

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

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

SECTION A – PROPERTY INFORMATION			FOR INSURANCE COMPANY USE		
A1. Building Owner's Name Edgell Building, Inc.			Policy Number:		
A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 445 Stonybrook Drive			Company NAIC Number:		
City Missoula		State MT	ZIP Code 59804		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 35, Stonybrook Drive, Stonybrook Subdivision, Phase 1 (PRE-CONSTRUCTION ELEVATION CERTIFICATE)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential					
A5. Latitude/Longitude: Lat. N46.86724		Long. W114.06553	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 9					
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) 1440 sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0 c) Total net area of flood openings in A8.b N/A sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			A9. For a building with an attached garage: a) Square footage of attached garage 490 sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0 c) Total net area of flood openings in A9.b N/A sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number 300048		B2. County Name Missoula			B3. State MT
B4. Map/Panel Number 30063C1455	B5. Suffix E	B6. FIRM Index Date 07/06/2015	B7. FIRM Panel Effective/Revised Date 07/06/2015	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) N/A, See Section D.
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 type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: Dev. by WGM Group during subdivision review process.					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" 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 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. 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: Missoula County #324, EL = 3137.752 Vertical Datum: NAVD88					
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" 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)	3134 . 6	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
b) Top of the next higher floor	3138 . 68	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters		
d) Attached garage (top of slab)	3136 . 7	<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)	3136 . 6	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
f) Lowest adjacent (finished) grade next to building (LAG)	TBD	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
g) Highest adjacent (finished) grade next to building (HAG)	TBD	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	TBD	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		

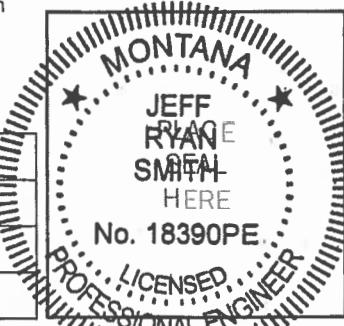
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments.

Certifier's Name Jeff Smith, P.E.		License Number MT PE 18390	
Title Project Engineer		Company Name WGM Group, Inc.	
Address 1111 E. Broadway		City Missoula	State MT
Signature		ZIP Code 59802	
		Date 10/28/2016	Telephone (406) 728-4611



ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 445 Stonybrook Drive			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 **Building is located outside the SFHA boundary according to effective FIRM Panel 30063C1455E. Building is within the Stonybrook Subdivision. Based on WGM Group analysis created as a condition of subdivision approval, an adjusted BFE of 3134.40 is appropriate for Lot 35. In Section C2, benchmark is Missoula County #324. Elevation of C2(e) assumed to be bottom of ducts. Elevation of C2(a) is the min. crawl space elevation. Distance from bottom ducts to FFE assumed = 25".**

Signature

Date **10/28/2016**

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 _____ 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. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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–G10) 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: _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____

G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 445 Stonybrook Drive			Policy Number:
City Missoula	State MT	ZIP Code 59804	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 445 Stonybrook Drive			Policy Number:
City Missoula	State MT	ZIP Code 59804	Company NAIC Number:
<p>If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.</p>			

STONYBROOK PHASE 1

A SUBDIVISION OF THE CITY OF MISSOULA, COUNTY OF MISSOULA, MONTANA
LOCATED IN THE NW 1/4 OF SECTION 24.
T. 13 N., R. 20 W., PRINCIPAL MERIDIAN, MONTANA

THESE PLANS ARE THE
ORIGINAL WORK PRODUCT OF
EDGELL BUILDING & DEV. AND
SHALL NOT BE USED WITHOUT
WRITTEN AUTHORIZATION.
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DRAWING INDEX:

- 1 - SITE PLAN
- 2 - FOUNDATION
- 3 - FLOOR PLAN
- 4 - ROOF PLAN
- 5 - ELEVATIONS
- 6 - ELECTRICAL PLAN

Constraints

BFE = 3134.40

Min. Duct = 3136.40

Min. Garage = 3134.40

Min. FFE = 3138.48

Min. Crawl = 3134.40

Design

Duct = 3136.60

FFE = 3138.68

Garage = 3136.70

Crawl = 3134.60

FFE - Garage = 1.98 Feet

Max Driveway Slope = 8%

8% slope sets Garage = 3137.06

GENERAL NOTES:

- ALL CONSTRUCTION SHALL CONFORM TO IRC REQUIREMENTS
- SET BACKS AND YARDS SHALL CONFORM TO LOCAL REGULATIONS
- ALL Poured CONCRETE FOOTINGS, COLUMNS AND WALLS SHALL REST ON UNDISTURBED VIRGIN SOIL
- ALL LUMBER SHALL BE NO. 2 OR BETTER FIR & LARCH
- HEADERS SHALL BE 2X10 OVER EXTERIOR OR LOAD BEARING DOORS & WINDOWS (UNLESS NOTED OTHERWISE)
- ALL WINDOWS TO BE STANDARD INSULATED GLASS OR BETTER
- WATER LINES TO BE PEX AND DRAIN LINES PVC
- HOSE BIBS TO BE FROST PROOF
- ALL EXTERIOR, KITCHEN, BATHROOM, GARAGE AND BASEMENT OUTLETS SHALL BE ON GFI CIRCUIT PER UEC REQUIREMENTS
- SMOKE DETECTORS SHALL BE CONNECTED TO ALL OTHERS AND ON A DEDICATED CIRCUIT
- ALL DIMENSIONS FROM THE EXTERIOR FACE OF A WALL, ARE FROM THE FACE OF THE SHEETING (WHICH ALSO EQUALS THE FACE OF THE CONCRETE FOUNDATION WALL)
- ALL INTERIOR DIMENSIONS ARE FROM THE FACE OF STUD AND USING ACTUAL DIMENSIONS OF 3 1/2" & 5 1/2" AS REQUIRED
- MECHANICAL LAYOUT IS ONLY TO INDICATE A BASIC LAYOUT AND IS NOT INTENDED TO IDENTIFY REQUIREMENTS. A COMPLETE AND ADEQUATE SYSTEM SHALL BE DESIGNED AND INSTALLED TO FIT WITH ALL NECESSARY REQUIREMENTS
- PROVIDE ALL BLOCKING AND BACKING AS NECESSARY FOR CABINETS, HANDRAILS, DRAPERYES, AND ACCESSORIES

