


**ELEVATION CERTIFICATE**  
**FEDERAL EMERGENCY MANAGEMENT AGENCY**  
**NATIONAL FLOOD INSURANCE PROGRAM (NFIP)**

O.M.B. No. 3067-0077  
 Expires July 31, 2002

Instructions for completing this form can be found on pages 2 through 7.

<b>SECTION A PROPERTY OWNER INFORMATION</b>		For Insurance Company Use
BUILDING OWNER'S NAME Danny Rich		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit., Suite and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 7 North Leroux Street		Company NAIC Number
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Numbers, Legal Description etc.) Assessor's No. 100-20-019A		
CITY Flagstaff	STATE Arizona	ZIP CODE 86001
LATITUDE/ LONGITUDE (OPTIONAL) ( ##° - ##' - ##"###")		SOURCE: <input type="checkbox"/> GPS (Type: _____) <input type="checkbox"/> USGS QUAD Map <input type="checkbox"/> Other: _____

<b>SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION</b>		
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 040020	B2. COUNTY NAME Coconino	B3. STATE Arizona
B4. MAP AND PANEL NUMBER 0007	B5. SUFFIX D	B6. FIRM INDEX DATE Aug. 2, 1996
B7. FIRM PANEL EFFECTIVE/REVISED DATE August 2, 1996	B8. FLOOD ZONE(S) A5	B9. BASE FLOOD ELEVATION(S) (AO Zones, use depth of flooding) 6902.1
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth provided in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (describe: _____)		
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (describe: _____)		
B12. Is the building located within a Coastal Barrier Resource System (CBRS) area or otherwise protected area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____		

<b>SECTION C BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)</b>		
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings <input checked="" type="checkbox"/> Building Under Construction <input type="checkbox"/> Finished Construction		
NOTE: A new certificate will be required once construction of the building is complete.		
C2. Building Diagram Number <u>1</u> (Select the building diagram type most similar to the building under consideration - see pages 6 and 7. If no diagram accurately represents the building for which the certificate is being completed, provide a sketch or photograph.)		
C3. Elevations – Zones A1-30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-30, AR/AH, AR/AO: Complete the elevation information below (Items C3a-i) based on the selected building diagram. 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. The comments portion of Section E should be used to document the datum conversions.		
Datum _____ Conversion/Comments _____		
Elevation reference mark used <u>COF # 1818448</u> Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> a) Top of the bottom floor (including basement or enclosure)	<u>6.9104</u> ft.(m)	License Number, Embossed Seal, Signature, Date 
<input type="checkbox"/> b) Top of next highest floor	_____ ft.(m)	
<input type="checkbox"/> c) Bottom of the lowest horizontal structural member (V zones only)	_____ ft.(m)	
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft.(m)	
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment in an attached garage or enclosure	_____ ft.(m)	
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	_____ ft.(m)	
<input type="checkbox"/> g) Highest adjacent grade (HAG)	_____ ft.(m)	
<input type="checkbox"/> h) Number of permanent openings (flood vents) within 1.0 ft of LAG	_____	
<input type="checkbox"/> i) Total size of permanent openings (flood vents)	_____ square inches (square cm)	

<b>SECTION D SURVEYOR, ENGINEER, ARCHITECT CERTIFICATION</b>			
This certification is to be signed by a land surveyor, engineer, or architect who is 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 Kenneth A. Krenke	LICENSE NUMBER 14671		
TITLE Chief Surveyor	COMPANY NAME Northland Exploration Surveys, Inc.		
ADDRESS 528 West Aspen Avenue	CITY Flagstaff	STATE Arizona	ZIP 86001
SIGNATURE <i>Kenneth A. Krenke</i>	DATE May 25, 1999	TELEPHONE (520) 774-5058	

BUILDING STREET ADDRESS	Policy Number	
CITY	STATE	ZIP CODE
		Company NAIC Number

**SECTION D SURVEYOR, ENGINEER, ARCHITECT CERTIFICATION (CONTINUED)**

*This certification is to be signed by a land surveyor, engineer, or architect who is 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.*

**Copies should be made of this Certificate for 1) community official, 2) insurance agent/company, and 3) building owner.**

COMMENTS

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**SECTION E BUILDING ELEVATION INFORMATION [SURVEY NOT REQUIRED FOR ZONES A (WITHOUT BFE) AND AO]**

For Zones A (without BFE) and AO, complete Items E1 through E3.

- E1. C2. Building Diagram Number \_\_\_\_\_ (Select the building diagram type most similar to the building under consideration - see pages 5 and 6. If no diagram accurately represents the building for which the certificate is being completed, 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 Zone AO only : If no flood depth number is available, is the top of the floor elevated in accordance with the community's floodplain management ordinance:  Yes  No  Unknown

**SECTION F PROPERTY OWNER (OWNER'S REPRESENTATIVE) INFORMATION**

The Property owner or Owner's Authorized Representative who completes Sections A, B, and E for Zones A (without a FEMA or community-issued BFE) or AO must sign here.

BUILDING OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE NAME

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

**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, E, and G of this Elevation Certificate. Check the applicable box(es) and sign below:

- The information provided in Section C was taken from other documentation which contains elevation data 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. State the source and date of the elevation data in the comments section below.
- A community official completed Section D for a building located in Zone A (without a FEMA or community-issued BFE) or Zone AO.
- The following information (Items G1-G6) is provided for community floodplain management purposes.

G1. PERMIT NUMBER	G2. DATE PERMIT ISSUED	G3. DATE CERTIFICATE OF COMPLIANCE ISSUED
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G4. This permit has been issued for:  New Construction  Substantial Improvement

G5. Elevation of As-built lowest floor (including basement) of the building is:  ft.(m) Datum: \_\_\_\_\_

G6. BFE or depth of flooding (AO Zones) at the building site is:  ft.(m) Datum: \_\_\_\_\_

NAME OF LOCAL OFFICIAL	TITLE
NAME OF COMMUNITY	TELEPHONE NUMBER
SIGNATURE	DATE
COMMENTS	