## FEDERAL EMERGENCY MANAGEMENT AGENCY ... NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

		Read the instructions on p				
	SECTION	A - PROPERTY OWNER IN	<b>IFORMAT</b>	ION	For Insurance Company Use:	٤
BUILDING OWNER'S NAME LENNAR HOMES				<del></del>	Policy Number	
BUILDING STREET ADDRESS (Including WEST PRIMROSE CANYON DRIVI	Apt., Unit, Suite, and/	or Bldg. No.) OR P.O. ROUT	E AND BOX	K NO.	Company NAIC Number	)[ ]
CITY		STATE		ZIP (	CODE	
TUCSON		AZ		8574	6	
PROPERTY DESCRIPTION (Lot and Bloc LOT 106 IN CAMINO VERDE ESTATES I	I - MAPS AND PLATS	- BOOK 56 PAGE 25	. •			
BUILDING USE (e.g., Residential, Non-res RESIDENTIAL	idential, Addition, Acc	essory, etc. Use a Comment	s area, if ne	cessary.)		
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##.##" or ##.#####")		ONTAL DATUM: 027 NAD 1983	SO	URCE: GPS (T	ype): Quad Map	
	SECTION B - FLOOI	INSURANCE RATE MAP	(FIRM) INI	FORMATION		
B1. NFIP COMMUNITY NAME & COMMUNITY NU		B2. COUNTY NAME			B3. STATE	
Pima County of	<i>00</i> 73	PIMA			ARIZONA	
B4. MAP AND PANEL		B7. FIRM PANEL			B9. BASE FLOOD ELEVATIO	W(S)
NUMBER B5. SUFFIX K	B6. FIRM INDEX DAT 02-08-99	E EFFECTIVE/REVISED	DATE	B8. FLOOD ZONE(S) AO-1		
10. Indicate the source of the Base Flood Eleva	ition (BFE) data or base		<u> </u>			
☐ FIS Profile FIRM	Community D	etermined Ot	ner (Describ	e):		
111. Indicate the elevation datum used for the B				Other (Describe):		
12. Is the building located in a Coastal Barrier F	lesources System (CBR	S) area or Otherwise Protected	Area (OPA)	? ☐ Yes ☑No	Designation Date	
SE	CTION C - BUILDING	ELEVATION INFORMATI	ON (SURV	EY REQUIRED)		
1. Building elevations are based on:   Constr	uction Drawings*	☐ Building Under Construction	* <b>3</b> 4 F	inished Construction	<del></del>	
*A new Elevation Certificate will be required	•	•	<b>—</b>			
2. Building Diagram Number 1 (Select the build			tificato ie hoi	na completed - see n	ages 6 and 7. If no diagram	
accurately represents the building, provide a		to a le building for which aris cer		ing contipleted - see p	ayos v anu /. Il no ulaylani	
3. Elevations – Zones A1-A30, AE, AH, A (with		#h DEE\ AD AD/A AD/AE AD	/A4 A20 AE	DIALL ADVAC		
					on the determined feeths DFC in	
Complete Items C3a-i below according to t						
Section B, convert the datum to that used for			ion calculate	on. Use the space pr	ovided or the Comments area or	
Section D or Section G, as appropriate, to de	ocument the datum conv	ersion.				
Datum 1929 Conversion/Comments						
		mark used appear on the FIRM?	∐ Yes [	⊠ No	1.0	
<ul> <li>a) Top of bottom floor (including basemer</li> </ul>	it or enclosure)	<u>2495</u> . <u>9</u> ft.(m)		ea ,	M. Season	A,
b) Top of next higher floor		<u>N</u> A ft(m)		8		
<ul> <li>c) Bottom of lowest horizontal structural n</li> </ul>	nember (V zones only)	<b>/_</b> . <del>/</del> ft.(m)		Sse	13/15 10010	Â
d) Attached garage (top of slab)		<b>∧</b> i <u></u>		을 들	7. WAYNE	<b>乡</b>
e) Lowest elevation of machinery and/or of	equipment	. 4		r. w. II gi	ASHBY 4	1
servicing the building (Describe in a C	omments area)	<u> </u>		License Number, Embossed Seal Signature, and Date		' ]]
f) Lowest adjacent (finished) grade (LAG)		2493 . 0 ft.(m)		ž č	119	//
g) Highest adjacent (finished) grade (HAC	G)	2493. 8 ft.(m)		န္တ	Voned 5	//
h) No. of permanent openings (flood vent				<u>.</u> 8	ONA US	
i) Total area of all permanent openings (fl						
			UTEAT AS	DTIFICATION		
		OR, ENGINEER, OR ARCI				
This certification is to be signed and sealed						
I certify that the information in Sections A, it					<b>).</b>	
I understand that any false statement may CERTIFIER'S NAME T. WAYNE ASHBY	pe puriisnable by tine	or imprisonment under 18 U.S		iction 1001. ICENSE NUMBER F	RLS.19316 (AZ)	—
TITLEPRESIDENT/DIRECTOR OF SURVEY		COMPAND				
			NAME AST	BY SURVEYING & I		
ADDRESS		CITY		STAT		
717 NORTH SWAN ROAD		TUCSON		AZ	85711	
SIGNATURE A	1.11.	DATE 05-05-03			PHONE 25-1991	
	<del></del>					

/ ,	. (13-1448-1)			
IMPORTANT: In these spaces, copy	the corresponding information from Se	ection A.		For Insurance Company Use:
	nit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BC		1	Policy Number
CITY TUCSON	STATE AZ		ZIP CODE 85746	Company NAIC Number
SECTIO	ON D - SURVEYOR, ENGINEER, OR AR	CHITECT CERTIFICA	TION (CONTINUED)	
Copy both sides of this Elevation Certificate f	for (1) community official, (2) insurance agent/co	ompany, and (3) building o	owner.	
