elcert_05_052E P05CP00428 Client's Initials KK 1/31/05

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE PCFC SEP 29'05am11:37 Important: Read the instructions on pages 1 - 7. **SECTION A - PROPERTY OWNER INFORMATION** For Insurance Company Use: BUILDING OWNER'S NAME Policy Number Karl E. Kompe BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 5080 W. Camino De Manana STATE CITY ZIP CODE ΑZ 85742 Tucson PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Code: 216-03-008L T12S R12E Sec 01 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential: Single Family Residence, Temp SVC, & Septic LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): ☐ USGS Quad Map (##°-##'-##.##" or ##.#####") ■ NAD 1927 ■ NAD 1983 Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B2. COUNTY NAME** B1, NFIP COMMUNITY NAME & COMMUNITY NUMBER B3. STATE 040073 Pima County Arizona Pima County **B7. FIRM PANEL B4. MAP AND PANEL B9. BASE FLOOD ELEVATION(S) B5. SUFFIX B6. FIRM INDEX DATE** EFFECTIVE/REVISED DATE **B8. FLOOD ZONE(S)** (Zone AO, use depth of flooding) NUMBER 2/8/99 2/8/99 AO1 04019C 1015 1.0 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. **⊠** FIRM Community Determined Other (Describe): ☐ FIS Profile B11, Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 ☑ Other (Describe): Highest Adjacent Grade 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 7.1 f 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 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. Datum FFE Conversion/Comments */A Elevation reference mark used P Does the elevation reference mark used appear on the FIRM? Yes X No ERED LAND SU o a) Top of bottom floor (including basement or enclosure) /00 .00 ft(m) o. b) Top of next higher floor o c) Bottom of lowest horizontal structural member (V-zones only) o d) Attached garage (top of slab) o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) o f) Lowest adjacent (finished) grade (LAG) o g) Highest adjacent (finished) grade (HAG) ő h) No, of permanent openings (flood vents) within 1 ft. above adjacent grade SECTION DESURVEYOR, 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			
TODD A. HOST	AZ #35643 (LS)			
TITLE	COMPANY NAME			
OWNER	POLARIS LAND SURVEYING, L			
ADDRESS	CITY STATE ZIP COD			

ITRY CLUB RD.

IMPORTANT: In these spaces, conv			•	For Insurance Company Line		
	the corresponding information fr			For Insurance Company Use:		
BUILDING STREET ADDRESS (Including Apt., U 5080 W Camino De Manana				Policy Number		
CITY Tucson		STATE AZ	ZIP CODE 85742	Company NAIC Number		
SECTION	ON D - SURVEYOR, ENGINEER, C	R ARCHITECT CER	TIFICATION (CONTINUED)			
Copy both sides of this Elevation Certificate	for (1) community official, (2) insurance a	gent/company, and (3) t	puilding owner.			
COMMENTS MEASUREMENTS TAKEN 9-20-05 W/FINISHED CONSTRUCTION, FFE: 10000						
(ASSUMED BENCHMAG	ZK). NO ATTACHE	D EQUIPME	ENT CALL ON	ROOF) OR FLOOD		
				Check here if attachments		
SECTION E - BUILDING EL	LEVATION INFORMATION (SURVI	Y NOT REQUIRED)	FOR ZONE AO AND ZON	E A (WITHOUT BFE)		
For Zone AO and Zone A (without BFE), comp Section C must be completed.	plete Items E1 through E4. If the Elevation	on Certificate is intended	for use as supporting informatio	n for a LOMA or LOMR-F,		
E1. Building Diagram Number _(Select the burepresents the building, provide a sketch		g for which this certificate	e is being completed – see page	s 6 and 7. If no diagram accurately		
E2. The top of the bottom floor (including base natural grade, if available).		.ft.(m)in.(cm) [] abo	ove or Delow (check one) th	e highest adjacent grade. (Use		
E3. For Building Diagrams 6-8 with openings (grade. Complete items C3.h and C3.i on		ated floor (elevation b) o	f the building isft.(m)in.(cm) above the highest adjacent		
E4. The top of the platform of machinery and/onatural grade, if available).		ft.(m)in.(cm) 🔲 abo	we or Delow (check one) th	e highest adjacent grade. (Use		
E5. For Zone AO only: If no flood depth numb			ce with the community's floodpla	nin management ordinance?		
Yes No Unknown. The lo						
	ON F - PROPERTY OWNER (OR O	**************************************				
The property owner or owner's authorized re issued BFE) or Zone AO must sign here. The				out a FEMA-issued or community-		
PROPERTY OWNER'S OR OWNER'S AU	THORIZED REPRESENTATIVE'S NAM	ΙE		t		
ADDRESS	_	CITY	STATE	ZIP CODE		
SIGNATURE		DATE	TELEPI	HONE		
						
COMMENTS						
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COMMENTS	<u> </u>	** **		Check have 15 - the share A		
COMMENTS	SECTION C. COMMUNIC	TV INFORMATION (C	ODTIONAL)	Check here if attachments		
	SECTION G - COMMUNIT	<u>`</u>				
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