U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE OMB No. 1660-0008 FEDERAL EMERGENCY MANAGEMENT AGENCY Expiration Date: July 31, 2015 IMPORTANT: Follow the instructions on pages 1-9 National Flood Insurance Program FOR INSURANCE COMPANY USE **SECTION A - PROPERTY INFORMATION** A1. Building Owner's Name Ruth Warners Policy Number: Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or PO. Route and Box No. Company NAIC Number: 12600 W Crystal Rose Ln State AZ ZIP Code 85743 City Tucson A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) IX Code 213-09-019A Township 13S Range 11E Section 05 Tax Code 213-09-019A A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)

A5. Latitude/Longitude: Lat. 32.330439 Long. -111.235722 Accessory: Shed NAD 1983 Horizontal Datum: NAD 1927 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number _ A8. For a building with a crawlspace or enclosure(s): A9. For a building with an attached garage: 270_sqft a) Square footage of crawlspace or enclosure(s) a) Square footage of attached garage sa ft b) No. of permanent flood openings in the crawlspace or S b) Number of permanent flood openings in the attack hed garage enclosure(s) within 1.0 foot above adjacent grade within 1.0 foot above adjacent grade Total net area of flood openings in A8.b c) Total net area of flood openings in A9.b d) Engineered flood openings? TYes No. No. d) Engineered flood openings? ☐ Yes **☑**No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B2. County Name Pima County B3. State AZ B1. NFIP Community Name & Community Number Pima County / 040073 B7. FIRM Panel Effective/ B8. Flood Zone(s) B5. Suffix B6. FIRM Index Date B9. Base Flood Elevation(s) (Zone B4. Map/Panel Number Revised Date AO, use base flood depth) 04019C 1650 Х 9-28-12 6/16/11 100.5 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☑ Community Determined ☐ Other/Source: ☐ FIRM B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☐ NAVD 1988 Other/Source: Highest Adj. Nat. Grade (=100 ft) B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? _ CBRS ☐ OPA Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) ☐ Building Under Construction* ✓ Finished Construction Building elevations are based on: ☐ Construction Drawings* *A new Elevation Certificate will be required when construction of the building is complete. C2. 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 C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. 11AN6 = (00 0 1) Vertical Datum: HANG= Loca! Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: HAN6-100.0 ff Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. 100 6 a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 1 feet meters NIA X feet meters b) Top of the next higher floor N/A c) Bottom of the lowest horizontal structural member (V Zones only) X feet N.IA X feet meters d) Attached garage (top of slab) Nana T feet e) Lowest elevation of machinery or equipment servicing the building meters (Describe type of equipment and location in Comments) 99 X feet f) Lowest adjacent (finished) grade next to building (LAG) meters g) Highest adjacent (finished) grade next to building (HAG) X feet meters X feet meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including When B.9 is a depth above grade, it is required to indicate highest and lowest NATURAL grade in Section D Comments AND 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 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. 23942 Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a HOWARD M Check here if attachments. licensed land surveyor? Yes No BROWN Certifier's Name License Number Z3942 RLS

FPUP#	09-065E
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FEMA Form 086-0-33 (7/12)

