



Floodplain Use Permit- Case History

RECORD: P21FC00520

Building/Floodplain Use Permit

Case Name:MHR

Issue: Manufactured Home Replacement and T-400 and Removal of Existing Shipping Containers

6/11/2021 Application Intake - Submitted: Application successfully submitted

Case Reviewer:Gail Kroth

6/14/2021 Review - Note: permit for MHS in an AO1 zone. Had previously talked to applicant about this property. They are going to get a permit for the unpermitted storage building and will be removing the cargo containers. Emailed applicant asking for some more information for now. If they dont respond, I'll get an RFC letter drafted.

Case Reviewer:Philip Calabrese

6/15/2021 Review - Note: applicant asked to go ahead and draft an RFC for now as they would like to know exactly everything they will need to address to get this property up to code and permitted for.

Case Reviewer:Philip Calabrese

6/15/2021 Review - Note: requesting archive file

Case Reviewer:Philip Calabrese

6/15/2021 Review - Note: MH proposed on piers with no skirting. OK to keep current orientation

Case Reviewer:Philip Calabrese

6/15/2021 Review - Note: Brawley appears to be giving a BFE of 2086.5 ft which gives a depth of 0.9. Will go with FEMA floodplain for permit

Case Reviewer:Philip Calabrese

6/15/2021 Review - Note: archive file not found but Val did find the orginal FPUP scan for 02-155. added it to efile

Case Reviewer:Philip Calabrese



6/15/2021 Review - Note: RFC up for review

Case Reviewer:Philip Calabrese

6/18/2021 Review - Note: Draft RFC review completed. For BFE/RFE, was Brawley Wash SS #31 considered?

Case Reviewer:Francisco Ramirez

6/18/2021 Review - Request for Corrections: Applicant emailed and mailed RFC

Case Reviewer:Philip Calabrese

10/20/2021 Application Intake - Resubmit: FPUP submitted for detached garage. Property owner will remove cargo containers and has asked for a hold to be placed on the P2E for the MH

Case Reviewer:Philip Calabrese

10/20/2021 Review - Note: property owner had already been given ok for current MH orientation. so will stick with it. Hopefully one of the last hold overs

Case Reviewer:Philip Calabrese

10/20/2021 Review - Note: permit up for approval.

Case Reviewer:Philip Calabrese

10/27/2021 Review - Note: FPUP review completed. Prior to approval "dry stack" pier detail should be crossed-out. Ok for hydro to approve and upload D1FC1 to DSD.

Case Reviewer:Francisco Ramirez

10/27/2021 Review - Approved: permit approved. D1FC1 uploaded to DSD

Case Reviewer:Philip Calabrese

10/27/2021 Issuance - Note: applicant emailed approval

Case Reviewer:Philip Calabrese

10/28/2021 Issuance - Issued - Documents Required: No Comments

Case Reviewer:Philip Calabrese

11/2/2021 Inspection - Note: WAITING FOR EL CERT TO BE RETURNED.

Case Reviewer:Deanna Reyes



10/24/2022 Inspection - Note: P2F elcert returned and basically approved. however, they've begun adding a sunroom to the MH without a permit. Called them out. They will need to obtain a permit for the addition before they can move forward

Case Reviewer:Philip Calabrese

3/4/2025 Inspection - Documents Approved: 3/4/2025 0 P2F elcert approved. LSM elevated above RFE. Permit applied for addition to MH, so we can release hold on final electrical on MH. PJC

Case Reviewer:Philip Calabrese

3/17/2025 Close Out - Complete: No Comments

Case Reviewer:Valerie Gonzales

FPUP # P21FC00520

DSD # P21BP05404

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name Maritza Landeros		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 15131 W Scrub Brush Rd		Company NAIC Number:
City Marana	State Arizona	ZIP Code 85653
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Taxcode: 20840123K Township 13S Range 10E Section 02 N2 NW4 NE4 SE4 5 AC SEC 2-13-10		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)		Residential: Manufactured Home Replacement
A5. Latitude/Longitude: Lat. 32.32743° Long. -111.28979°		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. <i>Pima County Regional Flood Control District requires four (4) photographs.</i>		
A7. Building Diagram Number <u>5</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s)		<u>N/A</u> sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade		<u>N/A</u>
c) Total net area of flood openings in A8.b		<u>N/A</u> 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		<u>N/A</u> sq ft
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade		<u>N/A</u>
c) Total net area of flood openings in A9.b		<u>N/A</u> 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 Arizona
B4. Map/Panel Number 04019C1610	B5. Suffix L	B6. FIRM Index Date 09/28/2012	B7. FIRM Panel Effective/ Revised Date 06-16-2011	B8. Flood Zone(s) AO Depth 1	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 1.0
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 checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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/Source: Highest Adjacent Natural Grade (=100.0 ft)					
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: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

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. 15131 W Scrub Brush Rd			Policy Number:	
City Marana	State Arizona	ZIP Code 85653	Company NAIC Number	

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. 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.
 Benchmark Utilized: N/A Vertical Datum: LOCAL

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: HANG = 100.00

Datum used for building elevations must be the same as that used for the BFE.


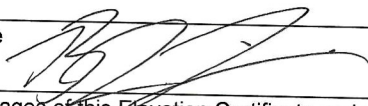
Check the measurement used.

- | | | | |
|---|---------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>103.32</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>103.32</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)
<small>PCRFCD Note: Indicate lowest adjacent natural grade (LANG) in Section D.</small> | <u>99.42</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)
<small>PCRFCD Note: Indicate highest adjacent natural grade (HANG) in Section D.</small> | <u>100.00</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>102.00</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name BRIAN J LIVERNOIS	License Number 58324		
Title LAND SURVEYOR			
Company Name ON POINT SURVEYING, PLLC			
Address 6200 N SHANNON RD			
City TUCSON	State Arizona		ZIP Code 85741
Signature 	Date 10-20-2022	Telephone (520) 279-1884	Ext.

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

Comments (including type of equipment and location, per C2(e), if applicable)
 The lowest service equipment is the water heater and is a 103.32 feet.
 Highest adjacent natural grade is 100.00 feet. Lowest adjacent natural grade is 99.42 feet.
 The elevation of the bottom of the structural frame of the manufactured home is 102.00 feet.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 15131 W Scrub Brush Rd			Policy Number:	
City Marana	State Arizona	ZIP Code 85653	Company NAIC Number	

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 8 and/or 9 (see pages 1–2 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 or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
15131 W Scrub Brush Rd

FOR INSURANCE COMPANY USE

Policy Number:

City
Marana

State
Arizona

ZIP Code
85653

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.



Photo One

Photo One Caption FRONT VIEW 10/19/2022

Clear Photo One



Photo Two

Photo Two Caption LEFT SIDE VIEW 10-19-2022

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

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. 15131 W Scrub Brush Rd			Policy Number:	
City Marana	State Arizona	ZIP Code 85653	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.



Photo Three

Photo Three Caption REAR VIEW 10/19/2022

Clear Photo Three



Photo Four

Photo Four Caption RIGHT SIDE VIEW 10/19/2022

Clear Photo Four