

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name **AARON HILL**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1633 ANGELINA WAY

For Insurance Company Use:

Policy Number

Company NAIC Number

City **MISSOULA** State **MT** ZIP Code **59808**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 8, RIVERWALK ESTATES, T13N, R20W, SECTION 14, MISSOULA COUNTY, MT

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **Residential**

A5. Latitude/Longitude: Lat. **46° 53' 05.534"** Long. **114° 05' 20.521"**

Horizontal Datum: ☐ NAD 1927 ☒ 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 **8**

A8. For a building with a crawl space or enclosure(s), provide

- a) Square footage of crawl space or enclosure(s) **1325** sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade **0**
c) Total net area of flood openings in A8.b **0** sq in

A9. For a building with an attached garage, provide:

- a) Square footage of attached garage **520** sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade **0**
c) Total net area of flood openings in A9.b **0** sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
UNINCORPORATED AREAS 300048

B2. County Name
MISSOULA

B3. State
MT

B4. Map/Panel Number

30063C1190

B5. Suffix

D

B6. FIRM Index

AUGUST 16, 1988

B7. FIRM Panel

EFFECTIVE/REVISED DATE

AUGUST 16, 1988

B8. Flood

Zone(s)

X

B9. Base Flood Elevation(s) (Zone

AO, use base flood depth)

3137.6

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 (Describe) **100-year flood elevation of Grant Creek by DNRC**

Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other (Describe) _____

B11. 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-g below according to the building diagram specified in Item A7.

Benchmark Utilized **PID-DE8232(MISSOULA CORS)** Vertical Datum **NAVD88**

Conversion/Comments _____

Check the measurement used.

- a) Top of bottom floor (including basement, crawl space, or enclosure floor) **3144.0** ☒ feet ☐ meters (Puerto Rico only)
b) Top of the next higher floor **3149.9** ☒ feet ☐ meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) **na** ☐ feet ☐ meters (Puerto Rico only)
d) Attached garage (top of slab) **3148.4** ☒ feet ☐ meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building **3145.2** ☒ feet ☐ meters (Puerto Rico only)
(Describe type of equipment in Comments)
f) Lowest adjacent (finished) grade (LAG) **3147.2** ☒ feet ☐ meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG) **3147.7** ☒ feet ☐ meters (Puerto Rico only)

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.

Signer's Name **Steven M. Inabnit**

License Number **MT 9328LS**

Address **5475 Alloy South**

City **Missoula**

State **MT** ZIP Code **54808**



IMPORTANT: In these spaces, copy the corresponding information from Section A.Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1633 ANGELINA WAY

City MISSOULA State MT ZIP Code 59808

For Insurance Company Use:

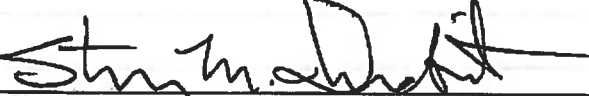
Policy Number

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 Furnace is suspended in crawl space (C2s 3145.2')


Signature9/8/2008
Date☐ Check here if attachments**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, crawl space, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.
- b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 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) CERTIFICATIONThe 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's or Owner's Authorized Representative's Name

Steven M. Inabnit

Address 5475 Alloy South

City Missoula

State MT

ZIP Code 59808

Signature

Date

Telephone 406-549-5022

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. and G9.

- 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.-G9.) is provided for community floodplain management purposes.

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate Of Compliance/Occupancy Issued

G7. This permit has been issued for: ☐ New Construction ☐ Substantial ImprovementG8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters (PR) Datum _____G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1633 ANGELINA WAY

City MISSOULA State MT ZIP Code 59808

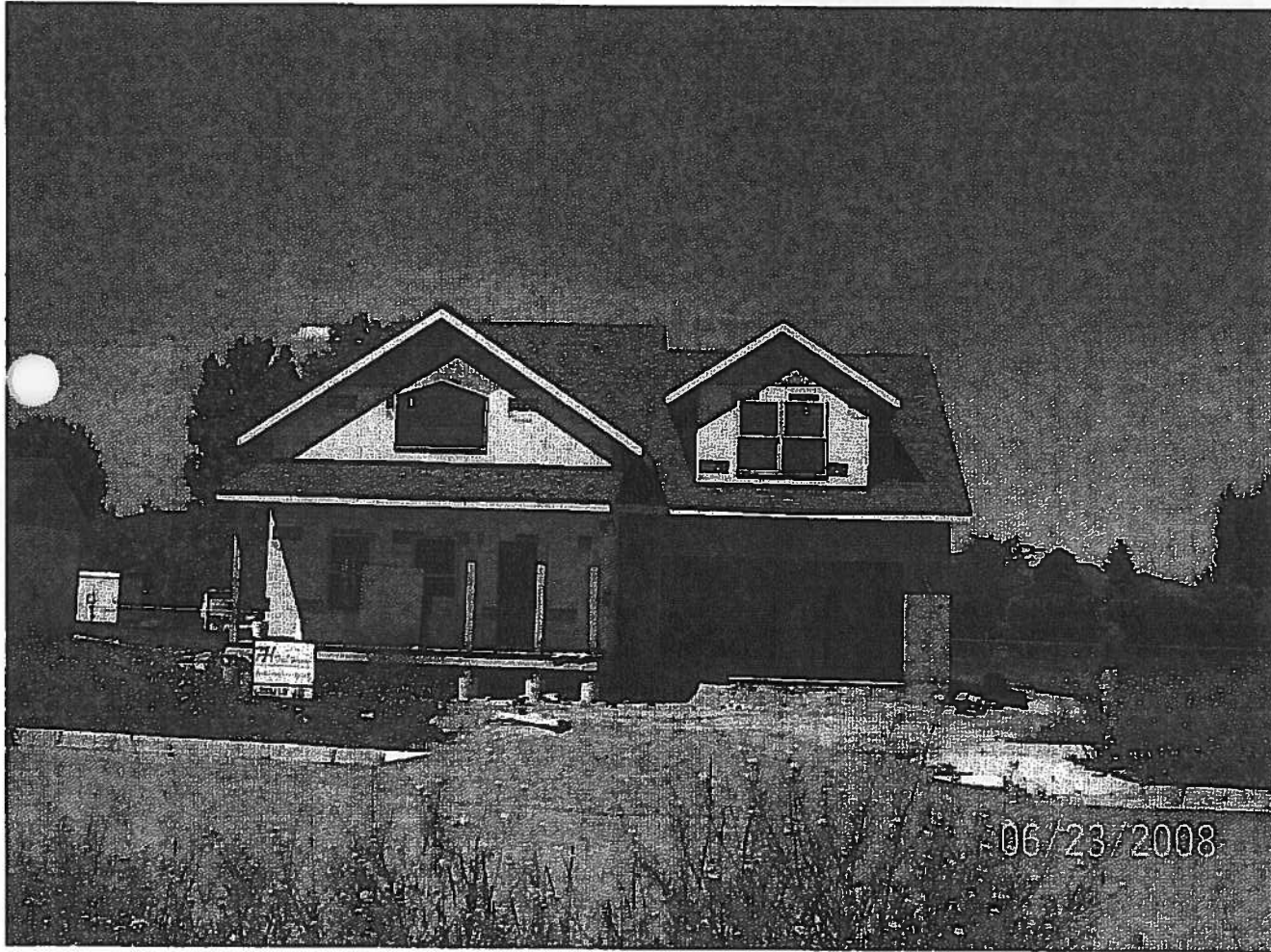
For Insurance Company Use:

Policy Number

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.

Front view

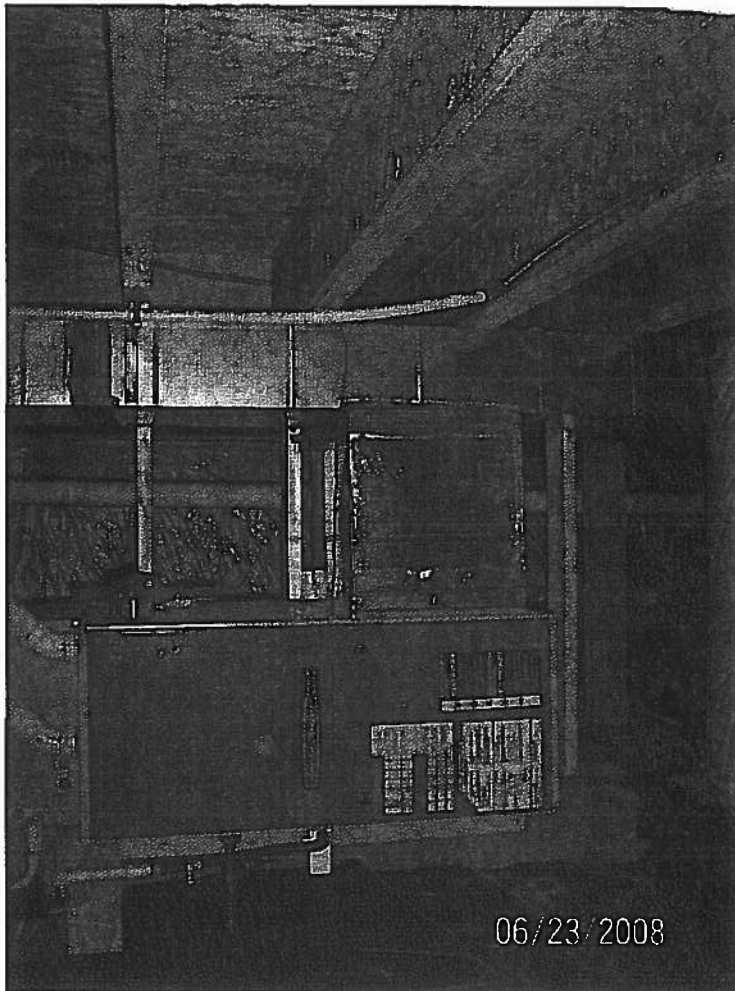


Building Photographs

Continuation Page

Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1633 ANGELINA WAY	For Insurance Company Use: Policy Number
City MISSOULA State MT ZIP Code 59808	Company NAIC Number
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."	

