

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

in City
OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Peter and Chris Martin		Policy Number:	
A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1509 Angelina Way		Company NAIC Number:	
City Missoula		State MT	ZIP Code 59808

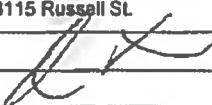
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 31, Riverwalk Estates	
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A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential			
A5. Latitude/Longitude: Lat. <u>46d53'03.8"N</u> Long. <u>114d05'14.2"W</u>		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
A7. Building Diagram Number: 2			
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:	
a) Square footage of crawlspace or enclosure(s)	<u>1347</u> sq ft	a) Square footage of attached garage	<u>524</u> sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	_____	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	_____
c) Total net area of flood openings in A8.b	_____ sq in	c) Total net area of flood openings in A9.b	_____ sq in
d) Engineered flood openings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	d) Engineered flood openings?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Missoula County Unincorporated 300048		B2. County Name Missoula		B3. State MT	
B4. Map/Panel Number 30063C1190	B5. Suffix D	B6. FIRM Index Date 8/16/1988	B7. FIRM Panel Effective/Revised Date 8/16/1988	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 3141.1

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.					
<input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input checked="" type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.					
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.					
Benchmark Utilized: _____ Vertical Datum: _____					
Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
Datum used for building elevations must be the same as that used for the BFE.					
Check the measurement used.					
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>3143.1</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
b) Top of the next higher floor	<u>3148.0</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
c) Bottom of the lowest horizontal structural member (V Zones only)	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters		
d) Attached garage (top of slab)	<u>3147.7</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>3143.1</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
f) Lowest adjacent (finished) grade next to building (LAG)	<u>3141.2</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters		
g) Highest adjacent (finished) grade next to building (HAG)	<u>3147.5</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>3141.2</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION					
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by 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.					
<input type="checkbox"/> Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Certifier's Name Roger A. Austin		License Number 12252 LS			
Title Land Surveyor		Company Name Professional Consultants Inc.			
Address 3115 Russell SL		City Missoula		State MT ZIP Code 59802	
Signature 		Date 6-05-15		Telephone 406-728-1880	

