

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME John C. & Irene J. Shafer		For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2225 Missoula Ave.		Company NAIC Number
CITY Missoula	STATE MT	ZIP CODE 59802
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Id 2054405		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential		

LATITUDE/LONGITUDE (OPTIONAL) (##° -##' -###" or ###.####")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:
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SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

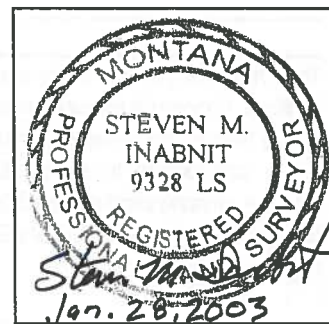
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Missoula, City of 300049 1215 D		B2. COUNTY NAME Missoula		B3. STATE MT	
B4. MAP AND PANEL NUMBER 30063C1215	B5. SUFFIX D	B6. FIRM INDEX DATE 8/16/1988	B7. FIRM PANEL EFFECTIVE/REVISED DATE 8/16/1988	B8. FLOOD ZONE(S) AE&AO	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 3295

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):  
 B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):  
 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date:

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. Building Diagram Number 8 (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) 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 NGVD29 Conversion/Comments None  
 Elevation reference mark used RM 178 Does the elevation reference mark used appear on the FIRM? ☒ Yes ☐ No  
 o a) Top of bottom floor (including basement or enclosure) 3300. 2 ft.(m)  
 o b) Top of next higher floor 3309. 2 ft.(m)  
 o c) Bottom of lowest horizontal structural member (V zones only) \_\_\_\_\_ ft.(m)  
 o d) Attached garage (top of slab) 3298. 3 ft.(m)  
 o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 3300. 2 ft.(m)  
 o f) Lowest adjacent (finished) grade (LAG) 3297. 2 ft.(m)  
 o g) Highest adjacent (finished) grade (HAG) 3298. 1 ft.(m)  
 o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0  
 o i) Total area of all permanent openings (flood vents) in C3.h 0 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



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 Steven M. Inabnit		LICENSE NUMBER 9328 LS	
TITLE Professional Land Surveyor		COMPANY NAME Eli & Associates, Inc.	
ADDRESS P.O. Box 16462	CITY Missoula	STATE MT	ZIP CODE 59808
SIGNATURE <i>Steven M. Inabnit</i>	DATE 1/28/2003	TELEPHONE 406-549-5022	

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2225 Missoula Ave.			Policy Number
CITY Missoula	STATE MT	ZIP CODE 59802	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

☐ 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. 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

Steven M. Inabnit - Representative

ADDRESS  
P.O. Box 16462

CITY  
Missoula

STATE  
MT

ZIP CODE  
59808

SIGNATURE

*Steven M. Inabnit*

DATE  
1/28/2003

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.

- 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