COMMENTS		*****		
		· · · · · · · · · · · · · · · · · · ·		
		<del></del>		
- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				Check here if attachment
SECTION E - BUILDING EL	EVATION INFORMATION (SURVEY NO	T REQUIRED) FOR	ZONE AO AND ZONI	
For Zone AO and Zone A (without BFE), comp	olete Items E1 through E4. If the Elevation Certi	ficate is intended for use	as supporting information	n for a LOMA or LOMR-F,
Section C must be completed.				
E1. Building Diagram Number L(Select the burepresents the building, provide a sketch of the building.)	ilding diagram most similar to the building for wi	hich this certificate is bein	g completed – see page:	s 6 and 7. If no diagram accurately
	or priologiapri.) ment or enclosure) of the building is <u>2</u> ft.(m) <u>1</u>	in.(cm) ⊠ above or □	1 below (check one) the I	highest adiacent grade. (Use
natural grade, if available).			, , , , , , , , , , , , , , , , , , , ,	
• • • • • • • • • • • • • • • • • • • •	see page 7), the next higher floor or elevated flo	oor (elevation b) of the bui	ilding isft.(m)in.(d	m) above the highest adjacent
grade. Complete items C3.h and C3.i on		to (ann)	The balance fall and the second of	A. R. S. C. C. B. Land
E4. The top of the platform of machinery and/o natural grade, if available).	or equipment servicing the building isft.(m)	in.(cm) [ above or	L_1 below (check one) th	e nignest adjacent grade. "(USe "
	er is available, is the top of the bottom floor elev	rated in accordance with t	the community's floodpla	in management ordinance?
	cal official must certify this information in Section			
SECTION	ON F - PROPERTY OWNER (OR OWNE	R'S REPRESENTATI	VE) CERTIFICATION	
	presentative who completes Sections A, B, C (I			out a FEMA-issued or community-
<u> </u>	ne statements in Sections A, B, C, and E are co	rrect to the best of my kn	owledge.	
PROPERTY OWNER'S OR OWNER'S AU	THORIZED REPRESENTATIVE'S NAME			
ADDRESS	4	CITY	STATE	ZIP CODE
SIGNATURE	-	DATE	TELEP	HONE
SIGNATURE		DAIL	(LLL)	TONE
COMMENTS				
				☐ Check here if attachmen
	SECTION G - COMMUNITY IN	FORMATION (OPTIO	NAL)	O POOR TIOIO II GUADA II TO
The local official who is authorized by law or or	rdinance to administer the community's floodpla			A, B, C (or E), and G of this Eleva
Certificate. Complete the applicable item(s) ar		· ·	•	, , , ,
<del></del>	en from other documentation that has been sign	•	• -	er, or architect who is authorized b
	ation. (Indicate the source and date of the eleve			
	on E for a building located in Zone A (without a F G9) is provided for community floodplain manage		illy-issued DFE) Of ZORE	AO.
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		CERTIFICATE OF COMP	LIANCE/OCCUPANCY ISSUED
G. FERWIT HOWILLY	CO. DATE LINNI ROOLD	O. DAIL	OLIVIII IORVIE OF COMME	17401000017401100010
G7. This permit has been issued for: New	Construction Substantial Improvement			
G8. Elevation of as-built lowest floor (including	•		ft.(m)	Datum:
G9. BFE or (in Zone AO) depth of flooding at t	he building site is:		fL(m)	Datum:
LOCAL OFFICIAL'S NAME		TITLE		
COMMUNITY NAME	· · · · · · · · · · · · · · · · · · ·	TELEPHONE		
SIGNATURE		DATE		
		UNIE		
COMMENTS				
A				
	. –		-	Chack harn if attachmen
				I I I DON'T DOM IT OFFINANCE