

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:	
BUILDING OWNER'S NAME Tom Gilbert		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 289 Everett Court		Company NAIC Number	
CITY Missoula	STATE MT	ZIP CODE 59804	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 19, Stream Side			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.###" or ##.#####") 46-52-23.55N 114-02-44.40W		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
		SOURCE: <input checked="" type="checkbox"/> GPS (Type): SURVEY <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 30063 C1460	B5. SUFFIX D	B6. FIRM INDEX DATE August 16, 1988	B7. FIRM PANEL EFFECTIVE/REVISED DATE August 16, 1988	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 3149.6'

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 - N/A Zone X

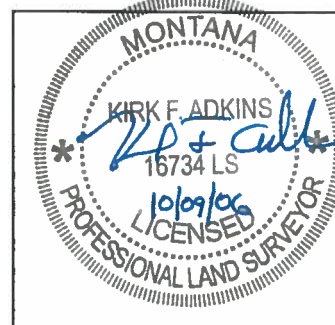
Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum **NAVD88** Conversion/Comments _____

Elevation reference mark used 122 Does the elevation reference mark used appear on the FIRM? ☒ Yes ☐ No

- o a) Top of bottom floor (including basement or enclosure) **3149.4 ft.(m)**
- o b) Top of next higher floor **3154.4 ft.(m)**
- o c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
- o d) Attached garage (top of slab) **3152.9 ft.(m)**
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) **3154.4 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)

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 **Kirk F. Adkins P.L.S.**

LICENSE NUMBER **16734LS**

TITLE **Professional Land Surveyor**

COMPANY NAME **WGM Group, Inc.**

ADDRESS
3021 Palmer

CITY
Missoula

STATE
MT

ZIP CODE
59808

SIGNATURE

[Handwritten Signature]

DATE

10/09/06

TELEPHONE
(406) 728-4611

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. 288 Everett Court			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

Elevation reference mark RM 122 with elevation 3150.53 (NGVD 29) was converted to 3154.11 (NAVD 88) by adding 3.58 feet to NGVD 29 elevation

☐ 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

ADDRESS 289 EUGLETT CT	CITY MISSOULA	STATE MT	ZIP CODE 59804
SIGNATURE <i>[Signature]</i>	DATE 10-9-06	TELEPHONE 406-728-5641	
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:

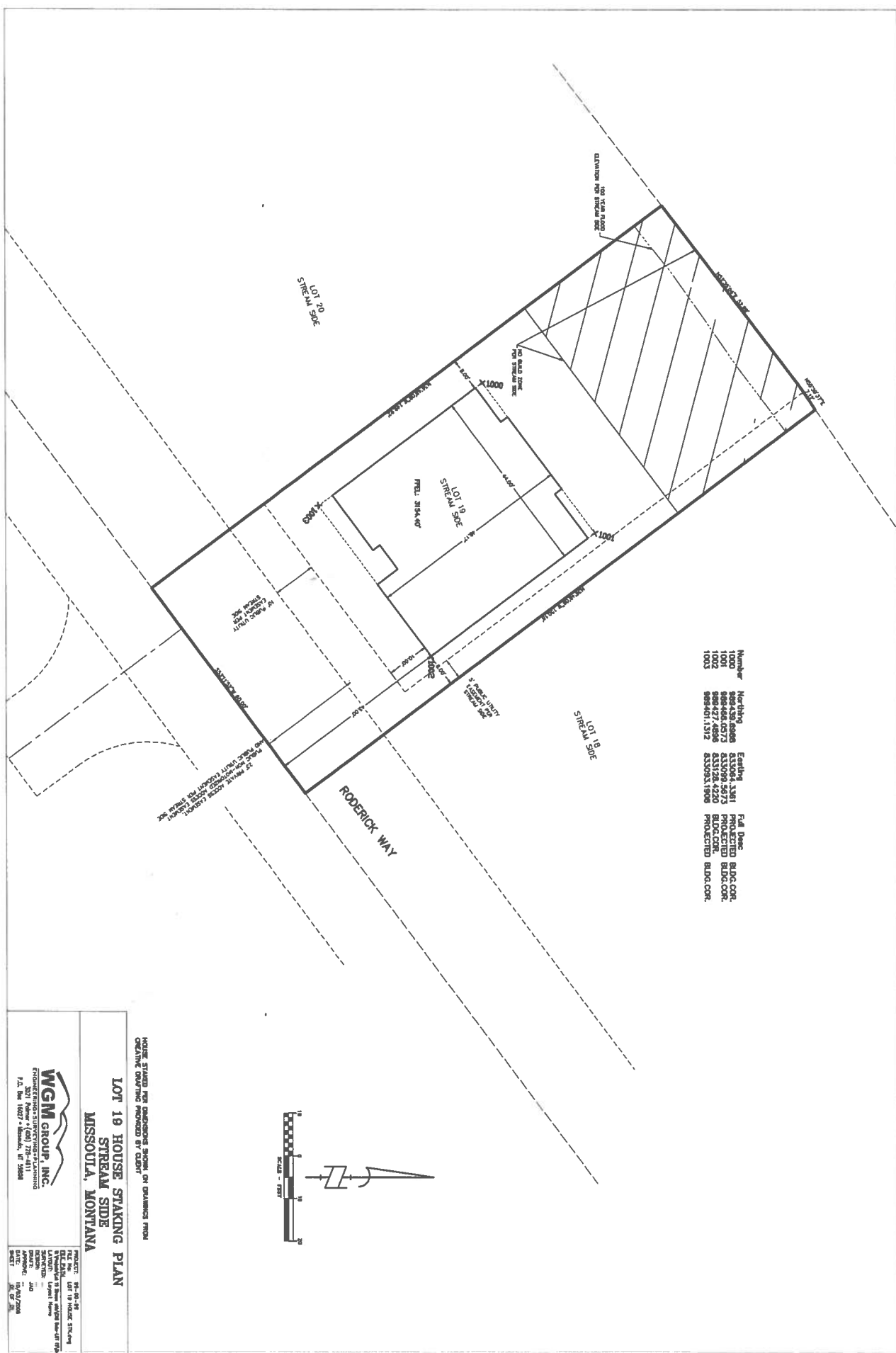
___ ft.(m) Datum: ___

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



Number	Bearing	Distance	Area
1001	S 89° 46' 46" E	100.00	100.00
1002	S 89° 46' 46" E	100.00	100.00
1003	S 89° 46' 46" E	100.00	100.00

WGM GROUP, INC.

1001 1002 1003

1001 1002 1003

1001 1002 1003

LOT 19 HOUSE STAKING PLAN

STREAM SIDE

MISSOULA, MONTANA

PROJECT: 1001 1002 1003

DATE: 10/01/2008

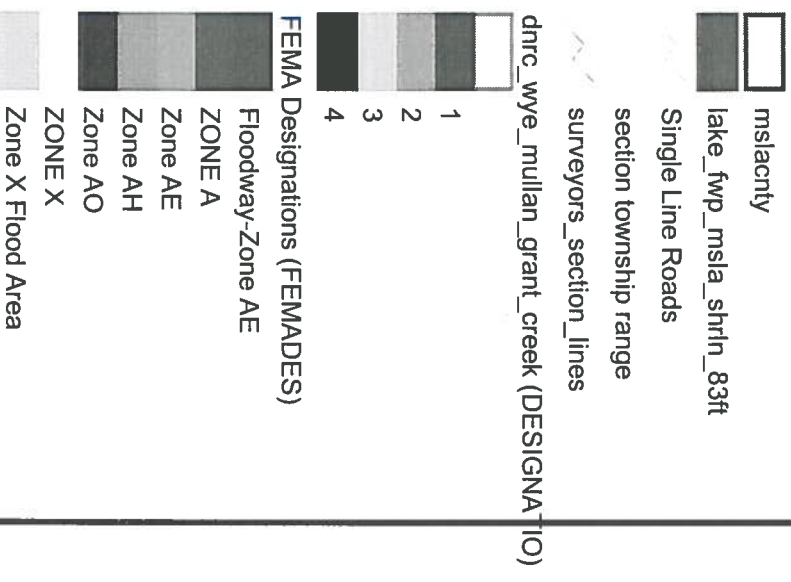
BY: JMD

CHECKED: JMD

APPROVED: JMD

DATE: 10/01/2008

StreamSide Floodplain



FEDERAL EMERGENCY MANAGEMENT AGENCY
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CITY Missoula	STATE MT	ZIP CODE 59804	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 19, Stream Side			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential			
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☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other (Describe): _____

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 Datum NAVD88 Conversion/Comments _____

Elevation reference mark used 122 Does the elevation reference mark used appear on the FIRM? ☒ Yes ☐ No

o a) Top of bottom floor (including basement or enclosure) 3149.6 ft.(m)

o b) Top of next higher floor 3154.6 ft.(m)

o c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)

o d) Attached garage (top of slab) 3153.1 ft.(m)

o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 3154.6 ft.(m)

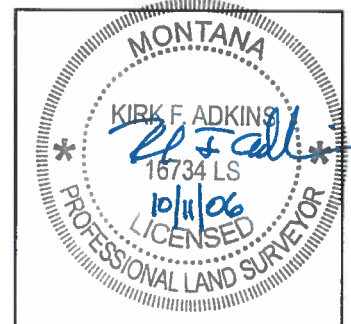
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 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME Kirk F. Adkins P.L.S.

LICENSE NUMBER 16734LS

TITLE Professional Land Surveyor

COMPANY NAME WGM Group, Inc.

ADDRESS 3021 Palmer	CITY Missoula	STATE MT	ZIP CODE 59808
SIGNATURE <u>Kirk F. Adkins</u>	DATE 10/11/06	TELEPHONE (406) 728-4611	

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
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COMMENTS

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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.

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PROPERTY OWNER'S 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.

- 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