

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

HR
12/29/09

OMB No. 1660-0008
Expires March 31, 2012

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Harold and Annie Foster		For Insurance Company Use: Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6860 North Taylor Lane		Company NAIC Number
City Tucson	State AZ	ZIP Code 85743
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Code 213-08-0500 Township 13 Range 11 Section 04		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential: Manufactured Home Replacement		
A5. Latitude/Longitude: Lat. 32.329740 Long. -111.226183		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <u>6</u>		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <u>2940</u> sq ft	b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>42</u>	a) Square footage of attached garage <u>N/A</u> sq ft
c) Total net area of flood openings in A8.b <u>8320</u> sq in	d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>
		c) Total net area of flood openings in A9.b <u>N/A</u> sq in
		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Pima County / 040073		B2. County Name Pima County		B3. State AZ	
B4. Map/Panel Number 04019C 1600	B5. Suffix K	B6. FIRM Index Date 2/8/99	B7. FIRM Panel Effective/Revised Date 2/8/99	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 0.5
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe)					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> Other (Describe) Highest Adjacent Natural Grade					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date <u>N/A</u> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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. 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 C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.

Benchmark Utilized LOCAL Vertical Datum 0.00 = LOWEST N.A.S. GRADE

Conversion/Comments NONE

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>0.1</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>3.2</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>N/A</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>1.6</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	<u>0.0</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	<u>0.1</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>0.0</u> <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

When B.9 is a depth above grade, it is required to indicate highest and lowest NATURAL grade in Section D Comments

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 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name Edgar B. Reynolds Jr.	License Number AZ 31031
Title LAND SURVEYOR	Company Name Edgar Reynolds & Associates
Address 1926 W. GALE MEADOWS TUCSON	City TUCSON State AZ ZIP Code 85745
Signature <i>[Signature]</i>	Date 12/22/09 Telephone 520-884-0292

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. 6860 North Taylor Lane			Policy Number	
City Tucson	State AZ	ZIP Code 85743	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 **The lowest service equipment (C3.e) is the HEAT PUMP and the FURNACE, WATER HEATER is/are above this elevation.**

Highest adjacent natural grade is 0.1 Lowest adjacent natural grade is 0.0

NEW MANUFACTURED HOME REPLACEMENT. CONCRETE BLOCK SKIATED. THERE IS 1.5' BETWEEN HIGHEST N.S. GRADE AND LOWEST STRUCTURAL MEMBER

Signature [Signature] Date 12/22/09 Check here if attachments

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

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, enclosure) is _____ feet _____ meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, enclosure) is _____ feet _____ meters above or below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet _____ meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet _____ meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet _____ meters above or below the HAG.
- E5. 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. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Address N/A City N/A State N/A ZIP Code N/A

Signature N/A Date N/A Telephone N/A

Comments N/A

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. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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 FPUP# 09-647E	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building _____ feet _____ meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site _____ feet _____ meters (PR) Datum _____
- G10. Community's design flood elevation _____ feet _____ meters (PR) Datum _____

Local Official's Name _____ Title _____

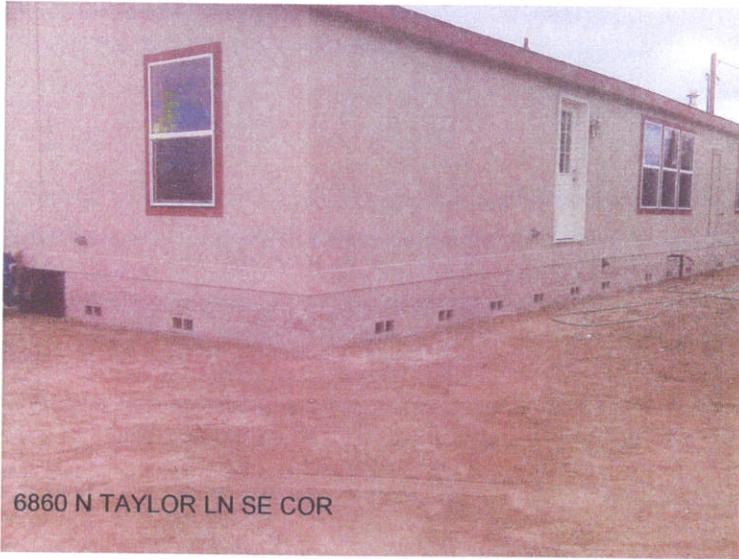
Community Name _____ Telephone _____

Signature _____ Date _____

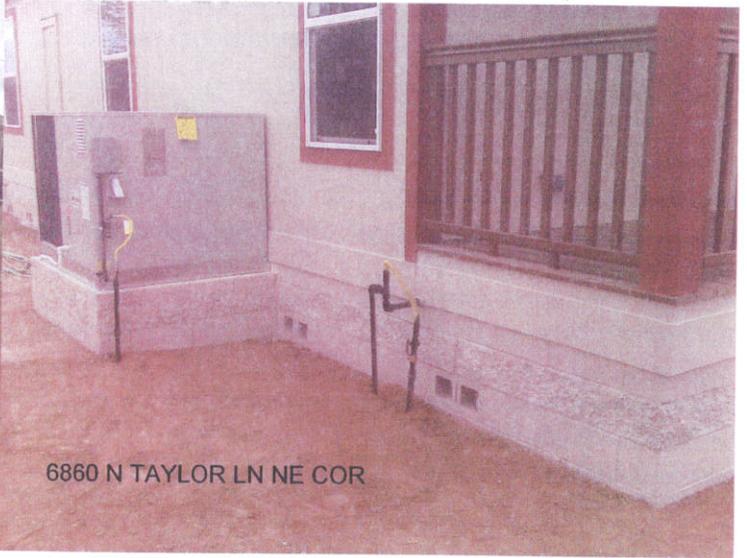
Comments _____

Check here if attachments

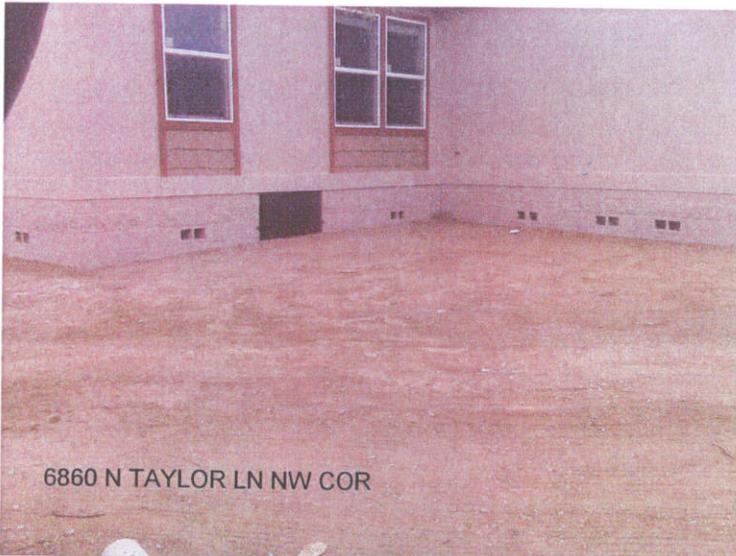
12/22/09



6860 N TAYLOR LN SE COR



6860 N TAYLOR LN NE COR



6860 N TAYLOR LN NW COR



6860 N TAYLOR LN SW COR

