FEMA Form 81-31, January 2003

FEDERAL EMERGENCY MANAGEMENT AGENCY

ELEVATION CERTIFICATE



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

Replaces all previous editions

			A - PROPERTY OW						
	For Insurance Company Use:								
BUILDING OWNER'S NA	WE					Policy Number	¥:15		
Benedict, Joseph BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.						Company MAIO March 2	55		
6486 N. Shadows Desert		Apt., Unit, Suite, and/o	or Blag. No.) OR P.O.	ROUTE AND BO	X NO.	Company NAIC Number	PA.		
CITY			ST	ATE	7IP (Company NAIC Number	30 30		
Tucson			AZ	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	8565				
PROPERTY DESCRIPTION		Numbers, Tax Parce	l Number, Legal Des	cription, etc.)			E		
Parcel 208-40-127B, T139					•	<u> </u>			
BUILDING USE (e.g., Res Residential, Mobile Home			ssory, etc. Use a Co	mments area, if no	ecessary.)	C C	<u>-></u> 		
LATITUDE/LONGITUDE			ONTAL DATUM:	SC	OURCE: GPS (T	'voe):			
(##° - ##' - ##.##" or ##			27 NAD 1983			Quad Map			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION									
B1. NFIP COMMUNITY NAME	& COMMUNITY NUM	BER	B2. COUNTY NAME			B3. STATE	•		
Unincorporated Pima County 0	40073		Pima County			Arizona			
B4, MAP AND PANEL			R7 FIRM	1 PANEL	1	B9. BASE FLOOD ELEVATION((S)		
NUMBER	B5. SUFFIX	B6. FIRM INDEX DAT		EVISED DATE	B8. FLOOD ZONE(S				
04019C 1560	K	2/8/99		/99	AO1	1.9	"		
B10. Indicate the source of the	Base Flood Elevati	ion (BFE) data or base	flood depth entered in E	9.	L				
	⊠ FIRM	Community De		Other (Describ	pe):				
B11. Indicate the elevation dat	um used for the BFI	E in B9: 🛛 NGVD 192	9		Other (Describe):	Height Above Grade			
B12. Is the building located in	a Coastal Barrier Re	esources System (CBR	S) area or Otherwise Pr	otected Area (OPA)? □ Yès ☑ Ń	Designation Date			
		TION C - BUILDING							
C1. Building elevations are bas			☐ Building Under Con	·····	Finished Construction				
*A new Elevation Certifica		•							
C2. Building Diagram Number	•		• .	this cortificate is be	ning completed acc	acces 6 and 7. If no diagram			
7 7	- ·		to the building for which	i u iis cei uiicate is bi	aling completed - see p	Dages Callu 7. 11 HO diagraffi			
accurately represents the			AL DEEN AD ADIA AD	(AE AD(A4 A00 A	DALL ADAG				
C3. Elevations – Zones A1-A3	•	•	•			and the determined fresh a DEE in			
•	•					om the datum used for the BFE in			
·				conversion calcula	nion. Use the space p	rovided or the Comments area of			
Section D or Section G, a	• • •	cument the datum conv	ersion.						
Datum Local Conversion				—	-		\angle		
Elevation reference mark			• • • • • • • • • • • • • • • • • • • •			NA M	/		
a) Top of bottom floor		t or enclosure)	<u>100</u> . <u>0</u> ft.	(m)	bossed Seal,	Ared Wind			
b) Top of next higher fl	oor		<u>N/A</u>	t.(m)	S S	A TOTAL STATE OF THE STATE OF T	\		
c) Bottom of lowest ho	rizontal structural m	ember (V zones only)	<u>N/A</u>	t(m)	sse	41603 10	// /		
d) Attached garage (to	p of slab)		<u>N/A</u>	t(m)	절		<i> II</i>		
e) Lowest elevation of	machinery and/or e	quipment			r. e. Tile	JOHN DAVID	(]		
servicing the buildir	ng (Describe in a Co	omments area)	<u>98</u> . <u>5</u> ft.(i	n)	atri upe	11119 111911	4 9 1		
☐ f) Lowest adjacent (fini	• .	•	95.3ft.(i	•	N ur	I SIGNED	//		
☐ g) Highest adjacent (fir			95. <u>6</u> ft.(i	•	န္အ	ARIZONA U.S.P.	<i>'.</i>		
☐ h) No. of permanent of		•		-7	License Number, Emt Signature, and	ONA U.S	- 1		
i) Total area of all pem					_				
			<u> </u>	ADCUITECT C	EDTIEICATION				
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 informatio									
I understand that any false		•		•		···			
CERTIFIER'S NAME John		o pamonado by ilio	or improvement unde		LICENSE NUMBER	AZ#41603			
	,					•			
TITLE Survey Manager			CO	MPANY NAME Po	laris Land Surveying,	ЩС			
ADDRESS	า		CIT		STAT				
2828 N. Country Club Rd., S	uite 101	 _		son	AZ	85716			
SIGNATURE			/0 A	E/		PHONE			
	1/190	1/2	3129	106	(520)	322-6400			

See reverse side for continuation.

