



Lowest Floor Elevation Verification

Address: _____

APN #: _____

Contractor: _____ **Phone Number:** _____

Email Address: _____

Building Permit #	Lowest Floor Elevation Per Approved Plan NAVD 88	Actual Lowest Floor Elevation NAVD 88

Date: _____

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

Responsible Party Name: _____

Responsible Party Phone Number: _____

Responsible Party E-mail: _____

Form to be completed by an AZ Registered Land Surveyor

Seal & Signature

Please email this form to: pvpermitsubmittal@paradisevalleyaz.gov

Lowest Floor Elevation Form is required for each finished floor elevation listed on the approved plans or permit. Notification of the results will be emailed to the contractor and responsible party.

Actual Lowest Floor Elevation approval is required prior to scheduling Strap & Shear inspection #123.

You may contact the Senior Engineering Technician at 480-348-3572 with any questions.