

FILE COPY

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. 17032 W JAGUAR LN			Policy Number	
City MARANA	State AZ	ZIP Code 85653	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 (C3.e) is the N/A and the N/A is/are above this elevation.
Highest adjacent Natural Grade is 100.0 Lowest adjacent Natural Grade is 99.9

No equipment servicing shed.

Signature [Signature] Date 6/30/08 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, crawl space, and enclosure) is N/A feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawl space, and enclosure) is N/A feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 5 and 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is N/A feet meters above or below the HAG.
- E3. Attached garage (top of slab) is N/A feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is N/A 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 N/A

Address N/A City N/A State N/A ZIP Code N/A

Signature N/A Date N/A Telephone N/A

Comments N/A

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# 05-719	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
--	------------------------	---

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 _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments

Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1703Z W. JAGUAR LN.			For Insurance Company Use: Policy Number
City MARANA	State AZ	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."



LEFT SIDE VIEW

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:
17032 W. JAGUAR LN			Policy Number
City	State	ZIP Code	Company NAIC Number
MARANA	AZ	85653	

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."



RIGHT SIDE VIEW

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:
17032 W. JAGUAR LN			Policy Number
City	State	ZIP Code	Company NAIC Number
MARANA	AZ	85653	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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, following.



FRONT VIEW

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:
17032 W. JAGUAR LN.			Policy Number
City	State	ZIP Code	Company NAIC Number
MARANA	AZ	85653	

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."



REAR VIEW