

FUD 00-311E-A

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

Type 2 CHHAG

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME

For Insurance Company Use:

Sherby Van Sommeren

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

Company NAIC Number

4211 N. Harrison

CITY
Tucson

STATE
AZ

ZIP CODE

85749

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

T.C. 114 19 029 M

T 13 R 15 S 22

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)

Residential

LATITUDE/LONGITUDE (OPTIONAL)

HORIZONTAL DATUM:

SOURCE: ☐ GPS (Type):

(###° ##' ###" or ###.####)

☐ NAD 1927 ☐ NAD 1983

☐ USCS Quad Map ☐ Other:

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 AND PANEL NUMBER 04019C 1670 | B5. SUFFIX K | B6. FIRM INDEX DATE Feb. 8, 1999 | B7. FIRM PANEL EFFECTIVE/REVISED DATE Feb. 8, 1999 | B8. FLOOD ZONE(S) A | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 1 Foot |

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 (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 _____ Conversion/Comments _____
- Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☐ No
- ☐ a) Top of bottom floor (including basement or enclosure) _____ ft.(m)
- ☐ b) Top of next higher floor _____ ft.(m)
- ☒ c) Bottom of lowest horizontal structural member (V-zones only) _____ ft.(m)
- ☐ d) Attached garage (top of slab) _____ ft.(m)
- ☐ e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m)
- ☐ f) Lowest adjacent grade (LAG) _____ ft.(m)
- ☐ g) Highest adjacent grade (HAG) _____ ft.(m)
- ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade
- ☐ i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

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

LICENSE NUMBER

TITLE

COMPANY NAME

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

TELEPHONE

FPUR-00-31E-13

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
4211 N. Harrison
CITY Tucson STATE AZ ZIP CODE 85749

For Insurance Company Use:
Policy Number
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

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) ☐ Check here if attachments

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 1 (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 2 ft.(m) 0 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
Nan Somner
ADDRESS 6999 Camino Montera
CITY DATE
SIGNATURE Shirley Nan Somner
STATE AZ ZIP CODE 85750
TELEPHONE 9911934

CP05552

SECTION G - COMMUNITY INFORMATION (OPTIONAL) ☐ Check here if attachments

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.

4. PERMIT NUMBER 00-0311E G5. DATE PERMIT ISSUED 6.16.00 G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
Elevation of as-built lowest floor (including basement) of the building is:
BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum:
_____ ft.(m) Datum:

LOCAL OFFICIAL'S NAME TITLE
COMMUNITY NAME TELEPHONE
SIGNATURE DATE

COMMENTS Type 2 Conventional House - Highest Adjacent Grade

☐ Check here if attachments

4/12/00
Completed for
Insurance purposes.
Original accepted by RD
16/2/02. (u)

FPUP # 00-311E

P0_CP

Client's Initials _____

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077

Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

PCFC APR 13'06AM11:46

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME

Robert Wendt

For Insurance Company Use:

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
4211 N. Harrison

Company NAIC Number

CITY

Tucson

STATE

AZ

ZIP CODE

85 749

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

Tax Code: 114-19-024Q, T13S R15E Sec 22

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)

Residential: Single Family Residence

LATITUDE/LONGITUDE (OPTIONAL)

(##°-##'-##.###" or ##.#####)

HORIZONTAL DATUM:

☐ NAD 1927 ☐ NAD 1983SOURCE: ☐ GPS (Type):☐ USGS Quad Map☐ Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER

Pima County 040073

B2. COUNTY NAME

Pima County

B3. STATE

AZ

B4. MAP AND PANEL
NUMBER
04019C 1670B5. SUFFIX
KB6. FIRM INDEX DATE
2/8/99B7. FIRM PANEL
EFFECTIVE/REVISED DATE
2/8/99B8. FLOOD ZONE(S)
AB9. BASE FLOOD ELEVATION(S)
(Zone AO, use depth of flooding)
1.0

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): Highest Adjacent Natural GradeB12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date N/A

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 ____ (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.) #1

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 C3-a-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. SEE COMMENTS

Datum _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

o a) Top of bottom floor (including basement or enclosure) 100.00 ft.(m)

o b) Top of next higher floor 0 ft.(m)

o c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)

o d) Attached garage (top of slab) 99.50 ft.(m)

o e) Lowest elevation of machinery and/or equipment

servicing the building (Describe in a Comments area) 98.35 ft.(m)

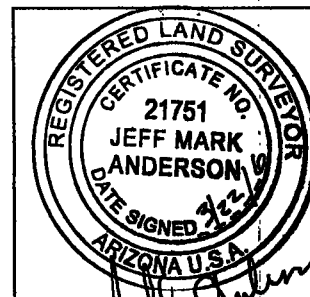
o f) Lowest adjacent (finished) grade (LAG) 98.25 ft.(m)

o g) Highest adjacent (finished) grade (HAG) 99.10 ft.(m)

o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A

o i) Total area of all permanent openings (flood vents) in C3.h sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



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

JEFF M. ANDERSON

LICENSE NUMBER

RLS 21751

TITLE

LAND SURVEYOR

COMPANY NAME

(A2) LAND SURVEYS

ADDRESS

205 S. VOZACK LN

CITY

TUCSON

STATE

AZ

ZIP CODE

85748

SIGNATURE

Jeff Anderson

DATE

3/22/06

TELEPHONE

520-296-9083

FPUP#00-311E

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.

