

2016-MSS-RES-00395

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

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

SECTION A – PROPERTY INFORMATION

A1. Building Owner's Name Edgell Building, Inc.			FOR INSURANCE COMPANY USE		
			Policy Number: _____		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 475 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 38, 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) 1520 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:

FIS Profile FIRM Community Determined Other/Source: **Dev. by WGM Group during subdivision review process.**

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date: _____ / _____ / _____ CBRS OPA

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* 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. NGVD 1929 NAVD 1988 Other/Source: _____
Datum used for building elevations must be the same as that used for the BFE.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	3134 . 2
b) Top of the next higher floor	3138 . 8
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A .
d) Attached garage (top of slab)	3137 . 2
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	3136 . 7
f) Lowest adjacent (finished) grade next to building (LAG)	TBD .
g) Highest adjacent (finished) grade next to building (HAG)	TBD .
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	TBD .

Check the measurement used.

<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
<input type="checkbox"/> feet	<input type="checkbox"/> meters
<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
<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.
 Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

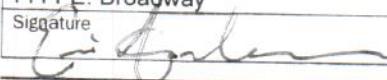
Certifier's Name
Eric Anderson, P.E.

License Number
MT PE 21890

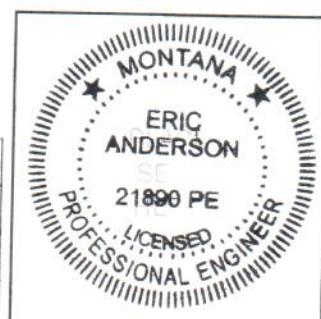
Title
Project Engineer

Address
1111 E. Broadway

Company Name
WGM Group, Inc.

Signature


City Missoula	State MT	ZIP Code 59802
Date 05/06/2016	Telephone (406) 728-4611	



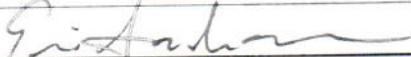
ELEVATION CERTIFICATE, page 2

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. 475 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 3134.0 is appropriate for Lot 38. 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 = 24-5/8".**

Signature  Date **05/06/2016**

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.