

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.

SECTION A PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <i>Susan Linton</i>		For Insurance Company Use
BUILDING STREET ADDRESS (Including Apt., Unit., Suite and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>202 S San Francisco</i>		Policy Number
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Numbers, Legal Description, etc.) <i>Lots 3 & 4, Block 115, Flagstaff Normal Addition Parcel 105-13-002</i>		Company NAIC Number
CITY <i>Flagstaff</i>	STATE <i>AZ</i>	ZIP CODE <i>86001</i>
LATITUDE/LONGITUDE (OPTIONAL) (##° ##' ##")		SOURCE: <input type="checkbox"/> GPS (Type: _____) <input type="checkbox"/> USGS QUAD Map <input type="checkbox"/> Other: _____

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <i>City of Flagstaff 040020</i>		B2. COUNTY NAME <i>Cocconino</i>	B3. STATE <i>Arizona</i>
B4. MAP AND PANEL NUMBER <i>0007</i>	B5. SUFFIX <i>AD</i>	B6. FIRM INDEX DATE <i>8-2-96</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>Sept 20, 1990</i>
B8. FLOOD ZONE(S) <i>A5</i>		B9. BASE FLOOD ELEVATION(S) (AO Zones, use depth of flooding) <i>6893.1</i>	

0. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth provided in B9.
 FIS Profile FIRM Community Determined Other (describe: _____)

1. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (describe: _____)

2. Is the building located within a Coastal Barrier Resource System (CBRS) area or otherwise protected area (OPA)? Yes No
 Designation Date: _____

SECTION C BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

Building elevations are based on: Construction Drawings Building Under Construction Finished Construction

NOTE: A new certificate will be required once construction of the building is complete.

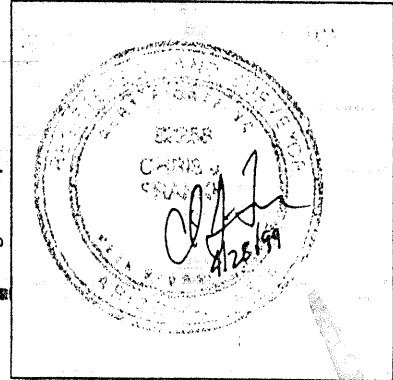
Building Diagram Number *1* (Select the building diagram type most similar to the building under consideration - see pages 6 and 7.
 If no diagram accurately represents the building for which the certificate is being completed, provide a sketch or photograph.)

Elevations - Zones A1-30, AE, AH, A (with BFE), VE, 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 *NGVD 29* Conversion/Comments _____

Elevation reference mark used *LOF # 19840a* Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of the bottom floor (including basement or enclosure)	<i>6894.2</i> ft.(m)
b) Top of next highest floor	_____ ft.(m)
c) Bottom of the lowest horizontal structural member (V zones only)	_____ ft.(m)
d) Attached garage (top of slab)	_____ ft.(m)
e) Lowest elevation of machinery and/or equipment in an attached garage or enclosure	_____ ft.(m)
f) Lowest adjacent grade (LAG)	<i>6893.10</i> ft.(m)
g) Highest adjacent grade (HAG)	<i>6893.4</i> ft.(m)
h) Number of permanent openings (flood vents) within 1.0ft of LAG	_____
i) Total size of permanent openings (flood vents) square inches (square cm)	_____



SECTION D SURVEYOR, ENGINEER, ARCHITECT CERTIFICATION

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.C. Code, Section 1001.

CERTIFIER'S NAME *Chris J. Marks* LICENSE NUMBER *AZ 22278*

ROLE *Surveyor* COMPANY NAME *Arizona Land Consultants*

ADDRESS *2230 E. Cedar Ave* CITY *Flagstaff* STATE *AZ* ZIP *86004*

SIGNATURE *[Signature]* DATE *4/28/99* TELEPHONE *520 773 9204*