U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

FPUP # P22FC00400 DSD # P22BP03512

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. FOR INSURANCE COMPANY USE SECTION A - PROPERTY INFORMATION A1. Building Owner's Name: Troy & Metztli Brown Policy Number: A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: Company NAIC Number: __ 10500 N Oldfather Dr City: Tucson State: Arizona ZIP Code: 85742 A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: Taxcode: 22417006B Township 12S Range 13E Section 07 W341.50' S2 NW4 SW4 SE4 EXC RD A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential: Addition A5. Latitude/Longitude: Lat. 32.397599 Long. -111.054861 Horizontal Datum: NAD 1927 NAD 1983 WGS 84 A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8). Pima County Regional Flood Control District requires four (4) photographs A7. Building Diagram Number: -A8. For a building with a crawlspace or enclosure(s): b) Is there at least one permanent flood opening on two different sides of each enclosed area?

Yes No XN/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: NIA Engineered flood openings: NIA d) Total net open area of non-engineered flood openings in A8.c: N 1A sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): NIA sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N14 sq. ft. A9. For a building with an attached garage: NIA sa. ft. a) Square footage of attached garage: b) Is there at least one permanent flood opening on two different sides of the attached garage? \square Yes \square No \square XN/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: Non-engineered flood openings: Non-engineered flood openings: d) Total net open area of non-engineered flood openings in A9.c: λ / A sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): ν / \sim sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): Sq. ft. SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION Pima County 040073 B1.a. NFIP Community Name: B1.b. NFIP Community Identification Number: Pima County B3. State: Arizona B4. Map/Panel No.: 04019C 1070 B5. Suffix: L B2. County Name: B6. FIRM Index Date: 09/28/2012 B7. FIRM Panel Effective/Revised Date: 06-16-2011 B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): B8. Flood Zone(s): X B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: ☐ FIS ☐ FIRM 🕱 Community Determined ☐ Other: Highest Adjacent Natural Grade B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☐ NAVD 1988 🕱 Other/Source: (=100.0 ft)☐ CBRS ☐ OPA Designation Date: N/A B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? Yes X No

| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: | FOR INSURANCE COMPANY USE | | | | | | |
|---|---|--|--|--|--|--|--|
| 10500 N Oldfather Dr | Policy Number: | | | | | | |
| City: Tucson State: Arizona ZIP Code: 85742 | 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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: Vertical Datum: Vertical Datum: | | | | | | | |
| Indicate elevation datum used for the elevations in items a) through h) below. □ NGVD 1929 □ NAVD 1988 ☑ Other: — ⊣ ∧ ⋈ ⊖, = 100 0 → | | | | | | | |
| Datum used for building elevations must be the same as that used for the BFE. Conversion fall Yes, describe the source of the conversion factor in the Section D Comments area. | ctor used? Yes X No Check the measurement used: | | | | | | |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | IDO.3 🗷 feet 🗌 meters | | | | | | |
| b) Top of the next higher floor (see Instructions): | NIA X feet meters | | | | | | |
| c) Bottom of the lowest horizontal structural member (see Instructions): | w) /→ 🗵 feet 🗌 meters | | | | | | |
| d) Attached garage (top of slab): | NIA Feet meters | | | | | | |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | 100.3 ▼ feet | | | | | | |
| f) Lowest Adjacent Grade (LAG) next to building: 🗷 Natural — Finished | 98.3 🗷 feet 🗌 meters | | | | | | |
| pcreco Note: For projects involving a fill pad indicate lowest adjacent finished grade in Section D g) Highest Adjacent Grade (HAG) next to building: X Natural Finished | I □ O. O I feet meters | | | | | | |
| PCRFCD Note: For projects involving a fill pad indicate highest adjacent finished grade in Section D h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | NIA Feet 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 state 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? | | | | | | | |
| ☐ Check here if attachments and describe in the Comments area. | | | | | | | |
| Certifier's Name: House M. Brown License Number: R15 23 | 1942 PICATE | | | | | | |
| Title: President | | | | | | | |
| Company Name: Howard Brawn Ent. LLC | 23942 HOWARD M. 3 | | | | | | |
| Address: 4960 N. Vistack Loma Segunda | BROWN | | | | | | |
| City: Tulson State: A Z ZIP Code: SS | | | | | | | |
| Signature: Date: 9/19 | (23 EXPIRES 03/31/27 | | | | | | |
| Telephone: 520 403 6045 Ext.: N/A Email: tusonfilere ad. | Com Place Beal Here | | | | | | |
| Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company and (3) building owner. | | | | | | | |
| Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments): | | | | | | | |
| The lowest service equipment (C2.e) is the Worker heater. Highest adjacent finished grade is 100.0 ft Lowest adjacent finish grade is 98.3 ft. (east side bldg) | | | | | | | |
| Note: Alc unit at east side bldg not con FFE of newconstruction is same as existing | neuted / storage | | | | | | |

