

FPUP # P17FC00302
 DSD # P17BP02900

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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 Alberto C. Gonzalez				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5260 S. Joseph Ave.				Company NAIC Number	
City Tucson		State Arizona		ZIP Code 85757	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Taxcode: 210-02-0080 Township 15S Range 12E Section 1 MILLSTONE MANOR LOT 8					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)				Residential: Guest House	
A5. Latitude/Longitude: Lat. 32.155582 Long. -111.070810				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. <small>Pima County Regional Flood Control District requires four (4) photographs.</small>					
A7. Building Diagram Number <u>I-B</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>0</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>0</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>0</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 Arizona
B4. Map/Panel Number 04019C2265	B5. Suffix L	B6. FIRM Index Date 09/28/2012	B7. FIRM Panel Effective/ Revised Date 06-16-2011	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 101.0
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/Source: _____					
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/Source: Highest Adjacent Natural Grade (=100.0 ft)					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

15 MAR 26 AM 10:58

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 5260 S. Joseph Ave.			Policy Number:
City Tucson	State Arizona	ZIP Code 85757	Company NAIC Number

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. In Puerto Rico only, enter meters.

Benchmark Utilized: HANG Vertical Datum: LOCAL

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: LOCAL HANG = 100.00

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) | <u>102.1</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | <u>102.1</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)
<small>PCRFCD Note: Indicate lowest adjacent natural grade (LANG) in Section D.</small> | <u>3/28 101.0 98.9</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)
<small>PCRFCD Note: Indicate highest adjacent natural grade (HANG) in Section D.</small> | <u>3/28 101.1 100.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |

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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name <u>CARLOS PADILLA MORA</u>	License Number <u>46474</u>		
Title <u>PRINCIPAL</u>			
Company Name <u>AAA SURVEY ARIZONA</u>			
Address <u>1830 E. BROADWAY #124</u>			
City <u>TUCSON</u>	State <u>ARIZONA</u>		ZIP Code <u>85719</u>
Signature <u>[Signature]</u>	Date <u>3/26/18</u>	Telephone <u>520-981-1553</u>	Ext.

Copy all pages of this Elevation Certificate and all attachments 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 W/H and the _____ is/are above this elevation.
Highest adjacent natural grade is 100.0 Lowest adjacent natural grade is 99.2
For manufactured homes only: The elevation of the bottom of the lowest horizontal structural member is _____
For additions: The finished floor elevation of the original existing structure is _____

ELEVATION CERTIFICATE

OMB No 1660-0008
Expiration Date: November 30, 2011

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 5260 S. Joseph Ave.			Policy Number
City Tucson	State Arizona	ZIP Code 85757	Company NAIC Number

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, or enclosure) is _____ feet meters above or below the HAG.

b) Top of bottom _____ (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG

E2. For Building Diagram _____ (the next higher _____ the diagrams) of _____ provided in Section A Items _____ or _____ pages 1–2 of Instructions). _____ feet meters above or below the HAG

E3. Attached garage _____ of slab _____ feet meters above or below the HAG

E4. Top of platform _____ machinery and _____ servicing the building _____ feet meters above or below the HAG.

E5. Zone AO only: If _____ flood depth number _____ available, _____ top of the bottom floor _____ in accordance _____ the community's floodplain management ordinance? Yes No Unknown. The _____ official must certify the _____ information in Section G

SECTION F – PROPERTY OWNER'S REPRESENTATIVE CERTIFICATION

The property owner or owner's authorized representative who completes Section _____, and E for Zone A (with _____ LOMA-issued or community-issued BFE for Zone AO must sign here _____ and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments
 Lowest equipment servicing the building is the Water Heater.

Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

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. 5280 S. Joseph Ave.			Policy Number.
City Tucson	State Arizona	ZIP Code 85757	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 foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three

Photo Three Caption

Clear Photo Three



Photo Four

Photo Four Caption

Clear Photo Four

LEFT SIDE VIEW 3-25

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

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. 5280 S. Joseph Ave.			Policy Number.
City Tucson	State Arizona	ZIP Code 85757	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 foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three Caption

Clear Photo Three

REAR SIDE VIEW 3/25

Photo Four

Photo Four Caption

Clear Photo Four

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

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. 5260 S. Joseph Ave.			Policy Number.
City Tucson	State Arizona	ZIP Code 85757	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 foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three Caption

Clear Photo Three

RIGHT SIDE VIEW 3/25

Photo Four

Photo Four Caption

Clear Photo Four

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

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. 5280 S. Joseph Ave.			Policy Number.
City Tucson	State Arizona	ZIP Code 85757	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 foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo Three Caption

Clear Photo Three

FRONT SIDE VIEW 3/25

Photo Four

Photo Four Caption