

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3057-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Krasser - Robert & Marilou		For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 829 Lignes Trail S.		Company NAIC Number
CITY Cottonwood	STATE AZ	ZIP CODE 86324
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 406 - 06 - 445A		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential		
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. FIRM COMMUNITY NAME & COMMUNITY NUMBER CITY OF COTTONWOOD		B2. COUNTY NAME YAVAPAI	B3. STATE AZ
B4. MAP AND PANEL NUMBER 04025C1782	B5. SUFFIX F	B6. FIRM INDEX DATE 060601	B7. FIRM PANEL EFFECTIVE/REVISED DATE 060601
B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 3513.0		

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 Data

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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.)

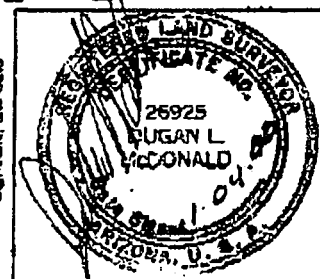
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete items C3a-f below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert 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 B or Section G, as appropriate, to document the datum conversion.

Datum _____ Conversion/Comments _____

Elevation reference mark used on 9 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)	<u>3504.52 ft. (m)</u>
<input type="checkbox"/> b) Top of next higher floor	<u>N/A</u> ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft. (m)
<input checked="" type="checkbox"/> d) Attached garage (top of slab)	<u>3514.4 ft. (m)</u>
<input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>3514.05 ft. (m)</u>
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>3513.6 ft. (m)</u>
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	<u>3514.0 ft. (m)</u>
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 4 ft. above adjacent grade	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	sq. in. (sq. cm)

License Number, Enclosed Seal, Signature, and Date



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 Dugan L. McDonald	LICENSE NUMBER 26925
TITLE Registered Land Surveyor	COMPANY NAME HERITAGE LAND SURVEY & MAPPING
ADDRESS PO Box 3270	CITY CAMP JERDE
STATE AZ	ZIP CODE 86322
DATE 01-03-2000	TELEPHONE 520-567-9170

FEDERAL EMERGENCY MANAGEMENT AGENCY
COMMUNITY ACKNOWLEDGMENT FORM

O.M.B. NO. 3067-0147
Expires September 30, 2005

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 0.88 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472, Paperwork Reduction Project (3067-0147). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. **Please do not send your completed survey to the above address.**

This form must be completed for requests involving the existing or proposed placement of fill (complete Section A) **OR** to provide acknowledgment of this request to remove a property from the SFHA which was previously located within the regulatory floodway (complete Section B).

This form must be completed and signed by the official responsible for floodplain management in the community. The community number and the subject property address must appear in the spaces provided below.

Community Number:

Property Name or Address:

A. REQUESTS INVOLVING THE PLACEMENT OF FILL

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this Letter of Map Revision Based on Fill (LOMR-F) or Conditional LOMR-F request. Based upon the community's review, we find the completed or proposed project meets or is designed to meet all of the community floodplain management requirements, including the requirement that no fill be placed in the regulatory floodway, and that all necessary Federal, State, and local permits have been, or in the case of a Conditional LOMR-F, will be obtained. In addition, we have determined that the land and any existing or proposed structures to be removed from the SFHA are or will be reasonably safe from flooding as defined in 44CFR 65.2(c), and that we have available upon request by FEMA, all analyses and documentation used to make this determination. For LOMR-F requests, we understand that this request is being forwarded to FEMA for a possible map revision.

Community Comments: *SEE GAMING PLAN FOR TIERRA VERDE ESTATES BY JOAN WEINITZER, SWI INC, DATED 11/17/94, SHEET 7.*

Community Official's Name and Title: (Please Print or Type)

TIM COSTELLO, PE

Telephone No.: *928*

634 8033

Community Name:

CITY OF COTTONWOOD

Community Official's Signature: (required)

[Signature]

Date:

08/07/06

B. PROPERTY LOCATED WITHIN THE REGULATORY FLOODWAY

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this request for a LOMA. We understand that this request is being forwarded to FEMA to determine if this property has been inadvertently included in the regulatory floodway. We acknowledge that no fill on this property has been or will be placed within the designated regulatory floodway. We find that the completed or proposed project meets or is designed to meet all of the community floodplain management requirements.

Community Comments:

Community Official's Name and Title: (Please Print or Type)

Telephone No.:

Community Name:

Community Official's Signature (required):

Date: