FPUP # P23FC00361

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

DSD # P23BP05009

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.: 16053 S Rhiannon Michaela 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 Nur Taxcode: 303-56-0830 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. <u>31.95826°</u> Long. <u>-110.92841°</u> Horizontal Datum:	IAD 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 	g (see Form pages 7 and 8).
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) 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 Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>	above adjacent grade:
d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation - see Instruction	ons): <u>N/A</u> 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: <u>N/A</u> sq. ft.	
b) Is there at least one permanent flood opening on two different sides of the attached garage?	? 🗌 Yes 🗌 No 🛛 N/A
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adja Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>	acent grade:
d) Total net open area of non-engineered flood openings in A9.c: $\underline{N/A}$ sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instruction	ons): <u>N/A</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 Ide	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)11
B8. Flood Zone(s): D B9. Base Flood Elevation(s) (BFE) (Zone AO, use B	Base Flood Depth): 101.0
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 R	
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 Proto Designation Date:N/A CBRS OPA	ected Area (OPA)? 🗌 Yes 💢 No
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? Yes X	No

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS C	ON PAGES	9-19		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box N 16053 S Rhiannon Michaela Pl	FOR INSURANCE COMPANY USE			
y: <u>Sahuarita</u> State: <u>Arizona</u> ZIP Code: <u>85629</u>		Policy Number: Company NAIC Number:		
SECTION C – BUILDING ELEVATION INFORMATION (S	SURVETR			
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: <u>Sahuarita Acres Basis of Elevation</u> Vertical Datum: <u>NAVD88</u>				
Indicate elevation datum used for the elevations in items a) through h) below.	n = 2737.3	9		
Datum used for building elevations must be the same as that used for the BFE. Conversion If Yes, describe the source of the conversion factor in the Section D Comments area.	on factor use	ed?		
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	2738.4			
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):	N/A	x 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): 	2738.1	🗾 🗶 feet 🗌 meters		
f) Lowest Adjacent Grade (LAG) next to building: 🔀 Natural 🗧 Finished	2734.5	x 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: X Natural Finished 	2735.5	x 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: 	N/A	🗾 🗷 feet 🗌 meters		
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION				
This certification is to be signed and sealed by a land surveyor, engineer, or architect auth information. <i>I certify that the information on this Certificate represents my best efforts to in false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section</i>	terpret the			
Were latitude and longitude in Section A provided by a licensed land surveyor?	X 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: 09/05/2023				
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 and location pe	er C2.e; and	I description of any attachments):		
The lowest service equipment (C2.e) the AC compressor. Highest adjacent natural grade (HANG) is 2735.5 @ 1.0' BFE per Bruce Patton PE.FloodPlain/Depth of Fill Exhibit (Dated 12/12/22). Lowest adjacent natural grade (LANG) is 2728.4. 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 = 2735.5 HAG=2738.3 LAG=2737.0				

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 16053 S Rhiannon Michaela Pl	FOR INSURANCE COMPANY USE			
City: <u>Sahuarita</u> State: <u>Arizona</u> ZIP Code: <u>85629</u>	Policy Number: Company NAIC Number:			
SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT				
For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the mean enter meters.				
Building measurements are based on: Construction Drawings* Building Under Construction *A new Elevation Certificate will be required when construction of the building is complete.	on* Finished Construction			
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/o	9 (see pages 1–2 of Instructions), the			
next higher floor (C2.b in applicable Building Diagram) of the building is:	above or below the HAG.			
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 a floodplain management ordinance? Yes No Unknown The local official mu				
	ist certify this information in Section G.			
SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN				
SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN The property owner or owner's authorized representative who completes Sections A, B, and E for Ze	TATIVE) CERTIFICATION			
SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN 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	TATIVE) CERTIFICATION			
SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN 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.	TATIVE) CERTIFICATION			
SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN 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. Property Owner or Owner's Authorized Representative Name:	TATIVE) CERTIFICATION			
SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN 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. Property Owner or Owner's Authorized Representative Name: Address:	TATIVE) CERTIFICATION one A (without BFE) or Zone AO must			
SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN 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. Property Owner or Owner's Authorized Representative Name: Address:	TATIVE) CERTIFICATION			
SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN 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. Property Owner or Owner's Authorized Representative Name: Address:	TATIVE) CERTIFICATION one A (without BFE) or Zone AO must ZIP Code:			
SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN 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. Property Owner or Owner's Authorized Representative Name: Address: City:	TATIVE) CERTIFICATION one A (without BFE) or Zone AO must ZIP Code:			
SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN 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. Property Owner or Owner's Authorized Representative Name: Address: City:	TATIVE) CERTIFICATION one A (without BFE) or Zone AO must ZIP Code:			
SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN 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. Property Owner or Owner's Authorized Representative Name: Address: City:	TATIVE) CERTIFICATION one A (without BFE) or Zone AO must ZIP Code:			
SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN 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. Property Owner or Owner's Authorized Representative Name: Address: City:	TATIVE) CERTIFICATION one A (without BFE) or Zone AO must ZIP Code:			
SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN 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. Property Owner or Owner's Authorized Representative Name: Address: City:	TATIVE) CERTIFICATION one A (without BFE) or Zone AO must ZIP Code:			
SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN 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. Property Owner or Owner's Authorized Representative Name: Address: City:	TATIVE) CERTIFICATION one A (without BFE) or Zone AO must ZIP Code:			
SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN 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. Property Owner or Owner's Authorized Representative Name: Address: City:	TATIVE) CERTIFICATION one A (without BFE) or Zone AO must ZIP Code:			
SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESEN 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. Property Owner or Owner's Authorized Representative Name: Address: City:	TATIVE) CERTIFICATION one A (without BFE) or Zone AO must ZIP Code:			