ELEVATION CERTIFICATE, page 2

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LEVATION OF THE TOTAL PAGE 2				
IMPORTANT: In these spaces, copy the o	orresponding information from Section	n A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Un 600 W Crystal Rose Ln	nit, Suite, and/or Bldg. No.) or PO. Rou	te and Box No.		Policy Number:
Tucson	State AZ	ZIP Code 85743		Company NAIC Number:
SECTION D	- SURVEYOR, ENGINEER, OR A	RCHITECT CER	TIFICATION (C	ONTINUED)
copy both sides of this Elevation Certifica	te for (1) community official, (2) insura	ince agent/compa	ny, and (3) building	g owner.
Comments The lowest service equipment (C2.e) is the None and the			is/are above this elevatio
hest adjacent natural grade is 100	Lowest adjacent natura	l grade is90	17 ft.	
Date 2-16-16				
SECTION E / BUILDING ELEVA	TION INFORMATION (SURVEY N	OT REQUIRED	FOR ZONE AO	AND ZONE A (WITHOUT BFE)
or Zones AO and A (without BFE), comple for Items E1–E4, use natural grade, if ava				F request, complete Sections A, B, and C.
1. Provide elevation information for the f		kes to show wheth	er the elevation is	above or below the highest adjacent
grade (HAG) and the lowest adjacent g				
 a) Top of bottom floor (including baser 			feet mete	
 b) Top of bottom floor (including baser 	ment, crawlspace, or en (re) is _		☐ feet ☐ mete	ers above or below the LAG.
For Building Diagrams 6–9 with perma	nent flood openin s provi	A Items 3 and	(see pages 8-	-9 of Instructions),
the next higher floor (elevation C2.b in	the diagrams) of the building		feet mete	ers above or below the HAG.
3. Attached garage (top of slab) is			et ☐ mete	ers above or below the HAG.
4. Top of platform of machinery and/or e	quipment servicing the building is		☐ feet ☐ mete	ers above or below the HAG.
5. Zone AO only: If no flood depth number		floor elevated in	_	
	nown. The local official must certify thi			o community a noodplant management
SECTION F	- PROPERTY OWNER (OR OWN	ER'S REPRESE	NTATIVE) CER	TIFICATION
ne property owner or owner's authorized	representative who completes Section	s A. B. and E for Z	one A (without a F	EMA-issued or community-issued BFE) or
one AO must sign here. The statements				
roperty Owner or Owner's Authorized Rep	presentative's Nan	//		
ddress		City	Sta	ate ZIP Code
ignature		Date	Te	lephone
omments				
				Check here if attachments.
	SECTION G - COMMUNITY I	NFORMATION	(OPTIONAL)	
he local official who is authorized by law of	or ordinance to administer the communit	ty's floodplain man	agement ordinance	can complete Sections A, B, C (or E), and
				G8–G10. In Puerto Rico only, enter meters licensed surveyor, engineer, or architect
who is authorized by law to certi	fy elevation information. (Indicate the	source and date	of the elevation da	ata in the Comments area below.)
 A community official completed S 	ection E for a building located in Zone	A (without a FEM	A-issued or commu	unity-issued BFE) or Zone AO.
3. The following information (Items	G4-G9) is provided for community flo	oodplain manager	nent purposes.	
4. Permit Number 09-065E	G5. Date Permit Issued	G6.	Date Certificate Of	Compliance/Occupancy Issued
7. This permit has been issued for:	☐ New Construction ☐ Substantia	al Improvement		
8. Elevation of as-built lowest floor (inc	uding basement) of the building:		☐ feet ☐ mete	ers Datum
9. BFE or (in Zone AO) depth of flooding	g at the building site:		☐ feet ☐ mete	ers Datum
10. Community's design flood elevation:	_		☐ feet ☐ mete	ers Datum
ocal Official's Name		Title		
ommunity Name		Telephone		
ignature		Date		
Comments Call I Ma Ros	some should be the	t 4.1.	have and	- Mr. Becum Stated
			_	THE WICE STATES
CTC WITHIR IC OF	grade. etz 2/18/16	E 18:18 C		
				Check here if attachments.

Replaces all previous editions.

09-065E

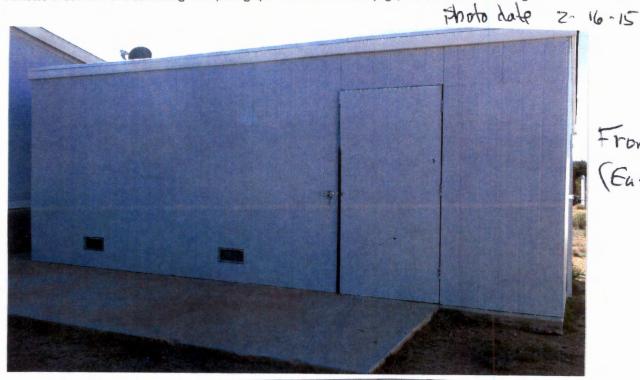
ELEVATION CERTIFICATE, page 3

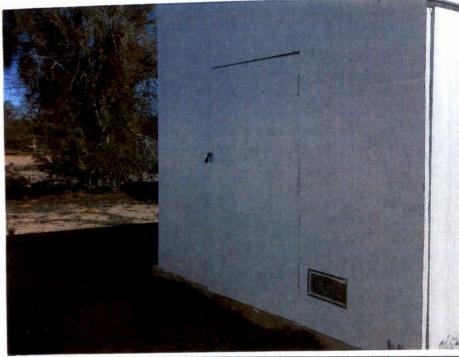
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or PO. Route and Box No. 12600 W Crystal Rose Ln		Policy Number:
City	State AZ ZIP Code 85743	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.





Right. Side Worth)

. 09-065E ELEVATION CERTIFICATE, page 4

BUILDING PHOTOGRAPHS

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Ul 12600 W Crystal Rose Ln	Policy Number:	
City Tucson	State AZ ZIP Code 85743	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

proto dute 2-16-15



Left Side (South)



Back (West)