

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME <i>Dan Cothran</i>		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>310 S. Agassiz</i>		Company NAIC Number	
CITY <i>Flagstaff</i>	STATE <i>AZ</i>	ZIP CODE <i>86001</i>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>Lots 8 and 9, Normal School Addition to Flagstaff</i>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <i>Residential</i>			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ###.####°)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <i>Flagstaff 040020</i>		B2. COUNTY NAME <i>Cocconino</i>		B3. STATE <i>Arizona</i>	
B4. MAP AND PANEL NUMBER <i>0007</i>	B5. SUFFIX <i>D</i>	B6. FIRM INDEX DATE <i>Aug. 2, 1996</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>Aug. 2, 1996</i>	B8. FLOOD ZONE(S) <i>A5</i>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>6891.2</i>

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)

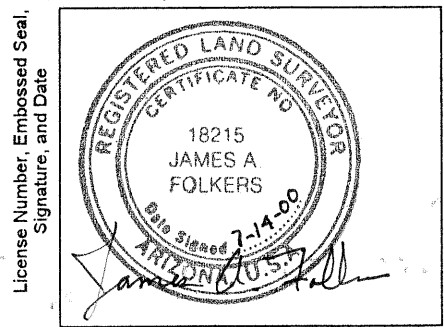
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

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 *NGVD 29* Conversion/Comments *Section D*

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

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<i>6889.7</i> ft.(m)
<input checked="" type="checkbox"/> b) Top of next higher floor	<i>6893.5</i> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<i>N/A</i> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<i>N/A</i> ft.(m)
<input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<i>6893.5</i> ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<i>6890.2</i> ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	<i>6891.3</i> ft.(m)
<input checked="" type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<i>4</i>
<input checked="" type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<i>129</i> 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., Ste. 7* CITY *Flagstaff* STATE *AZ* ZIP CODE *86001*

SIGNATURE *James A. Folkers* DATE *7-14-00* TELEPHONE *520-779-4505*

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 310 S. Agassiz			Policy Number
CITY Flagstaff	STATE AZ	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 Elevation Reference Mark is City of Flagstaff Brass Cap at Intersection of Verde Street and Dupont Avenue: Elev = 6889.16 NGVD29

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.

- 1. 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.)
- 2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- 3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER R00 0070	G5. DATE PERMIT ISSUED 03-30-00	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 07-14-00
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- 7. This permit has been issued for: New Construction Substantial Improvement
- 8. Elevation of as-built lowest floor (including basement) of the building is: 6893.5 ft.(m) Datum: NGVD 29
- 9. BFE or (in Zone AO) depth of flooding at the building site is: 6891.2 ft.(m) Datum: NGVD 29

LOCAL OFFICIAL'S NAME KIM GAVIGAN	TITLE STORMWATER MGR.
COMMUNITY NAME CITY OF FLAGSTAFF	TELEPHONE 520-779-7650
SIGNATURE <i>Kim Gavigan</i>	DATE 07-14-00

COMMENTS _____

Check here if attachments