

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME FRANCIS HARKEY			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 215 N. HUMPHREYS			Company NAIC Number
CITY FLAGSTAFF	STATE AR	ZIP CODE 86001	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) COCONINO COUNTY ASSESSORS PARCEL NO. 100-10-020			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) NON-RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###" or ########)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER FLAGSTAFF, ARIZONA 040020	B2. COUNTY NAME COCONINO	B3. STATE ARIZONA

B4. MAP AND PANEL NUMBER 0007	B5. SUFFIX D	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE 8-02-96	B8. FLOOD ZONE(S) A5	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 6904
----------------------------------	-----------------	---------------------	--	-------------------------	---

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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

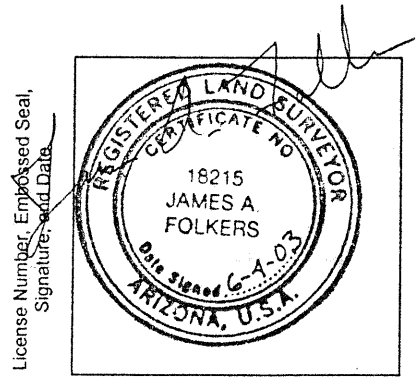
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. 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 NGVD29 Conversion/Comments

Elevation reference mark used N/A Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	6900. 61 ft.(m)
<input type="checkbox"/> b) Top of next higher floor	6902. 66 ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	NA. ___ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	NA. ___ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	6901. 1ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	6901. 0ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	6901. 6ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h 0 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 JAMES A. FOLKERS LICENSE NUMBER AZ 18215

TITLE SURVEY MANAGER	COMPANY NAME WFM, INC.
ADDRESS 405 N. BEAVER ST. SUITE 7	CITY FLAGSTAFF
SIGNATURE <i>James A. Folkers</i>	STATE AR
	ZIP CODE 86001
	DATE 6-04-03
	TELEPHONE 928-779-4505

File No. 11-00010

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, etc. for Bldg. No.) OR P.O. ROUTE AND BOX NO. 215 N. HUMPHREYS			Policy Number
CITY FLAGSTAFF	STATE AR	ZIP CODE 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

BENCHMARK: BRASS CAP IN HANDHOLE AT INTERSECTION OF HUMPHREYS STREET AND BIRCH AVENUE, CITY OF FLAGSTAFF POINT #1818455;
ELEVATION = 6898.37. FLOOR OF STRUCTURE IS NOT LEVEL - ELEVATION RANGES FROM 6902.65(front door) TO 6902.84(back door)..

Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1 through E4. 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 6 and 7. 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 Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade.
- E4. 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. Complete the applicable item(s) 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 <u>EPLD 2002013</u>	G5. DATE PERMIT ISSUED <u>02-05-03</u>	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:

6900.6 ft.(m)

Datum: NGVD 1929

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

6904.0 ft.(m)

Datum: NGVD 1929

LOCAL OFFICIAL'S NAME

WADE, LISA

TITLE

STAFF PROGRAM MANAGER

COMMUNITY NAME

FLAGSTAFF

TELEPHONE

928-719-7685

SIGNATURE

[Handwritten Signature]

DATE

11-06-03

COMMENTS _____

Check here if attachments