



Lowest Floor Verification

Inspection #033

Address: _____ Building Permit: _____

APN #: _____

Contractor: _____ Phone Number: _____

E Mail Address: _____

Lowest Floor Elevation Per Approved Plan NAVD 88	Actual Lowest Floor Elevation NAVD 88

Date: _____ Date: _____

I, _____, hereby certify that the actual Lowest Floor Elevation is accurately indicated above.

Seal & Signature

Responsible Party Phone Number: _____

Responsible Party Fax Number: _____

Responsible Party E-Mail: _____

Notification of the results will be emailed to you and confirmed with a site visit from inspection services.

**Please email this form to elevationcertification@scottsdaleaz.gov
Actual Lowest Floor required prior to #014 (Strap & Shear) inspection.**

Contact Steve Gallant at 480-312-5773 with any questions.

Inspection Services

9191 East San Salvador, Scottsdale, AZ 85258 ♦ Phone: 480-312-5750 ♦ Fax: 480-312-5704