

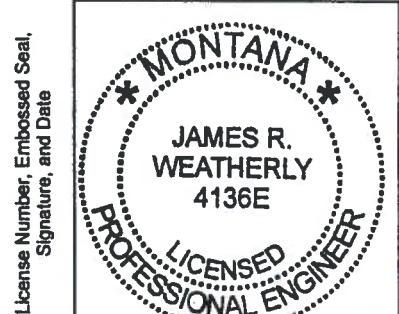
FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires December 31, 2005

## ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION				For Insurance Company Use:	
OWNER'S NAME amarack Construction				Policy Number	
BUILDING STREET ADDRESS (Including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2627 Roderick Way				Company NAIC Number	
CITY Missoula		STATE MT	ZIP CODE 59804		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 5 of Stream Side Subdivision					
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential, Single-Family Dwelling Unit					
LATITUDE/LONGITUDE (OPTIONAL) ( #° - #° #'. #". # # # or #.####)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		SOURCE: <input checked="" type="checkbox"/> GPS (Type):Survey Grade <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	
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 AND PANEL NUMBER 300063C1460D 1460 of 1900	B5. SUFFIX D	B6. FIRM INDEX DATE Aug. 16, 1988	B7. FIRM PANEL EFFECTIVE/REVISED DATE Aug. 16, 1988	B8. FLOOD ZONE(S) X	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) N/A Zone X
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
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 _____					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input checked="" type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.					
C2. Building Diagram Number _ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)					
C3. 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 C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum _____ Conversion/Comments _____					
Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input type="checkbox"/> No o a) Top of bottom floor (including basement or enclosure) _____ ft.(m) o b) Top of next higher floor _____ ft.(m) o c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m) o d) Attached garage (top of slab) _____ ft.(m) o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft.(m) o f) Lowest adjacent (finished) grade (LAG) _____ ft.(m) o g) Highest adjacent (finished) grade (HAG) _____ ft.(m) o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____ o i) Total area of all permanent openings (flood vents) in C3.h _____ sq. in. (sq. cm)					



## 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 in Sections A, B, and C 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.

CERTIFIER'S NAME  
James R. Weatherly, P.E.

LICENSE NUMBER  
4136E

TITLE  
Project Engineer

COMPANY NAME  
WGM Group, Inc.

ADDRESS  
3021 Palmer

CITY  
Missoula

STATE  
MT

ZIP CODE  
59808

SIGNATURE

DATE

TELEPHONE  
406-728-4611

11-16-06

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
STREET ADDRESS (Including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2620 Roderick Way			Policy Number
CITY Missoula	STATE MT	ZIP CODE 59804	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  
See attached.

Check here if attachments

#### SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number \_ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is \_ ft.(m) \_ in.(cm)  above or  below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_ ft.(m) \_ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is \_ ft.(m) \_ in.(cm)  above or  below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. For 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, C (Items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME  
N/A, this property is in Zone X and surrounding properties have FEMA Issued BFEs.

ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

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.

G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED	
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G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

\_\_\_. \_\_ ft.(m)

Datum: \_\_

G9. BFE or (in Zone AO) depth of flooding at the building site is:

\_\_\_. \_\_ ft.(m)

Datum: \_\_

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

Check here if attachments

Elevation Certificate for Lot 5 of Stream Side Subdivision  
2627 Roderick Way  
Section D – Continued

The FEMA Form 81-31 is not applicable in areas designated as Zone X (areas determined to be outside 500-year floodplain). This certificate is being completed as a condition of subdivision approval imposed by the City of Missoula on the Stream Side subdivision. The condition requires "the lowest floor, including basements, of any structure anywhere on the property shall be at least 2' above the 100-year flood elevation of the Clark Fork River. Crawlspace floors may be at or above the elevation of the 100-year flood if they do not contain mechanical equipment. Elevation Certificates shall be submitted documenting the lowest floor and utility elevations are a minimum of 2' above the base flood elevation".

The 100-year flood elevation on the adjacent Clark Fork River area is interpolated to be 3149.58 based on a NAVD 1988 datum.

Detail 3, on Sheet 03 of 05 of the house plans furnished to this office for 2627 Roderick Way, indicates the finished floor of the residence will be constructed to elevation 3154.94 which is 3.36 feet above the minimum required. The crawl space will be at an elevation of 3149.60 which is 0.02 feet above the minimum required. The garage floor will be constructed to elevation 3153.51 which is 1.93 feet above the minimum required. Utilities will be place on the main floor of the building which is 3.36 feet above the minimum required by the subdivision condition.

When constructed according to the plans furnished to this office the structure will meet the condition imposed by the subdivision approval.

From: "Robin Wanner" <RWanner@ci.missoula.mt.us>  
To: <pkeiley@co.missoula.mt.us>  
Date: 10/18/2007 10:22 AM  
Subject: 2627 RODERICK *way*

LOT 5

CC: "Kris Blank" <KBlank@ci.missoula.mt.us>

Pat, I have a gal from Tamarack Construction that needs a C of O for 2627 Roderick but there are multiple conditions that are OPG's and they need to be approved. Pat please call Karen at 642-6607. She is Tamarack Construction and needs this C of O asap.

Robin L Wanner  
Building Inspection Division  
Senior Building Permit Specialist  
rwanner@ci.missoula.mt.us  
406-552-6041

B20061496

Condition

"As Built Elevation  
Certificate Required."

**Kris Blank**

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**From:** Robin Wanner  
**Sent:** Thursday, October 18, 2007 10:16 AM  
**To:** KEILEY PAT (pkeiley@co.missoula.mt.us)  
**Cc:** Kris Blank  
**Subject:** 2627 RODERICK

Pat, I have a gal from Tamarack Construction that needs a C of O for 2627 Roderick but there are multiple conditions that are OPG's and they need to be approved. Pat please call Karen at 642-6607. She is Tamarack Construction and needs this C of O asap.

*Robin L Wanner  
Building Inspection Division  
Senior Building Permit Specialist  
rwanner@ci.missoula.mt.us  
406-552-6041*