U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

National Flood Insurance Program

FPUP # P23FC00311 DSD # P23BP03346

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.

SECTION A - PROPERTY INFORMATION	FOR INSURANCE COMPANY USE				
A1. Building Owner's Name: TITLE SECURITY AGENCY LLC TR 201434-T	Policy Number:				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 15820 S ORMES SUNSET PL Company NAIC Number:					
City: Sahuarita State: Arizona ZIP Code: 85629					
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Num Taxcode: 303-56-0420 Township 17S Range 14E Section 8 SAHUARITA ACRE					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential: Single	e Family Residence				
A5. Latitude/Longitude: Lat. 31.962950° Long110.931050° Horizontal Datum: \(\sqrt{N}. \)	AD 1927 ⊠NAD 1983 ☐ WGS 84				
 A6. Attach at least two and when possible four clear photographs (one for each side) of the building Pima County Regional Flood Control District requires four (4) photographs A7. Building Diagram Number: 1A 	(see Form pages 7 and 8).				
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s): N/A sq. ft.					
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	☐ Yes ☐ No ☒ N/A				
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot Non-engineered flood openings: N/A Engineered flood openings: N/A	above adjacent grade:				
d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.					
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): N/A sq. ft.					
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.					
A9. For a building with an attached garage:					
a) Square footage of attached garage: 632 sq. ft.					
b) Is there at least one permanent flood opening on two different sides of the attached garage?	Yes No No N/A				
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adja Non-engineered flood openings: 0 Engineered flood openings: 0	acent grade:				
d) Total net open area of non-engineered flood openings in A9.c: 0 sq. in.					
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instruction	ons): <u>0</u> sq. ft.				
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFOR	RMATION				
B1.a. NFIP Community Name: Pima County B1.b. NFIP Community Iden	ntification Number: 040073				
B2. County Name: Pima County B3. State: Arizona B4. Map/Panel No.:	04019C 3460 B5. Suffix: L				
B6. FIRM Index Date: 09/28/2012 B7. FIRM Panel Effective/Revised Date: 06-16-20	011				
B8. Flood Zone(s): D B9. Base Flood Elevation(s) (BFE) (Zone AO, use E	Base Flood Depth):101.5				
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: ☐ FIS ☐ FIRM ☐ Community Determined ☒ Other: Bruce Patton PE. Drainage Re					
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/	/Source: Highest Adjacent Natural Grade (=100.0 ft)				
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prote Designation Date: N/A CBRS OPA	ected Area (OPA)? Yes X No				
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No				

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rot	FOR INSURANCE COMPANY USE					
15820 S ORMES SUNSET PL	Policy Number:					
City: Sahuarita State: Arizona ZIP Cod	Company	NAIC Numb	oer:			
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: Sahuarita Acres Basis of Elevation Vertical Datum: NAVD88						
Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other: Sahuarita Acres Basis		39				
Datum used for building elevations must be the same as that used for the BF If Yes, describe the source of the conversion factor in the Section D Commer		_	_	No		
a) Top of bottom floor (including basement, crawlspace, or enclosure flo	or): 2724			asurement used: meters		
b) Top of the next higher floor (see Instructions):	N/A	×	feet	meters		
c) Bottom of the lowest horizontal structural member (see Instructions):	N/A	×	feet	meters		
d) Attached garage (top of slab):	2724	.4 ×	feet	meters		
e) Lowest elevation of Machinery and Equipment (M&E) servicing the but (describe type of M&E and location in Section D Comments area):	uilding 2724	.5 🗶	feet	meters		
f) Lowest Adjacent Grade (LAG) next to building: 🗷 Natural 📙 Fin	shed 2721	.3 🗶	feet	meters		
PCRFCD Note: For projects involving a fill pad indicate lowest adjacent finished grade in Section D g) Highest Adjacent Grade (HAG) next to building: Natural Finitary	.0 🗶	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 support:	structuralN/A	×	feet	meters		
SECTION D – SURVEYOR, ENGINEER, OR	ARCHITECT CERT	TIFICATION	N			
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? ☐ Yes ☒ No						
☐ Check here if attachments and describe in the Comments area.						
Certifier's Name: Doug Schneider License Number: 17479						
Title: Survey Supervisor/Associate						
Company Name: Rick Engineering Co.						
Address: 3945 E. Fort Lowell Road, Ste. 111						
City: Tucson State: AZ ZIP Code: 85712						
Signature:	Date: <u>09/18/2023</u>					
Telephone: (520) 795-1000 Ext.: Email: _dschneider@rickengineering.com Place Seal 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 ar	nd location per C2.e; ar	nd description	on of any att	achments):		
The lowest service equipment (C2.e) is the AC compressor. Highest adjacent natural grade (HANG) is 2722.0 @ 1.5' BFE per Bruce Patton PE. FloodPlain/Depth of Fill Exhibit (Dated 12/12/22). Lowest adjacent natural grade (LANG) is 2721.3. Elevation of (C2.d) is end of top of garage floor and not the drop of the door seal. The basis of elevation (BOE) is per the approved grading plan for Sahuarita Acres. The highest and lowest adjacent natural grade was determined from topographic mapping and data terrain models created from Sun Mapping LLC dated 04/09/17. HANG (B11) to BOE conversion 100.0 = 2722.0. HAG=2724.3, LAG=2723.7						