Crawl space (Furnace)



ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Earls Construction Inc.	For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1675 Angelina Way	Policy Number
City Missoula State MT ZIP Code 59808	Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 9, Riverwalk Estates	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential	
A5. Latitude/Longitude: Lat. 46-53-08 Long. 114-05-19 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): a) Square footage of crawlspace or enclosure(s) 2008 sq ft b) No. 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 0 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 576 sq ft b) No. 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 0 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 Unincorporated Areas-Missoula 300048		B2. County Name Missoula		B3. State MT	
B4. Map/Panel Number 30063C1190	B5. Suffix D	B6. FIRM Index Date 8/16/88	B7. FIRM Panel Effective/Revised Date 8/16/88	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 3141.0
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 (Describe) _____					
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 (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 _____ <input type="checkbox"/> CBRS <input type="checkbox"/> 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. Use the same datum as the BFE.

Benchmark Utilized MSOL Vertical Datum NAVD88
Conversion/Comments GPS Observation

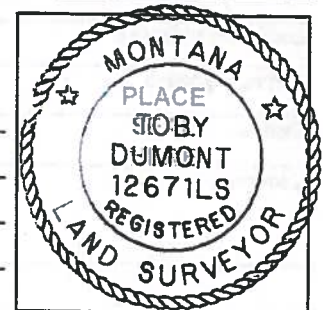
Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	3142.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	3147.89	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)		<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	3147.37	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	3145.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	3146.9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	3147.4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	3146.9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

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

Certifier's Name Toby Dumont	License Number 12671S
Title Professional Land Surveyor	Company Name Professional Consultants Inc.
Address P.O. Box 1750	City Missoula State MT ZIP Code 59806
Signature	Date 9-19-2011 Telephone 406-728-1880



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. 1675 Angelina Way	Policy Number
City Missoula State MT ZIP Code 59808	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 Heating/air conditioning ducting is suspended below the floor joists. Elevation bottom ducting is 3145.0'.

Signature  Toby Dumont

Date 9-19-2011

☐ Check here if attachments

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's or Owner's Authorized Representative's Name

Toby Dumont

Address P.O. Box 1750

City Missoula

State MT

ZIP Code 59806

Signature

Date 9-8-2011

Telephone 406-728-1880

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 and G9.

- 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-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: _____ ☐ feet ☐ meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____
- G10. Community's design flood elevation _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

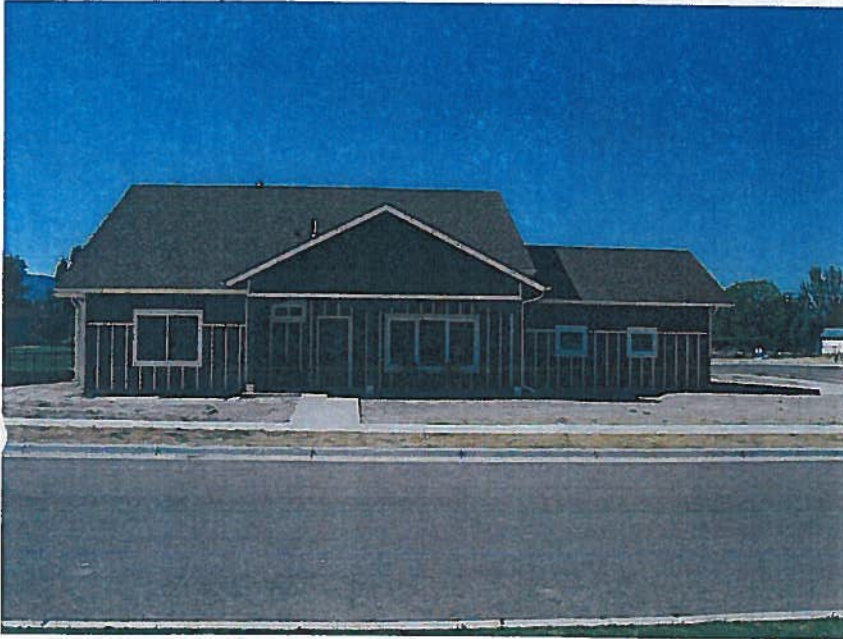
Comments

☐ Check here if attachments

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1675 Angelina Way	For Insurance Company Use: Policy Number
City Missoula State MT ZIP Code 59808	Company NAIC Number
<p>If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.</p>	



SIDE VIEW (EAST)



FRONT VIEW (NORTH)

Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1675 Angelina Way

City Missoula State MT ZIP Code 59808

For Insurance Company Use:

Policy Number

Company NAIC Number

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."



SIDE VIEW (WEST)



BACK VIEW (SOUTH)