

ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

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

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name <b>Dennis &amp; Lyn Hart</b>				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>3003 W. Camino Christy</b>				Company NAIC Number:	
City <b>Tucson</b>		State <b>AZ</b>		Zip Code <b>85742</b>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>Tax Code 224-19-117D Township 12S Range 13E Section 08</b>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>Accessory: Detached Garage</b> <i>Workshop #PC16-17</i>					
A5. Latitude/Longitude: Lat. <sup>445</sup> <del>32.397197</del> Long. <sup>1701 EPE 16-17</sup> <del>-111.032199</del> Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. Pima County Regional Flood Control District requires four (4) photographs.					
A7. Building Diagram Number <b>1B</b>					
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) <b>270</b> sq ft			a) Square footage of attached garage <b>NA</b> sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <b>0</b>			b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>NA</b>		
c) Total net area of flood openings in A8.b <b>0</b> sq in			c) Total net area of flood openings in A9.b <b>NA</b> sq in		
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No			d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <b>Pima County / 040073</b>			B2. County Name <b>Pima County</b>		B3. State <b>AZ</b>
B4. Map/Panel Number <b>04019C 1070</b>	B5. Suffix <b>L</b>	B6. FIRM Index Date <b>9/28/2012</b>	B7. FIRM Panel Effective/ Revised Date <b>6/16/11</b>	B8. Flood Zone(s) <b>X</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>100.5</b>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input type="radio"/> FIRM <input checked="" type="radio"/> Community Determined <input type="radio"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input checked="" type="radio"/> Other/Source: <b>Highest Ad. Natural Grade (=100.0 ft)</b>					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <b>N/A</b> <input type="radio"/> CBRS <input type="radio"/> OPA					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> 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. In Puerto Rico only, enter meters.					
Benchmark Utilized: <b>Highest Adj. Nat. Grade</b> Vertical Datum: <b>100'</b>					
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input checked="" type="radio"/> Other/Source: <b>H.A.N.G. = 100.00</b>					
Datum used for building elevations must be the same as that used for the BFE. Check the measurement used.					
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<b>101</b>	<b>50</b>	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
b) Top of the next higher floor	<b>NA</b>		<input checked="" type="radio"/> feet	<input type="radio"/> meters	
c) Bottom of the lowest horizontal structural member (V Zones only)	<b>NA</b>	<b>NA</b>	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
d) Attached garage (top of slab)	<b>NA</b>		<input checked="" type="radio"/> feet	<input type="radio"/> meters	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<b>101</b>	<b>70</b>	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
f) Lowest adjacent (finished) grade next to building (LAG)	<b>99</b>	<b>4</b>	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
g) Highest adjacent (finished) grade next to building (HAG)	<b>100</b>	<b>0</b>	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<b>99</b>	<b>4</b>	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
When B.9 is a depth above grade, it is required to indicate highest and lowest NATURAL grade in Section D Comments					

ELEVATION CERTIFICATE, page 2

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>3003 W. Camino Christy</b>			Policy Number:		
City <b>Tucson</b>	State <b>AZ</b>	Zip Code <b>85742</b>	Company NAIC Number:		
<b>SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION</b>					
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.					
<input checked="" type="checkbox"/> Check here if attachments.			Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Certifier's Name <b>JEFF ANDERSON</b>		License Number <b>LS 21751</b>			
Title <b>LAND SURVEYOR</b>	Company Name <b>(CA2) LAND SURVEYS</b>				
Address <b>205 S. VOZACK LN</b>	City <b>Tucson</b>	State <b>AZ</b>	Zip Code <b>85746</b>	Telephone <b>520 296-9083</b>	
Signature <i>Jeff Anderson</i>	Date <b>1/5/17</b>				
Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2(e), if applicable). The lowest service equipment (C3.e) is the <b>A/C UNIT</b> and the <b>NONE</b> is/are above this elevation. Highest adjacent natural grade is <b>100.0</b> Lowest adjacent natural grade is <b>99.4</b> <b>AIR CONDITIONER ON PAD W/ ELEV. = 101.7</b>					
Signature <i>Jeff Anderson</i>			Date <b>1/5/17</b>		
<b>SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)</b>					
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, or enclosure) is _____ feet meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.					
b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.					
<b>N/A</b>					
E2. For Building Diagrams 6-9 with permanent flood opening provided in Section A, Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.					
E3. Attached garage (top of slab) is _____ feet meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.					
E4. Top of platform of machinery and /or equipment servicing the building is _____ feet meters <input type="checkbox"/> above or <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. The local official must certify this information in Section G.					
<b>SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION</b>					
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 or Owner's Authorized Representative's Name					
Address	City	State	ZIP Code		
<b>N/A</b>					
Signature	Date	Telephone			
Comments					
<input type="checkbox"/> Check here if attachments.					

FPUP # P16FC00292

DSD# P16BP03812

ELEVATION CERTIFICATE, page 3

OMB Control Number: 1660-0008  
Expiration: 11/30/2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>		<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>3003 W. Camino Christy</b>		Policy Number:
City <b>Tucson</b>	State <b>AZ</b>	Zip Code <b>85742</b>
		Company NAIC Number:
<b>SECTION G - COMMUNITY INFORMATION (OPTIONAL)</b>		
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-G10. In Puerto Rico only, enter meters.		
G1. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> The following information (Items G4-G10) is provided for community floodplain management purposes.		
G4. Permit Number <b>P16FC00292</b>	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for: <input type="radio"/> New Construction <input type="radio"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building:	_____ . _____	<input checked="" type="radio"/> feet <input type="radio"/> meters Datum _____
G9. BFE or (in Zone AO) depth of flooding at the building site:	_____ . _____	<input checked="" type="radio"/> feet <input type="radio"/> meters Datum _____
G10. Community's design flood elevation:	_____ . _____	<input checked="" type="radio"/> feet <input type="radio"/> meters Datum _____
Local Official's Name	Title	
Community Name	Telephone	
Signature	Date	
Comments (including type of equipment and location, per C2(e), if applicable)		
<input type="checkbox"/> Check here if attachments.		

FPUP # P16FC00292

DSD# P16BP03812

**BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE, page 4**

See instructions for Item A6.

OMB Control Number: 1660-0008  
Expiration: 11/30/2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3003 W. Camino Christy			Policy Number:	
City Tucson	State AZ	Zip Code 85742	Company NAIC Number:	

*South  
East  
Side*



*2/5/17*

*WEST  
SIDE*



FPUP # P16FC00292

DSD# P16BP03812

**BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE, page 5**

Continuation Page

OMB Control Number: 1660-0008  
Expiration: 11/30/2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3003 W. Camino Christy			Policy Number:
City Tucson	State AZ	Zip Code 85742	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View" and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the



North  
SIDE

1/5/17



South  
SIDE