

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 5.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>UNIVERSITY ROOST APARTMENTS PARTNERS</u>	For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>700 S. BLACKBIRD ROOST BUILDING # 12</u>	Company NAIC Number
CITY <u>FLAGSTAFF</u>	STATE <u>AZ</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>103-02-031</u>	ZIP CODE <u>86001</u>
BUILDING USE (e.g., Residential, Non residential, Addition, Accessory, etc. Use comments section if necessary.) <u>RESIDENTIAL APARTMENTS</u>	
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.####") <u>35° 11' 38.75" N 111° 39' 33.34" W</u>	HORIZONTAL DATUM: <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983
SOURCE: <input type="checkbox"/> GPS (Type: _____) <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>CITY OF FLAGSTAFF 040020</u>	B2. COUNTY NAME <u>COCONINO</u>	B3. STATE <u>ARIZONA</u>
B4. MAP AND PANEL NUMBER <u>006</u>	B5. SUFFIX <u>C</u>	B6. FIRM INDEX DATE <u>AUG 2, 1996</u>
B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>AUG 2, 1996</u>	B8. FLOOD ZONE(S) <u>A2</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>6900</u>

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 Date: NA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

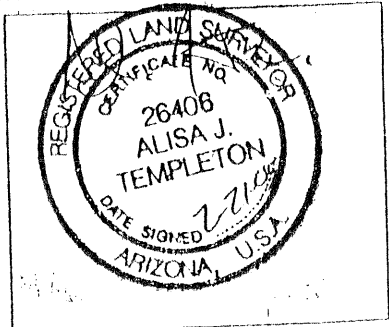
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 4 and 5. 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-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.
Datum NGVD 1929 Conversion/Comments ALCAP AT BLACKBIRD ROOST / CENTER ROYAL CITY OF FLAGSTAFF B.M.

Elevation reference mark used 6903.00 Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>6901</u>	<u>15</u>	ft (m)
<input type="checkbox"/> b) Top of next higher floor	<u>6910</u>	<u>05</u>	ft (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>NA</u>		ft (m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>NA</u>		ft (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>6900</u>	<u>2</u>	ft (m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>6900</u>	<u>5</u>	ft (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>6900</u>	<u>8</u>	ft (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>NA</u>			
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h <u>NA</u>			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: ALISA J. TEMPLETON LICENSE NUMBER: RLS 26408 ARIZONA

TITLE: PRESIDENT EXTREME MEASURES LAND SURVEYS, INC COMPANY NAME: _____

ADDRESS: 203 W. PHOENIX AVE CITY: FLAGSTAFF STATE: AZ ZIP CODE: 86001

SIGNATURE: ALISA J. TEMPLETON DATE: 2/21/05 TELEPHONE: 913 714-6170

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. 700 S. BLACKBIRD ROOST BLDG # 12	Policy Number
CITY STATE ZIP CODE FLAGSTAFF AZ 86001	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS ELEVATIONS BASED UPON CITY OF FLAGSTAFF BENCH MARK # 1917401 AN ALUMINUM CAP AT THE INTERSECTION OF BLACKBIRD ROOST & CHATEAU ROYALE. NAVD 89 EL = 6903.06

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONES AO and A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1 through E3. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 4 and 5. If no diagram accurately represents the building, 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 bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME			
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

Check here if attachments

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

- G1. The information in Section C was taken from other documentation 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. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

Check here if attachments