

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
Expires March 31, 2012

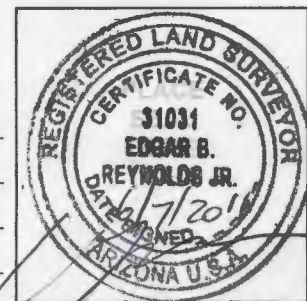
SECTION A - PROPERTY INFORMATION			For Insurance Company Use:	
A1. Building Owner's Name RAMON RUIZ			Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6630 W. CRED A DR.			Company NAIC Number	
City TUCSON		State AZ	ZIP Code 85735	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Code 212-47-0170 Township 14S Range 12E Section 34				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential: Manufactured Home Replacement				
A5. Latitude/Longitude: Lat. 32.173631 Long. -111.106433 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983				
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.				
A7. Building Diagram Number 6				
A8. For a building with a crawlspace or enclosure(s):				
a) Square footage of crawlspace or enclosure(s) 1964 sq ft				
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 18				
c) Total net area of flood openings in A8.b 2176 sq in				
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
A9. For a building with an attached garage:				
a) Square footage of attached garage N/A sq ft				
b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A				
c) Total net area of flood openings in A9.b N/A sq in				
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Pima County / 040073		B2. County Name Pima County		B3. State AZ	
B4. Map/Panel Number 04019C 2225	B5. Suffix K	B6. FIRM Index Date 2/8/99	B7. FIRM Panel Effective/Revised Date 2/8/99	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 0.5
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> Other (Describe) Highest Adjacent Natural Grade					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date N/A <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *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. Use the same datum as the BFE. Benchmark Utilized LOCAL Vertical Datum 0.00=LOWEST ADJACENT GRADE Conversion/Comments NONE	

Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	0.5 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	3.8 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	2.3 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	0.0 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	0.5 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	0.1 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Certifier's Name EDGAR B. REYNOLDS JR.		License Number AZ RLS 31031	
Title LAND SURVEYOR		Company Name EDGAR REYNOLDS AND ASSOCIATES	
Address 1926 W. CALLE MECEDORA		City TUCSON	
State AZ		ZIP Code 85745	
Signature <i>[Signature]</i>		Date 6/7/2011	
Telephone 520-884-0292			



IMPORTANT: In these spaces, copy the corresponding information from Section A.		For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6630 W. CRED A DR.		Policy Number
City TUCSON	State AZ	ZIP Code 85735
		Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments The lowest service equipment (C2.e) is the AC and the FURNACE, WATER HEATER is/are above this elevation.
 Highest adjacent natural grade is 0.5 Lowest adjacent natural grade is 0.0
NEW SET UP OF USED MOBILE HOME. BLOCK SKINDED. THERE IS 1.7'
BETWEEN HIGHEST ADJ. GRADE & LOWEST STRUCTURAL MEMBER
 Signature [Signature] Date 6/7/2011 ☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet _____ meters ☐ above or ☐ below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet _____ meters ☐ above or ☐ below the LAG.
 E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 3 and 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet _____ meters ☐ above or ☐ below the HAG.
 E3. Attached garage (top of slab) is _____ feet _____ meters ☐ above or ☐ below the HAG.
 E4. Top of platform of machinery and/or equipment servicing the building is _____ feet _____ meters ☐ above or ☐ below the HAG.
 E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name

Address [Signature] City [Signature] State [Signature] ZIP Code [Signature]
 Signature [Signature] Date [Signature] Telephone [Signature]
 Comments [Signature]

☐ Check here if attachments**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 and G9.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
 G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
 G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number FPUP# 11-163E	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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- G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
 G8. Elevation of as-built lowest floor (including basement) of the building _____ feet _____ meters (PR) Datum _____
 G9. BFE or (in Zone AO) depth of flooding at the building site _____ feet _____ meters (PR) Datum _____
 G10. Community's design flood elevation _____ feet _____ meters (PR) Datum _____

Local Official's Name _____ Title _____
 Community Name _____ Telephone _____
 Signature _____ Date _____
 Comments _____

☐ Check here if attachments

FPUP# 11-163E

Building Photographs(Four Color Photographs Required)

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6630 W. CREDA DR.			For Insurance Company Use: Policy Number f
City TUCSON	State AZ	ZIP Code 85735	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least Four 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." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.

