U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

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							RANCE COMPANY USE	
A1. Building Owner's Name Donna L Chandler							ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.19080 E Palm Lane							Company NAIC Number:	
City Black Canyon	City		State Arizona			ZIP Code 85324		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Assessor's Parcel # 502-08-038								
A4. Building Use (e.g., Resident	tial, Non-Residential, A	ddition	, Accessory, etc.)	RESIDENTIAL			
A5. Latitude/Longitude: Lat. 34° 4′ 18.7" Long. 112° 8′ 58.9" Horizontal Datum: NAD 1927 NAD 1983								
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.								
A7. Building Diagra	am Number	5						
A8. For a building	with a crawlsp	pace or enclosure(s):						
a) Square foo	a) Square footage of crawlspace or enclosure(s) 0 sq ft							
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0								
c) Total net area of flood openings in A8.b 0 sq in								
d) Engineered flood openings? Yes No								
A9. For a building with an attached garage:								
a) Square footage of attached garage o sq ft								
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0								
c) Total net area of flood openings in A9.b 0 sq in								
d) Engineered flood openings? Yes No								
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
B1. NFIP Commun				B2. County Name			B3. State	
Yavapai County # 040093				Yavapai, Unincorporated Areas			Arizona	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Ef	I IRM Panel ffective/	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base	
04025C3609	Н	10/16/2015	10/16	evised Date /2014	AE	1978.2	od Depth)	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: X FIS Profile FIRM Community Determined Other/Source:								
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:								
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No								
Designation Date: CBRS DPA								

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IMPORTANT: In these spaces, copy the correspo	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, Suite, a 19080 E Palm Lane	Policy Number:							
City	Company NAIC Number							
Black Canyon City	Arizona	85324						
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)								
C1. Building elevations are based on: Cons	truction Drawings*	Building Under Constru	ction* X 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: ETO 176 Vertical Datum: Elevation = 1975.6 (NAVD 88)								
Indicate elevation datum used for the elevations in items a) through h) below.								
☐ NGVD 1929 ⊠ NAVD 1988 ☐ O								
Datum used for building elevations must be the	same as that used fo	r the BFE.	Check the measurement used.					
a) Top of bottom floor (including basement, cr	awlspace, or enclosure	e floor) 1980_4						
b) Top of the next higher floor		N/A	X feet meters					
c) Bottom of the lowest horizontal structural m	ember (V Zones only)	N/A	X feet meters					
d) Attached garage (top of slab)	construction (* Estistic strily)	 N/A	X feet meters					
e) Lowest elevation of machinery or equipmer	nt servicing the building	1980. 4	X feet meters					
(Describe type of equipment and location in	ŕ	1074 3						
f) Lowest adjacent (finished) grade next to bu	,	<u>1974</u> . <u>2</u>	X feet meters					
g) Highest adjacent (finished) grade next to bu	3 ()	1974. 5	X feet meters					
h) Lowest adjacent grade at lowest elevation of structural support			X feet 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 b	y a licensed land surve	eyor? Yes 🗵 No	★ Check here if attachments.					
Certifier's Name Theodore E Gardiner	License Numbe	er	ED LAND S					
Title	THE ATTENDED							
Owner			13176					
Company Name	THEODORE E							
Big Bug Land Survey	Seal 28-17//							
Address 19650 Palo Verde Lane								
City	State	ZIP Code	**************************************					
Black Canyon City	Arizona	85324						
Signature Theodori & Sardinis	Date	Telephone (623) 374-0642						
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) BOTTOM OF I - BEAM ELEVATION = 1979.4								
C2E is A/C Unit located on North Side of the Manufactured Home.								
Lot Slopes to the South.								
Bottom of Electrical Box Elevation = 1974.4								

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018 IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Onit, Suite, and/or Bldg. No.) or P.O. Route and Box No. FOR INSURANCE COMPANY USE Policy Number: City State Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs photographs applicable,



Photo Three (

ar Photo Three



Photo Four Caption

Clear Photo Four

BUILDING PHOTOGRAPHS

OMB No. 1660-0008 Expiration Date: November 30, 2018 **ELEVATION CERTIFICATE** See Instructions for Item A6. IMPORTANT: In these spaces, copy the corresponding 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. Policy Number: 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 vents, a





Photo Two

FEMA Form