

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM (NFIP)

O.M.B. No. 3067-0077
Expires July 31, 2002

Instructions for completing this form can be found on pages 2 through 7.

SECTION A PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME FLAG SIXTY SIX LLC		For Insurance Company Use
BUILDING STREET ADDRESS (including Apt., Unit., Suite and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1426 W. ROUTE 106		Policy Number
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Numbers, Legal Description etc.) Parcel 104-06-004D		Company NAIC Number
CITY Flagstaff	STATE Az	ZIP CODE 86001
LATITUDE/ LONGITUDE (OPTIONAL) (##° - ##' - ##"###)		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 City of Flagstaff, Arizona		B2. COUNTY NAME Coconino	B3. STATE Arizona
B4. MAP AND PANEL NUMBER 040020	B5. SUFFIX 0007 D	B6. FIRM INDEX DATE 8-2-90	B7. FIRM PANEL EFFECTIVE/REVISED DATE August 2, 1996
B8. FLOOD ZONE(S) A2	B9. BASE FLOOD ELEVATION(S) (AO Zones, use depth of flooding) 6863		

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth provided 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 within a Coastal Barrier Resource 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

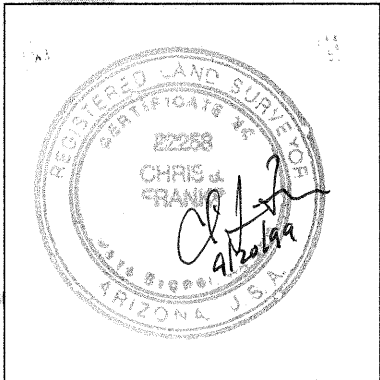
NOTE: A new certificate will be required once construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram type most similar to the building under consideration - see pages 6 and 7.
 If no diagram accurately represents the building for which the certificate is being completed, provide a sketch or photograph.)

C3. Elevations - Zones A1-30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-30, AR/AH, AR/AO:
 Complete the elevation information below (Items C3a-i) based on the selected building diagram. 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. The comments portion of Section E should be used to document the datum conversions.

Datum _____ Conversion/Comments _____

Elevation reference mark used NE of Sec 22 T2N R7E Elev = 6944.42 Does the elevation reference mark used appear on the FIRM? Yes No

<input checked="" type="checkbox"/> a) Top of the bottom floor (including basement or enclosure)	<u>6868</u> . <u>8</u> ft.(m)	License Number, Embossed Seal Signature, and Date	
<input type="checkbox"/> b) Top of next highest floor	<u> </u> . <u> </u> ft.(m)		
<input type="checkbox"/> c) Bottom of the lowest horizontal structural member (V zones only)	<u> </u> . <u> </u> ft.(m)		
<input type="checkbox"/> d) Attached garage (top of slab)	<u> </u> . <u> </u> ft.(m)		
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment in an attached garage or enclosure	<u> </u> . <u> </u> ft.(m)		
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>6867</u> . <u>2</u> ft.(m)		
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	<u>6868</u> . <u>3</u> ft.(m)		
<input type="checkbox"/> h) Number of permanent openings (flood vents) within 1.0 ft of LAG	<u>N/A</u>		
<input type="checkbox"/> i) Total size of permanent openings (flood vents)	<u>N/A</u> square inches (square cm)		

SECTION D SURVEYOR, ENGINEER, ARCHITECT CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is 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 Chris J. Franks	LICENSE NUMBER Arizona RLS 22258
TITLE Surveyor	COMPANY NAME Arizona Land Consultants
ADDRESS 2230 E. Cedar Ave.	CITY Flagstaff
SIGNATURE <i>[Signature]</i>	STATE Az
	ZIP 86004
	DATE 4/20/99
	TELEPHONE 520 773 9204

BUILDING STREET ADDRESS	CITY		STATE	ZIP CODE	Policy Number
					Company NAIC Number

SECTION D SURVEYOR, ENGINEER, ARCHITECT CERTIFICATION (CONTINUED)

This certification is to be signed by a land surveyor, engineer, or architect who is 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.

Copies should be made of this Certificate for 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS

SECTION E BUILDING ELEVATION INFORMATION [SURVEY NOT REQUIRED FOR ZONES A (WITHOUT BFE) AND AO]

For Zones A (without BFE) and AO, complete Items E1 through E3.

- E1. C2. Building Diagram Number ____ (Select the building diagram type most similar to the building under consideration - see pages 5 and 6. If no diagram accurately represents the building for which the certificate is being completed, 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 Zone AO only : If no flood depth number is available, is the top of the floor elevated in accordance with the community's floodplain management ordinance: ____ Yes ____ No ____ Unknown

SECTION F PROPERTY OWNER (OWNER'S REPRESENTATIVE) INFORMATION

The Property owner or Owner's Authorized Representative who completes Sections A, B, and E for Zones A (without a FEMA or community-issued BFE) or AO must sign here.

BUILDING OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

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, E, and G of this Elevation Certificate. Check the applicable box(es) and sign below:

- The information provided in Section C was taken from other documentation which contains elevation data 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. State the source and date of the elevation data in the comments section below.
- A community official completed Section D for a building located in Zone A (without a FEMA or community-issued BFE) or Zone AO.
- The following information (Items G1-G6) is provided for community floodplain management purposes.

G1. PERMIT NUMBER

G2. DATE PERMIT ISSUED

G3. DATE CERTIFICATE OF COMPLIANCE ISSUED

G4. This permit has been issued for:

New Construction

Substantial Improvement

G5. Elevation of As-built lowest floor (including basement) of the building is:

____ ft.(m)

Datum: _____

G6. BFE or depth of flooding (AO Zones) at the building site is:

____ ft.(m)

Datum: _____

NAME OF LOCAL OFFICIAL

TITLE

NAME OF COMMUNITY

TELEPHONE NUMBER

SIGNATURE

DATE

COMMENTS