| Building Street Address (including | Apt., Unit, Suite, and/or Bldg. No.) or P.O | . Route and Box No.: | FOR INSURANCE COMPANY USE | | | | |
|--|--|---|---|--|--|--|--|
| 10500 N Oldfather Dr | Policy Number: | | | | | | |
| City: Tucson | Company NAIC Number: | | | | | | |
| SECTION E | - BUILDING MEASUREMENT INF FOR ZONE AO, ZONE AR/AO, AM | | | | | | |
| For Zones AO, AR/AO, and A (wintended to support a Letter of Menter meters. | vithout BFE), complete Items E1–E5. For lap Change request, complete Sections | Items E1–E4, use natu A, B, and C. Check the | ral grade, if available. If the Certificate is measurement used. In Puerto Rico only, | | | | |
| | ed on: | | ction* Finished Construction | | | | |
| E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG. | | | | | | | |
| a) Top of bottom floor (inclu crawlspace, or enclosure | | | ers above or below the HAG. | | | | |
| b) Top of bottom floor (inclu crawlspace, or enclosure | | | above or below the LAG. | | | | |
| E2. For Building Diagrams 6–9 next higher floor (C2.b in ap Building Diagram) of the building Diagram) | plicable | in Section A Items 8 an | d/or 9 (see pages 1–2 of Instructions), the | | | | |
| E3. Attached garage (top of state | | feet / mete | 10 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16 | | | | |
| E4. Top of platform of machiner servicing the building is: | | feet mete | ers above or below the HAG. | | | | |
| E5. Zone AO only: If no flood de floodplain management ordi | epth number is available, is the top of the inance? Yes No Unkno | | n accordance with the community's must certify this information in Section G. | | | | |
| SECTION F - PROF | PERTY OWNER (OR OWNER'S AU | THORIZED REPRES | ENTATIVE) CERTIFICATION | | | | |
| sign here. The statements in Se Check here if attachments a Property Owner or Owner's Auth | ctions A, B, and E are correct to the besi nd describe in the Comments area. | | or Zone A (without BFE) or Zone AO must | | | | |
| Address: | *violetionereneese a | State | ZIP Code: | | | | |
| City: | | State: | ZIP Code. | | | | |
| Signature: | | Date: | | | | | |
| Telephone: | Ext.: Email: | | | | | | |
| Comments: | | | | | | | |
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| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P. | O. Route and Box N | 0.: | FOR INSU | JRANCE COM | PANY USE | | | |
|--|-----------------------|----------------|----------------------|------------------|----------------|--|--|--|
| 10500 N Oldfather Dr | | Policy Number: | | | | | | |
| City: Tucson State: Arizona Z | IP Code: 85742 | | Company NAIC Number: | | | | | |
| SECTION G - COMMUNITY INFORMATION (RECOMMI | ENDED FOR COM | MMUNI. | TY OFFICIA | L COMPLET | ION) | | | |
| The local official who is authorized by law or ordinance to administer th Section A, B, C, E, G, or H of this Elevation Certificate. Complete the a | | | | rdinance can co | omplete | | | |
| G1. The information in Section C was taken from other docume engineer, or architect who is authorized by state law to certical elevation data in the Comments area below.) | | | | | | | | |
| G2.a. A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO. | | | | | | | | |
| G2.b. A local official completed Section H for insurance purposes. | | | | | | | | |
| G3. In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H. | | | | | | | | |
| G4. The following information (Items G5–G11) is provided for co | ommunity floodplain | manage | ement purpos | ses. | | | | |
| G5. Permit Number: G6. Date Perm | it Issued: | | | | | | | |
| G7. Date Certificate of Compliance/Occupancy Issued: | | | | | | | | |
| G8. This permit has been issued for: New Construction Su | ıbstantial Improvem | ent | | | | | | |
| G9.a. Elevation of as-built lowest floor (including basement) of the building: | | feet | meters | Datum: | - | | | |
| G9.b. Elevation of bottom of as-built lowest horizontal structural member: | | feet | meters | Datum: | 4 | | | |
| G10.a. BFE (or depth in Zone AO) of flooding at the building site: | | feet | meters | Datum: | | | | |
| G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: | г | ן ק feet | ☐ meters | Datum: | | | | |
| G11. Variance issued? Yes No If yes, attach documenta | ation and describe in | n the Co | _ | | | | | |
| The local official who provides information in Section G must sign here | | | | | ify that it is | | | |
| correct to the best of my knowledge. If applicable, I have also provided | | | | | | | | |
| Local Official's Name: | Title: | | | | | | | |
| NFIP Community Name: | | | | <i>y</i> * | | | | |
| Telephone: Ext.: Email: | | | | | - 2 | | | |
| Address: | | | | V | | | | |
| City: | | | | ode: | | | | |
| Signature: | Date: | | | | | | | |
| Comments (including type of equipment and location, per C2.e; descript Sections A, B, D, E, or H): | | ients; an | d corrections | to specific info | rmation in | | | |
| | | | 8 | | | | | |
| | | | | | | | | |
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| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: | | | | | | FOR INSURANCE COMPANY USE | | | |
|--|--|--|-------------------------------------|-----------------------------|----------------------------------|-------------------------------------|--------|--|--|
| 10500 N Oldfather Dr City: Tucson State: Arizona ZIP Code: 85742 | | | | 7.4.0 | Policy Number: | | | | |
| City: Tucson | | State: Arizona | ZIP Code: <u>857</u> | 42 | Company NAIC Number: | | | | |
| | | 'S FIRST FLOOF REQUIRED) (FO | | | | ZONES | | | |
| The property owner, owner's authouse to determine the building's first flore nearest tenth of a foot (nearest tenth of a foot (nearest tenth of a foot). | oor height for ins enth of a meter in | urance purposes. S n Puerto Rico). <i>Ref</i> | Sections A, B, and ference the Four | d I must also dation Typ | be complete e <i>Diagrams</i> | ed. Enter heights (at the end of Se | to the | | |
| H1. Provide the height of the top | of the floor (as | indicated in Founda | ation Type Diagra | ms) above t | he Lowest A | djacent Grade (L | AG): | | |
| a) For Building Diagrams floor (include above-grade fl subgrade crawlspaces or en | oors only for buil | dings with | - | _ feet | meters | above the L | AG | | |
| b) For Building Diagrams higher floor (i.e., the floor ab enclosure floor) is: | | | | feet | meters | above the L | AG | | |
| H2. Is all Machinery and Equipm H2 arrow (shown in the Four | | | | | | | | | |
| SECTION I - PROP | ERTY OWNER | (OR OWNER'S | AUTHORIZED | REPRESE | NTATIVE) | CERTIFICATIO | N | | |
| The property owner or owner's at A, B, and H are correct to the beindicate in Item G2.b and sign Se | st of my knowled | | | | | | | | |
| | | | | | | | | | |
| ☐ Check here if attachments are | e provided (inclu | ding required photo | os) and describe | each attachr | nent in the C | omments area. | - | | |
| _ | | | | | | | | | |
| Property Owner or Owner's Auth | orized Represen | tative Name: | | | | | · | | |
| _ | orized Represen | tative Name: | | | | | | | |
| Property Owner or Owner's Auth Address: City: | orized Represen | tative Name: | | 4 | | | | | |
| Property Owner or Owner's Auth Address: City: Signature: | orized Represen | tative Name: | | 4 | | | · | | |
| Property Owner or Owner's Auth Address: City: | orized Represen | tative Name: | | 4 | | | 4 2 | | |
| Property Owner or Owner's Auth Address: City: Signature: Telephone: | orized Represen | tative Name: | | 4 | | | 1 2 | | |
| Property Owner or Owner's Auth Address: City: Signature: Telephone: | orized Represen | tative Name: | | 4 | | | 4 2 | | |
| Property Owner or Owner's Auth Address: City: Signature: Telephone: | orized Represen | tative Name: | | 4 | | | | | |
| Property Owner or Owner's Auth Address: City: Signature: Telephone: | orized Represen | tative Name: | | 4 | | | 4 , | | |
| Property Owner or Owner's Auth Address: City: Signature: Telephone: | orized Represen | tative Name: | | 4 | | | | | |
| Property Owner or Owner's Auth Address: City: Signature: Telephone: | orized Represen | tative Name: | | 4 | | | | | |
| Property Owner or Owner's Auth Address: City: Signature: Telephone: | orized Represen | tative Name: | | 4 | | | | | |
| Property Owner or Owner's Auth Address: City: Signature: Telephone: | orized Represen | tative Name: | | 4 | | | | | |
| Property Owner or Owner's Auth Address: City: Signature: Telephone: | orized Represen | tative Name: | | 4 | | | | | |
| Property Owner or Owner's Auth Address: City: Signature: Telephone: | orized Represen | tative Name: | | 4 | | | | | |