Policy Number

4211 N. Harrison

CITY

STATE

ZIP CODE

Company NAIC Number

Tucson

AZ

85 749

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

The lowest service equipment (C3e) is the _____ and the _____ is/are above this elevation.

BASIS OF ELEVATION - ASSUME 100.00' ELEV. ON MAIN HOUSE FLOOR - SEE MAP
C3E: AC UNIT W/SLAB @ 98.35 - SEE MAP.

☐ 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. (Use natural grade, if available).
- 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. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is ____ ft.(m) ____ in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. 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, C (Items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.

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

00-311E

G5. DATE PERMIT ISSUED _____

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: _____ ft.(m) Datum: _____

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

LOCAL OFFICIAL'S NAME _____

TITLE _____

COMMUNITY NAME _____

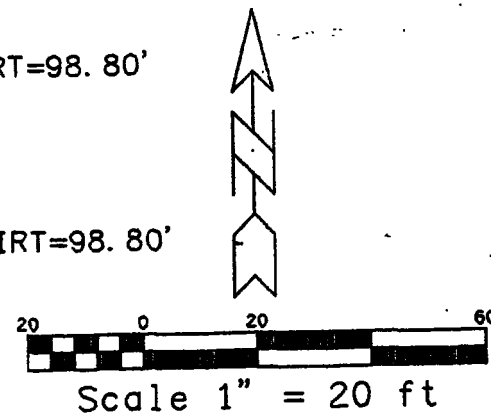
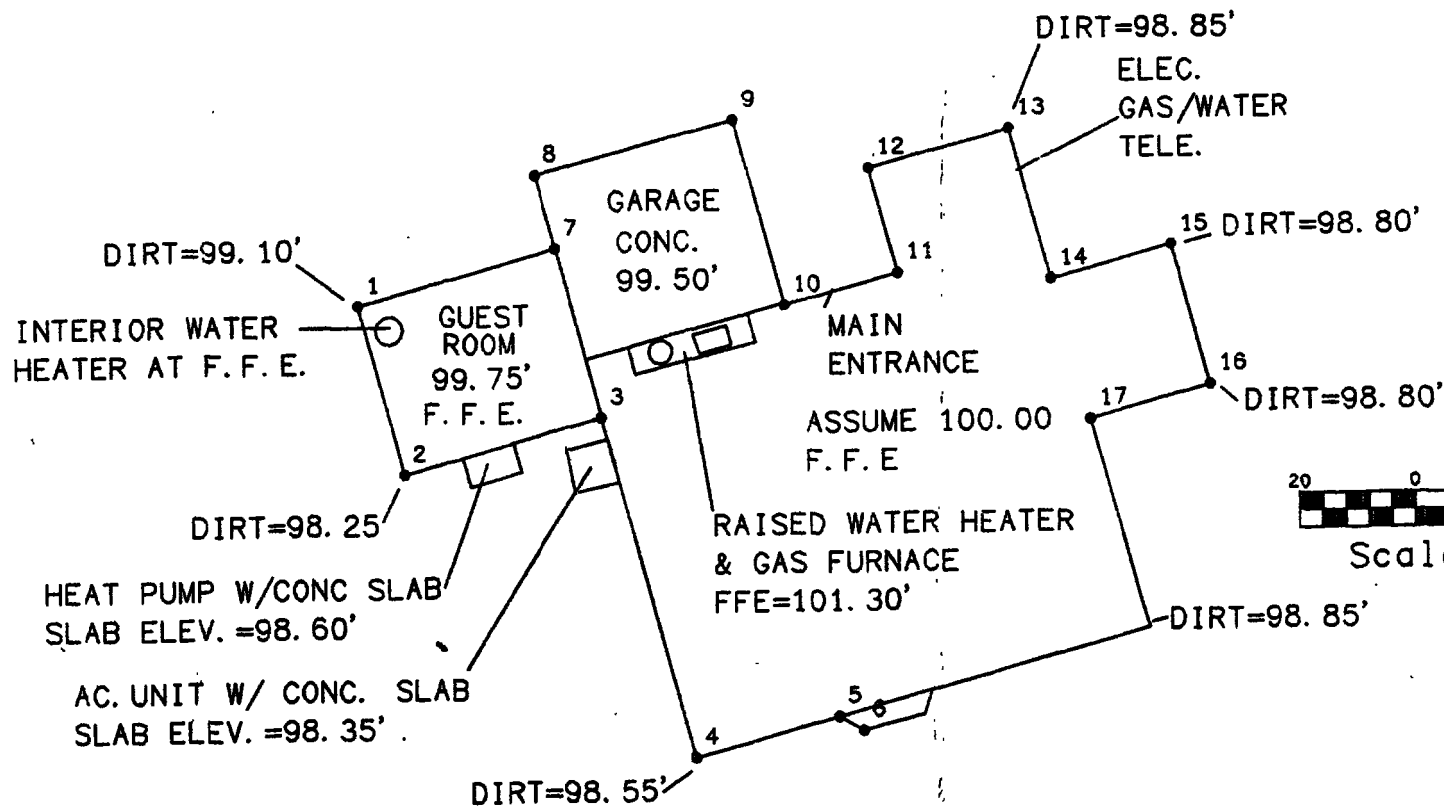
TELEPHONE _____

SIGNATURE _____

DATE _____

COMMENTS _____

☐ Check here if attachments



4211 N. HARRISON RD.