()2 CP 03402

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

12-30克里。夏季,150万

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

			DDODEDTY OUNIED INE		Sub-in-main C	Carried to had refrience and
BUILDING OWNER'S N	NAC .	SECTIONA	PROPERTY OWNER INF	1.	Policy Number	ompany Use:
Smith	TOICY NUMBER					
BUILDING STREET ADD	Company NA	IC Number				
CITY Tucson	· · · · · · / · ·		STATE AZ		ZIP CODE 85739	.39. 75°
PROPERTY DESCRIPTION 222-31-0		Numbers, Tax Parcel N	lumber, Legal Description, e		3	150000
BUILDING USE (e.g., Re	sidential, Non-residential		ory, etc. Use a Comments a			
LATITUDE/LONGITUDE (##°-##-##.##" or ##			ITAL DATUM: NAD 1983	SOURCE: GF		Other:
		ECTION B - FLOOD I	ISURANCE RATE MAP (F	IRM) INFORMATION		
B1. NFIP COMMUNITY NAME			2. COUNTY NAME		B3. STATE	.]
Pirma County	040073	. P	ma County		Arizona	
B4. MAP AND PANEL NUMBER 04019C 1035	B5. SUFFIX K	B6. FIRM INDEX DATE 2/8/99	B7. FIRM PANEL EFFECTIVE/REVISED DA 2/8/99	NTE B8. FL000 ZO		DELEVATION(S) depth of flooding)
B10. Indicate the source of the	e Base Flood Elevat	ion (BFE) data or base floo	od depth entered in B9.		7.6 51.0	0 -12-16
	FIRM	☐ Community Deter		r (Describe):	per PLA	remove
B11. Indicate the elevation da				0 1988		remove
B12. Is the building located in			area or Otherwise Protected Ar			
· · · · · · · · · · · · · · · · · · ·			LEVATION INFORMATION			
C1. Building elevations are ba			Building Under Construction*	Finished Constru	ction	
		when construction of the bu				
• •	- •		the building for which this certif	icate is being completed -	see pages 6 and 7. If no di	agram
accurately represents the	- ' ',		DEEN AD ADIA ADIAE ADIA	1 420 40/41 40/40		
			BFE), AR, AR/A, AR/AE, AR/A ad in Item C2. State the datum (ant from the datum used for	the REE in
			urements and datum conversion			
•		cument the datum convers			soo provided or the contains	
Datum 1929 Conversi	• • •					
		the elevation reference ma	rk used appear on the FIRM?	⊠Yes □ No	. [
a) Top of bottom floor			/\/_ ft.(m)	•	1 1 1	
D b) Top of next higher floor ### A ft/m)						
C) Bottom of lowest horizontal structural member (Vzenes only) 2979.3 ft.(m)						56/6/
D d Attached garage (top of sigh)						
Dallament almost an architecture of marking an architecture of the						
servicing the build	ing (Describe in a Co	omments area)		ř		LINE ANY
f) Lowest adjacent (fir	,			Ž	Table Signed	6///
g) Highest adjacent (f				. 8	STEPH Stephenson	
		s) within 1 ft. above adjace		<u> </u>		
i) Total area of all per	manent openings (fl	ood vents) in C3.h	sq. in. (sq. cm)			,
	SE	CTION D - SURVEYO	R, ENGINEER, OR ARCHI	TECT CERTIFICATION	N	
I certify that the informati	on in Sections A, E	B, and C on this certification	ineer, or architect authorized to represents my best efforts	to interpret the data av	ailable.	
	se statement may l	be punishable by fine or	imprisonment under 18 U.S.			
CERTIFIER'S NAME	DD M.	STEPHEN	S	LICENSE NUM	Z9897	2
TITLE V. P.			COMPANY N	MKFY LA		
ADDRESS 676	3 E.	ZND <	CITY			85711
SIGNATURE /			DATE		TELEPHONE 520 - 296	
11/2			6-14-	٥٧	- 276	-6112

	copy the corresponding information from Se		For Insurance Company Use:
	Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BO	ANU.	Policy Number
СПҮ	STATE	ZIP CODE	Company NAIC Number
SE	ECTION D - SURVEYOR, ENGINEER, OR ARC	CHITECT CERTIFICATION (CONTINUE	D)
	ficate for (1) community official, (2) insurance agent/co	mpany, and (3) building owner.	. 221, 22
OMMENTS REPORTS	BENCH MARK (1500 15 A	5/8" TRON &
STAMPED K- S			10N = 2969.29
(NGVDZ9)	- 1116 LIII- CT	DAIN CCEVA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
GAGN SIV			☐ Check here if attachme
SECTION E - BUILDIN	G ELEVATION INFORMATION (SURVEY NO	T REQUIRED) FOR ZONE AO AND ZOI	
	complete Items E1 through E4. If the Elevation Certif		
tion C must be completed.			
•	the building diagram most similar to the building for wi	nich this certificate is being completed - see pa	ges 6 and 7. If no diagram accura
represents the building, provide a sl	• •		
The top of the bottom floor (including	basement or enclosure) of the building isft(m)_	_in.(cm) 🗌 above or 🔲 below (check one)	the highest adjacent grade. (Use
natural grade, if available).	•		
For Building Diagrams 6-8 with oper	ings (see page 7), the next higher floor or elevated flo	or (elevation b) of the building isft.(m)it	n.(cm) above the highest adjacen
grade. Complete items C3.h and C	3.i on front of form.		
	number is available, is the top of the bottom floor eleva		plain management ordinance?
	The local official must certify this information in Section		· · · · · · · · · · · · · · · · · · ·
	ECTION F - PROPERTY OWNER (OR OWNER		
	zed representative who completes Sections A, B, C (It		hout a FEMA-issued or communi
ued BFE) or Zone AO must sign he	re. The statements in Sections A, B, C, and E are con	rect to the best of my knowledge.	
ROPERTY OWNERS OR OWNER	S AUTHORIZED REPRESENTATIVE'S NAME		
DDRESS		CITY STAT	E ZIP CODE
DUNESS		OIT SIAI	L 21F 000E
SNATURE		DATE TELE	PHONE
DMMENTS			
	3	···	· · · · · · · · · · · · · · · · · · ·

	with My mark	• • •	Check here if attachme
	SECTION G - COMMUNITY INF		,
local official who is authorized by la	w or ordinance to administer the community's floodplain		os A. B. C (or F) and G of this FI
ificate. Complete the applicable item		(1) -	
	is taken from other documentation that has been signe	ed and embossed by a licensed surveyor, endin	neer, or archited who is authorize
	ation information. (Indicate the source and date of the		
	Section E for a building located in Zone A (without a Fi		e AO.
	G4-G9) is provided for community floodplain manage		· · · · · ·
1,1-1	Les I		DI JANICE/OCCI IDANICY ISSI IED
PERMIT NUMBER	G5. DATE PERMIT ISSUED 5-14-02	G6. DATE CERTIFICATE OF COM	- FINANCE/OCCUPANCT IDSUED
	New Construction Substantial Improvement		
Elevation of as-built lowest floor (inc	•	ft.(m)	Datum:
BFE or (in Zone AO) depth of floodi	•	f.(m)	Datum:
OCAL OFFICIAL'S NAME		TITLE	
OMMUNITY NAME		TELEPHONE	1 035
GNATURE	and the second section	DATE	C ₁ \/
OMMENTS	The state of the s		
1 4 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	· PARTE OT	1	The state of the s
	****		Check here if attachme
- G (1) Do al 2 - W	Stranger in the strain of the		- Ciecy tiese is amongst