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE					
15820 S ORMES SUNSET PL	Policy Number:					
City: Sahuarita State: Arizona ZIP Code: 85629	Company NAIC Number:					
SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)						
For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.						
Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.						
E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the a measurement is above or below the natural HAG and the LAG.	ppropriate boxes to show whether the					
a) Top of bottom floor (including basement, crawlspace, or enclosure) is:	above or below the HAG.					
b) Top of bottom floor (including basement, crawlspace, or enclosure) is:	above or below the LAG.					
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/onext higher floor (C2.b in applicable Building Diagram) of the building is:	r 9 (see pages 1–2 of Instructions), the					
E3. Attached garage (top of slab) is:	above or below the HAG.					
E4. Top of platform of machinery and/or equipment servicing the building is:	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 action floodplain management ordinance? Yes No Unknown The local official multiple of the bottom floor elevated in action floodplain management ordinance?	ccordance with the community's ust certify this information in Section G.					
SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN	TATIVE) CERTIFICATION					
The property owner or owner's authorized representative who completes Sections A, B, and E for Ze sign here. The statements in Sections A, B, and E are correct to the best of my knowledge Check here if attachments and describe in the Comments area.	one A (without BFE) or Zone AO must					
Property Owner or Owner's Authorized Representative Name:						
Address:						
City: State:	ZIP Code:					
Signature: Date:						
Telephone: Ext.: Email:						
Comments:						

Building Street Address (including Apt., Unit, Suite, and/o	or Bldg. No.) or	P.O. Route and B	ox No.:	FOR INS	URANCE COMPANY USE		
15820 S ORMES SUNSET PL				Policy Number:			
City: Sahuarita Sta	ate: <u>Arizona</u>	ZIP Code: <u>8562</u>	29	Company	NAIC Number:		
SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)							
The local official who is authorized by law or ordinance Section A, B, C, E, G, or H of this Elevation Certificate					rdinance can complete		
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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)							
G2.a. A local official completed Section E for a building located in Zo		in Zone A (withou	ut a BFE), Z	one AO, or Zo	one AR/AO, or when item		
G2.b.	urance purpos	es.					
G3.	cal official des	cribes specific cor	rections to t	the information	n in Sections A, B, E and H.		
G4.	is provided for	community flood	olain manag	ement purpos	ses.		
G5. Permit Number:	G6. Date Pe	rmit Issued:					
G7. Date Certificate of Compliance/Occupancy Issu	ued:						
G8. This permit has been issued for: New Con	struction	Substantial Impro	vement				
G9.a. Elevation of as-built lowest floor (including base building:	ement) of the		☐ feet	meters	Datum:		
G9.b. Elevation of bottom of as-built lowest horizonta member:	l structural		☐ feet	meters	Datum:		
G10.a. BFE (or depth in Zone AO) of flooding at the bu	uilding site:		feet [meters	Datum:		
G10.b. Community's minimum elevation (or depth in Z requirement for the lowest floor or lowest horizonember:		I	□ feet	☐ meters	Datum:		
G11. Variance issued? Yes No If yes, a	attach docume	ntation and descri	 ibe in the Co	omments area			
The local official who provides information in Section G must sign here. I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.							
Local Official's Name:		Title:					
NFIP Community Name:							
Address:							
City:							
Signature:							
Comments (including type of equipment and location, Sections A, B, D, E, or H):					to specific information in		