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

| | | See Ins | tructions for Item | n A6. | | |
|--|-------------------------------------|-------------------------------|--|---|---|-------------------------|
| Building Street Address (including 10500 N Oldfather Dr | Apt., Unit, Suite, | and/or Bldg. N | lo.) or P.O. Route | e and Box No.: | | NCE COMPANY USE |
| City: Tucson | - | State: Arizo | ona ZIP Code | 85742 | | : C Number: |
| Instructions: Insert below at least able to take front and back pictur "Right Side View," or "Left Side N close-up photograph of represen | es of townhouse /iew." Photograp | s/rowhouses). hs must show | . Identify all phot the foundation. | ographs with the da When flood opening | te taken and "Fro gs are present, in | ont View," "Rear View," |
| | | | Photo One | ñg / 1 / 1 / | 2023 | photo date 8/14/23 |
| Photo One Caption: | From | nt : | South | | | |
| | | | Prioto Two | | | |
| Photo Two Caption: | Left | Side | 11785+ | (high Si | de | |

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 10500 N Oldfather Dr

State: Arizona ZIP Code: 85742

Policy Number: _____
Company NAIC Number: ____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo date 8/14/23

Photo Three

Photo Three Caption:

City: Tucson

Back Worth)



Alcunit on ground not connected

Photo Four

Photo Four Caption:

Right Side

