br>86322            |      |  |
| Signature<br><i>Timothy L. Hammes</i> | Date<br>12-03-2021 | Telephone<br>(928) 567-2833  | Ext. |  |

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

LOWEST ELEVATIONS OF MACHINERY SERVICING BUILDING IS FOR A FURNACE LOCATED IN FRONT OF THE HOUSE IN AN OUTSIDE ATTACHED CLOSET.

# BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

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|   |                                  |
|---|----------------------------------|
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| City State ZIP Code   | Company NAIC Number              |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Photo One

Photo One Caption

Photo Two

Photo Two Caption

# BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

## ELEVATION CERTIFICATE

|   |                                  |
|---|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>             | <b>FOR INSURANCE COMPANY USE</b> |
| 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              |

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Photo Three

Photo Three Caption

Photo Four

Photo Four Caption