ELEVATION CERTIFICATE

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:		FOR INS	FOR INSURANCE COMPANY USE	
16053 S Rhiannon Michaela Pl		Policy Nur	Policy Number:	
City: <u>Sahuarita</u> State: <u>Arizona</u> Z	ZIP Code: 85629	Company	Company NAIC Number:	
SECTION G – COMMUNITY INFORMATION (RECOMM	ENDED FOR COMMUN		L COMPLETION)	
The local official who is authorized by law or ordinance to administer the Section A, B, C, E, G, or H of this Elevation Certificate. Complete the a			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 E5 is completed for a building located in Zone AO.	a Zone A (without a BFE), Zo	one AO, or Zo	one AR/AO, or when item	
G2.b. 🔲 A local official completed Section H for insurance purposes	5.			
G3. In the Comments area of Section G, the local official descri	bes specific corrections to t	he informatior	n in Sections A, B, E and H.	
G4. The following information (Items G5–G11) is provided for c	ommunity floodplain manag	ement purpos	ses.	
G5. Permit Number: G6. Date Perm	nit Issued:			
G7. Date Certificate of Compliance/Occupancy Issued:				
G8. This permit has been issued for: 🗌 New Construction 🔲 Section 2.5	ubstantial Improvement			
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:	
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:	☐ feet	☐ meters	Datum:	
G11. Variance issued? Yes No If yes, attach document				
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:				
Telephone: Ext.: Email:				
Address:				
City:	State:	ZIP C	ode:	
Signature:	Date:			
Comments (including type of equipment and location, per C2.e; descrip Sections A, B, D, E, or H):	ption of any attachments; ar	nd corrections	to specific information in	