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Building Street Address (including Ap 15820 S ORMES SUNSET PL	ot., Unit, Suite, a	and/or Bldg. No.) or P.O	. Route and Bo	ox No.:	FOR IN	SURANCE COMPANY	USE	
					Policy No	Policy Number:		
City: Sanuarita	: Sahuarita State: Arizona ZIP Code: 85629				Compan	Company NAIC Number:		
		S FIRST FLOOR HE EQUIRED) (FOR IN				ZONES		
The property owner, owner's author to determine the building's first floor nearest tenth of a foot (nearest tent <i>Instructions) and the appropriate</i>	r height for insu th of a meter in	urance purposes. Section Puerto Rico). <i>Referen</i>	ons A, B, and ce the Found	l must als <i>lation Typ</i>	o be complete ce <i>Diagrams</i>	ed. Enter heights to the (at the end of Section)		
H1. Provide the height of the top of	f the floor (as ir	ndicated in Foundation	Type Diagram	ns) above	the Lowest A	djacent Grade (LAG):		
 a) For Building Diagrams 1A floor (include above-grade floo subgrade crawlspaces or enclo 	rs only for build	dings with		feet	meters	above the LAG		
 b) For Building Diagrams 2A higher floor (i.e., the floor abovenclosure floor) is: 				feet	☐ meters	above the LAG		
H2. Is all Machinery and Equipment H2 arrow (shown in the Founds Yes No							y the	
SECTION I - PROPER	RTY OWNER	(OR OWNER'S AUT	THORIZED R	REPRESE	ENTATIVE)	CERTIFICATION		
The property owner or owner's auth A, B, and H are correct to the best							tions	
indicate in Item G2.b and sign Sect	ion G.	,o. 11 010 1	oopiain mana(gement of	nciai compiet	ou occuenti, ancy chica	ıld	
indicate in Item G2.b and sign Sect Check here if attachments are p					·		ıld	
-	provided (includ	ling required photos) ar	nd describe ea	ach attach	ment in the C		ıld	
Check here if attachments are p	provided (includ	ling required photos) ar	nd describe ea	ach attach	ment in the C		ıld	
☐ Check here if attachments are p Property Owner or Owner's Authori	provided (includ	ling required photos) ar	nd describe ea	ach attach	ment in the C		ıld	
Check here if attachments are property Owner or Owner's Authorical Address: City:	provided (includ	ling required photos) ar	nd describe ea	ach attach	ment in the C	omments area.	ıld	
Check here if attachments are property Owner or Owner's Authorical Address:	provided (includ	ling required photos) ar	nd describe ea	ach attach	ment in the C	omments area.	ıld	
Check here if attachments are property Owner or Owner's Authoric Address: City: Signature:	provided (includ	ling required photos) ar	nd describe ea	ach attach	ment in the C	omments area.	ıld	
Check here if attachments are property Owner or Owner's Authoric Address: City: Signature: Telephone:	provided (includ	ling required photos) ar	nd describe ea	ach attach	ment in the C	omments area.	ıld	
Check here if attachments are property Owner or Owner's Authoric Address: City: Signature: Telephone:	provided (includ	ling required photos) ar	nd describe ea	ach attach	ment in the C	omments area.	ıld	
Check here if attachments are property Owner or Owner's Authoric Address: City: Signature: Telephone:	provided (includ	ling required photos) ar	nd describe ea	ach attach	ment in the C	omments area.	ıld	
Check here if attachments are property Owner or Owner's Authoric Address: City: Signature: Telephone:	provided (includ	ling required photos) ar	nd describe ea	ach attach	ment in the C	omments area.	ıld	
Check here if attachments are property Owner or Owner's Authoric Address: City: Signature: Telephone:	provided (includ	ling required photos) ar	nd describe ea	ach attach	ment in the C	omments area.	ıld	
Check here if attachments are property Owner or Owner's Authoric Address: City: Signature: Telephone:	provided (includ	ling required photos) ar	nd describe ea	ach attach	ment in the C	omments area.	ıld	
Check here if attachments are property Owner or Owner's Authoric Address: City: Signature: Telephone:	provided (includ	ling required photos) ar	nd describe ea	ach attach	ment in the C	omments area.	ıld	
Check here if attachments are property Owner or Owner's Authoric Address: City: Signature: Telephone:	provided (includ	ling required photos) ar	nd describe ea	ach attach	ment in the C	omments area.	ıld	
Check here if attachments are property Owner or Owner's Authoric Address: City: Signature: Telephone:	provided (includ	ling required photos) ar	nd describe ea	ach attach	ment in the C	omments area.	ıld	
Check here if attachments are property Owner or Owner's Authoric Address: City: Signature: Telephone:	provided (includ	ling required photos) ar	nd describe ea	ach attach	ment in the C	omments area.	ıld	

ELEVATION CERTIFICATEIMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:			FOR INSURANCE COMPANY USE
15820 S ORMES SUNSET PL City: Sahuarita	State: <u>Arizona</u>	ZIP Code: <u>85629</u>	Policy Number:

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. 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 One

Photo One Caption: North side photo date 09/11/23



Photo Two

Photo Two Caption: South side photo date 09/11/23

ELEVATION CERTIFICATE 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.:			FOR INSURANCE COMPANY USE
15820 S ORMES SUNSET PL	Dollov Number		
City: <u>Sahuarita</u>	State: Arizona ZIP Cod	e: <u>85629</u>	Policy 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 Three

Photo Three Caption: East side photo date 09/11/23



Photo Four

Photo Four Caption: West side photo date 09/11/23