## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

O.M.B. No. 3067-0077 Expires December 31, 2005

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME Policy Number TERESA JOHNSON BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number W. MESSUITE DRIVES STATE ZIP CODE L'0170N WCOD AR IZONA 86326 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 4144 VERDE VILLAGE UNITS (TP# 406-50-323 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) ESIDENCE LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: ( ##° - ##' - ##.##" or ##.#####°) SOURCE: I GPS (Type): X NAD 1927 NAD 1983 USGS Quad Map |X| Other FIRM MAP (1782/3925) SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME B3. STATE** CIMOFCITON WOOD OYOUGE AVAPAT B4. MAP AND PANEL **B6. FIRM INDEX B7. FIRM PANEL** B8. FLOOD **B9. BASE FLOOD ELEVATION(S)** NUMBER EFFECTIVE/REVISED DATE DATE ZONE(S) (Zone AO. use depth of flooding) *04005*0 178 NE6,2001 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. 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)? **Designation Date:** SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: \_\_|Construction Drawings\* | | |Building Under Construction\* X |Finished Construction \*A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 6 (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. Conversion/Comments Elevation reference mark used RM 252 Does the elevation reference mark used appear on the FIRM? |X| Yes a) Top of bottom floor (including basement or enclosure) 3596 79 ft.(m) u b) Top of next higher floor N IA ft.(m) C) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m) U d) Attached garage (top of slab) 596 45 ft.(m) 13015 PATRICK W servicing the building (Describe in a Comments area.) ft.(m) ightharpoonup f) Lowest adjacent (finished) grade (LAG) 3593 \_ ft.(m) g) Highest adjacent (finished) grade (HAG) 3576 3\_ft.(m) (i) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 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 ATRICK W. NAVILLE TITLE **COMPANY NAME** VICE-PRESIDENT INC **ADDRESS** STATE COVE PARKWAY ZIP CODE OTTON WOOD SIGNATURE TELEPHONE DATE 9/01/04 928-634-<u>5887</u>

BUILDING STREET	ADDRESS (Inclu	ding Apt., Unit, Suite, and/or Bldg. No.)	non from Section A.	For Insurance Company Use
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CITY	; . ; . ;	STATE	ZIP CODE	Company NAIC Number
	SECTION	D - SURVEYOR, ENGINEER, OR	ARCHITECT CERTIFICATION (CO	NTINUED)
Copy both sides of	f this Elevation	Certificate for (1) community official	, (2) insurance agent/company, and	(3) building owner
COMMENTS			,	(o) Danaling Officer.
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SECTION 5	2111 2112 21 -			Check here if attachment
or Zone AO and Z	one A (without	VATION INFORMATION (SURVE)	NOT REQUIRED) FOR ZONE AO	AND ZONE A (WITHOUT BFE)
			5. If the Elevation Certificate is inter	
: 1. Building Diagrai	m Number	(Select the building diagram mos	st similar to the building for which this	certificate is being completed —
			ng, provide a sketch or photograph.) le building is         ft. (m)         in	
s. For Building Dia	igrams 6-8 with	openings (see page 7), the next his	ther floor or elevated floor (elevation	b) of the building is
	1 1811. (CHI) I MI	JUVE THE MINNEST SAISCENT AFORE . C.	amplete Bassa CD b ===1 CC !	
			oniplete items C3.n and C3.i on from ne building is   _   _   ft. (m)   _   _   in illable )	
:5. For Zone AU or	ily: If no flood o	lepth number is available, is the ton	of the bottom floor clayated in access	dance with the community's
ilooopiain mana	gement ordinal	icer res No Unkn	own. The local official must certify th	is information in Section G
	2501101	I F - PRUPER LY OWNER (OR OW	NER'S REPRESENTATIVE (CEDT)	EICATION
		inity-issued BFE) or Zone AO must	tes Sections A, B, C (Items C3.h and sign here. The statements in Section	C3.i only), and E for Zone A
the best of my know PROPERTY OWNER	Wiedge.	AUTHORIZED REPRESENTATIVE'S		TO THE CONTECT TO
	ON OWNER S	AUTHORIZED REPRESENTATIVE'S	NAME	
ADDRESS			CITY STATE	ZIP CODE
SIGNATURE			DATE TELEPH	JONE
COMMENTS	<del> </del>	<del></del>	Cable	IONE
		V 1		
			i de	Check here if attachments
		SECTION G - COMMUNITY	INFORMATION (OPTIONAL)	
ne local official who ections A. B. C (or	is authorized b	by law or ordinance to administer the	community's floodplain managemen	nt ordinance can complete
une amonna	mou iu Sectiou	<ul> <li>Was taken from other documental</li> </ul>	ne applicable item(s) and sign below. ion that has been signed and embos	والمحمد المحمد ا
-,,g,,,,o,,,	L'ALOUGECE MILO	is authorized by state or local law to	certify elevation information. (Indica	ite the source and date of the
-,-,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	44 III III OO IIII	ICHIS AIRS ORIOW I	I in Zone A (without a FEMA-issued o	
3.    The followin	g information (I	tems G4-G9) is provided for commu	inity floodplain management purpose	ys.
G4. PERMIT NUMBE		G5. DATE PERMIT ISSUED		COMPLIANCE/OCCUPANCY
7. This permit has I	heen include for		ISSUED	
<ol><li>Elevation of as-b</li></ol>	uilt lowest floor	(including basement) of the building	ubstantial Improvement	A /\ D
9. BFE or (in Zone	AO) depth of flo	poding at the building site is:	g 15.	ft. (m)
OCAL OFFICIAL'S N	JAME C			
COMMUNITY NAME	UM	Canario, PE		CCTON
	Cornox	CONON WOOD	TELEPHONE 97 4 6	534 8033
SIGNATURE	-	N. S.	DATE	101000
COMMENTS	1	<del>``</del> )	11160	) e/
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(!!!	Y ME	)		- /J/ w J
FMA Form 91 24		, , , , , ,		Check here if attachments
EMA Form 81-31, J	anuary 2003			Replaces all previous editions