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19				
Building Street Address (including Apt., U 16053 S Rhiannon Michaela PI	nit, Suite, and/or Bldg. No.) or P.O.	Route and Box No.:	FOR INSUR	ANCE COMPANY USE
City: Sahuarita	State: Arizona ZIP	Code: 85629	 Policy Numb Company NA 	er: \IC Number:
	JILDING'S FIRST FLOOR HEI Y NOT REQUIRED) (FOR INS			IES
The property owner, owner's authorized to determine the building's first floor heig nearest tenth of a foot (nearest tenth of <i>Instructions) and the appropriate Bui</i>	ght for insurance purposes. Sectio a meter in Puerto Rico). Referenc	ns A, B, and I must als ce the Foundation Typ	o be completed. E e Diagrams (at i	Enter heights to the he end of Section H
H1. Provide the height of the top of the	floor (as indicated in Foundation T	ype Diagrams) above	the Lowest Adjac	ent Grade (LAG):
 a) For Building Diagrams 1A, 1B floor (include above-grade floors or subgrade crawlspaces or enclosure 	ly for buildings with	feet	meters	above the LAG
b) For Building Diagrams 2A, 2B higher floor (i.e., the floor above ba enclosure floor) is:		feet	meters	above the LAG
H2. Is all Machinery and Equipment se H2 arrow (shown in the Foundation Yes No				
SECTION I – PROPERTY	OWNER (OR OWNER'S AUT			RTIFICATION
A P and U are correct to the best of m	wknowladga Nata: If the local flog	dolain management of	ficial completed S	ection H they should
A, B, and H are correct to the best of my indicate in Item G2.b and sign Section C Check here if attachments are provid Property Owner or Owner's Authorized	G. ded (including required photos) and	d describe each attach	ment in the Comr	nents area.
indicate in Item G2.b and sign Section C	G. ded (including required photos) and	d describe each attach	ment in the Comr	nents area.
indicate in Item G2.b and sign Section C Check here if attachments are provid Property Owner or Owner's Authorized Address:	G. ded (including required photos) and Representative Name:	d describe each attach	ment in the Comr	nents area.
indicate in Item G2.b and sign Section C Check here if attachments are provid Property Owner or Owner's Authorized Address: City:	6. ded (including required photos) and Representative Name:	d describe each attach	ment in the Comr	nents area.
indicate in Item G2.b and sign Section C Check here if attachments are provid Property Owner or Owner's Authorized Address: City: Signature:	6. ded (including required photos) and Representative Name:	d describe each attach	ment in the Comr	nents area.
indicate in Item G2.b and sign Section C Check here if attachments are provid Property Owner or Owner's Authorized Address: City: Signature:	G. ded (including required photos) and Representative Name:	d describe each attach	ment in the Comr	nents area.
indicate in Item G2.b and sign Section C Check here if attachments are provid Property Owner or Owner's Authorized Address: City: Signature: Telephone:	G. ded (including required photos) and Representative Name:	d describe each attach	ment in the Comr	nents area.
indicate in Item G2.b and sign Section C Check here if attachments are provid Property Owner or Owner's Authorized Address: City: Signature: Telephone:	G. ded (including required photos) and Representative Name:	d describe each attach	ment in the Comr	nents area.
indicate in Item G2.b and sign Section C Check here if attachments are provid Property Owner or Owner's Authorized Address: City: Signature: Telephone:	G. ded (including required photos) and Representative Name:	d describe each attach	ment in the Comr	nents area.
indicate in Item G2.b and sign Section C Check here if attachments are provid Property Owner or Owner's Authorized Address: City: Signature: Telephone:	G. ded (including required photos) and Representative Name:	d describe each attach	ment in the Comr	nents area.
indicate in Item G2.b and sign Section C Check here if attachments are provid Property Owner or Owner's Authorized Address: City: Signature: Telephone:	G. ded (including required photos) and Representative Name:	d describe each attach	ment in the Comr	nents area.
indicate in Item G2.b and sign Section C Check here if attachments are provid Property Owner or Owner's Authorized Address: City: Signature: Telephone:	G. ded (including required photos) and Representative Name:	d describe each attach	ment in the Comr	nents area.
indicate in Item G2.b and sign Section C Check here if attachments are provid Property Owner or Owner's Authorized Address: City: Signature: Telephone:	G. ded (including required photos) and Representative Name:	d describe each attach	ment in the Comr	nents area.
indicate in Item G2.b and sign Section C Check here if attachments are provid Property Owner or Owner's Authorized Address: City: Signature: Telephone:	G. ded (including required photos) and Representative Name:	d describe each attach	ment in the Comr	nents area.
indicate in Item G2.b and sign Section C Check here if attachments are provid Property Owner or Owner's Authorized Address: City: Signature: Telephone:	G. ded (including required photos) and Representative Name:	d describe each attach	ment in the Comr	nents area.

ELEVATION CERTIFICATE

ELEVATION CERTIFICATE IMPORTANT: 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		
16053 S Rhiannon Michaela Pl		Policy Number:		
City: Sahuarita	State: <u>Arizona</u>	ZIP Code: <u>85629</u>	Company NAIC 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 08/28/23



Photo Two

Photo Two Caption: South side photo date 08/28/23

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

Continuation Page

	5			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 16053 S Rhiannon Michaela Pl		FOR INSURANCE COMPANY USE		
City: Sahuarita	State: Arizona ZIP Code: 85629	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 Three

Photo Three Caption: East side photo date 08/28/23



Photo Four

Photo Four Caption: West side photo date 08/28/23