

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

OMB Control Number: 1660-0008
Expiration: 11/30/2018

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					FORM INSURANCE COMPANY USE
A1. Building Owner's Name American Home Services					Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2751 Emery Place					Company NAIC Number:
City Missoula		State MT		Zip Code 59804	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 2, Maplewood Estates Tax ID # 0004300811					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Vacant land					
A5. Latitude/Longitude: Lat. 46.868877 Long. 114.046575 Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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 9					
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) 2016 sq ft					
a) Square footage of attached garage 811 sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A					
c) Total net area of flood openings in A8.b N/A sq in					
c) Total net area of flood openings in A9.b N/A sq in					
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No					
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Missoula 300049			B2. County Name Missoula		B3. State MT
B4. Map/Panel Number 1460	B5. Suffix E	B6. FIRM Index Date July 6, 2015	B7. FIRM Panel Effective/ Revised Date July 6, 2015	B8. Flood Zone(s) None	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 3147.00 Ft
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input type="radio"/> FIRM <input type="radio"/> Community Determined <input checked="" type="radio"/> Other/Source: Per Subdivision Approval					
B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source:					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input checked="" type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input type="radio"/> Finished Construction					
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. * A new Elevation Certificate will be required when construction of the building is complete.					
Benchmark Utilized: RM 122 Vertical Datum: NGVD29					
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> 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) 3151 - 00 <input checked="" type="radio"/> feet <input type="radio"/> meters					
b) Top of the next higher floor 3154 - 19 <input checked="" type="radio"/> feet <input type="radio"/> meters					
c) Bottom of the lowest horizontal structural member (V Zones only) N/A - <input checked="" type="radio"/> feet <input type="radio"/> meters					
d) Attached garage (top of slab) 3154 - 19 <input checked="" type="radio"/> feet <input type="radio"/> meters					
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 3154 - 19 <input checked="" type="radio"/> feet <input type="radio"/> meters					
f) Lowest adjacent (finished) grade next to building (LAG) N/A - <input checked="" type="radio"/> feet <input type="radio"/> meters					
g) Highest adjacent (finished) grade next to building (HAG) N/A - <input checked="" type="radio"/> feet <input type="radio"/> meters					
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support N/A - <input checked="" type="radio"/> feet <input type="radio"/> meters					

ELEVATION CERTIFICATE

OMB Control Number: 1660-0008
Expiration: 11/30/2018
59804

2751 Emery Place

Missoula

MT

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.

☐ Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?

☒ Yes ☐ No

Certifier's Name
Ken E. Jenkins

License Number
9330LS

Title
President

Company Name
Montana Northwest Co.

Address
P.O. Box 8777

City
Missoula

State
MT

Zip Code
59807

Signature

Ken E. Jenkins

Date
9-16-2016

Telephone
+1 (406) 721-4033



Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)"

Signature

Date

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, crawlspace, or enclosure) is _____ - _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ - _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6 -9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8 -9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ - _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is _____ - _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and /or equipment servicing the building is _____ - _____ ☐ 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 or Owner's Authorized Representative's Name:

Address

City

State

ZIP Code

Signature

Ken E. Jenkins

Date

9-16-16

Telephone

721-4033

Comments

☐ Check here if attachments.