IMPORTANT: In these spaces, copy	For Insurance Company Use:		
BUILDING STREET ADDRESS (Including Apt., Ur	nit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX N		Policy Number
6486 N. Shadows Desert Lane	STATE	ZIP CODE	Company NAIC Number
Tucson	AZ	85653	
· · · · · · · · · · · · · · · · · · ·	ND-SURVEYOR, ENGINEER, OR ARCHI)
	or (1) community official, (2) insurance agent/compa	any, and (3) building owner.	
COMMENTS b) Subject building does not have a "next big	her floor"; c) Elevation of "Bottom of lowest horizont	al etnucture" is QR 5	
	ed garage"; h) & i) Subject building placed on stand		
		•	
			Check here if attachments
	EVATION INFORMATION (SURVEY NOT R		
For Zone AO and Zone A (without BFE), comp Section C must be completed.	lete Items E1 through E4. If the Elevation Certificat	e is intended for use as supporting information	on for a LOMA or LOMR-F,
•	ilding diagram most similar to the building for which	this certificate is being completed - see page	es 6 and 7. If no diagram accurately
represents the building, provide a sketch of	or photograph.)	, ,	
, , ,	ment or enclosure) of the building is ft.(m)ir	.(cm) 🔲 above or 🔲 below (check one) t	he 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 (slovation h) of the building is ft (m) in	(cm) above the highest adjacent
grade. Complete items C3.h and C3.i on i		enteriori est ori una eminimi di a "" ir (i i i) "" il i	dani arose me nignesi adjareni
E4. The top of the platform of machinery and/o	r equipment servicing the building isft.(m)ir	.(cm) above or below (check one) t	he highest adjacent grade. (Use
natural grade, if available).		, , , , , , , , , , , , , , , , , , , ,	-t
,	er is available, is the top of the bottom floor elevated cal official must certify this information in Section G.	in accordance with the community's floodpl	ain management ordinance?
	DN F - PROPERTY OWNER (OR OWNER'S	REPRESENTATIVE) CERTIFICATION	V
	oresentative who completes Sections A, B, C (Items		
	e statements in Sections A, B, C, and E are correct		•
PROPERTY OWNER'S OR OWNER'S AU	THORIZED REPRESENTATIVE'S NAME	•	
ADDRESS	CI	TY STATE	ZIP CODE
SIGNATURE	D/	TELEP	PHONE
COMMENTS			
			Check here if attachments
	SECTION G - COMMUNITY INFOR	MATION (OPTIONAL)	Check here it attachments
The local official who is authorized by law or or	dinance to administer the community's floodplain m		s A. B. C (or E), and G of this Elevation
Certificate. Complete the applicable item(s) ar		anagorion of an anioo carroon pioto coolor.	10 / 1, 0 (0. 1/) and 0 0. 1/10 110 110
	n from other documentation that has been signed a		eer, or architect who is authorized by s
	ation. (Indicate the source and date of the elevation n E for a building located in Zone A (without a FEM	•	.40
	n E for a building located in Zone A (without a FEM) 9) is provided for community floodplain manageme		:AO.
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMP	LIANCE/OCCUPANCY ISSUED
	G. Barer Barer	SS. BYTE SERVING THE ST SOUTH	
G7. This permit has been issued for: New	•		
G8. Elevation of as-built lowest floor (including		ft.(m)	Datum:
G9. BFE or (in Zone AO) depth of flooding at the	ie building site is:	ft.(m)	Datum:
LOCAL OFFICIAL'S NAME Stian	1 Jones	TITLE Sevier Hus	drologist
COMMUNITY NAME TO	County	TELEPHONE 5-20 740	-6350
SIGNATURE	County	DATE 41 2-01	<u>ال کد ہ</u>
COMMENTS	· mrc	7-3-06	
COMMENTS Per surv	yor the identity of	the equipment fo	or C30 is the AC
	· · · · · · · · · · · · · · · · · · ·		
		··· -· · · · · · · · · · · · · · · · ·	☐ Check here if attachments
****	· · · · · · · · · · · · · · · · · · ·		