FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires December 31, 2005

Important: Read the instructions on pages 1-7.

	For Insurance Company Use:									
BUILDING OWNER'S NA DBT Investments, N	Policy Number									
BUILDING STREET ADD	RESS (Including /		or Bldg. No.) OR P.O. RO	UTE AND BO	X NO.	Company NAIC Number				
CITY Mountain Home			STATE ZIP CO ID 83647							
PROPERTY DESCRIPTI Lots 6 & 7. Block 2 of Vac			el Number, Legal Descrip	tion, etc.)						
BUILDING USE (e.g., Res Retail/Commercial	sidential, Non-residential	dential, Addition, Acc	essory, etc. Use a Comn	ents area, if ne	ecessary.)					
			ONTAL DATUM: 927 🖾 NAD 1983	SC	DURCE: GPS (T Susgs	ype): Quad Map				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION										
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Mountain Home, ID		B2. COUNTY NAME Elmore			B3. STATE Idaho					
B4. MAP AND PANEL NUMBER 1600580005	B5. SUFFIX C	B6. FIRM INDEX DAT 1994	1994		B8. FLOOD ZONE(S	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 3138.7				
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										
			ELEVATION INFORM							
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction										
*A new Elevation Certifica					\					
C2. Building Diagram Number t (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			7							
			ith BFE), AR, AR/A, AR/AE	, AR/A1-A30, Al	R/AH, AR/AO					
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 C3a-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, a										
Datum Conversion										
		- Does the elevation refe	erence mark used appear o	the FIRM?	TYes ⊠ No					
a) Top of bottom floor (SSIONAL FU				
	3142. 5 ft.(m)			SESSIONAL ENGLISHED						
b) Top of next higher fl										
c) Bottom of lowest horizontal structural member (V zones only) NAft(m)					Date	13				
d) Attached garage (to			<u>N/A</u> ft.(n	1)	and	7685				
e) Lowest elevation of					er, F	West VIII				
servicing the building (Describe in a Comments area) <u>3142</u> . 1ft.(m) 멸렬 기										
f) Lowest adjacent (finis			3139 . 0 ft (m)		Sign	VAXOR TO SA				
g) Highest adjacent (fir			<u>3142</u> . <u>0</u> ft.(n	1)	License Number, Er Signature, an	ASEINTH				
h) No. of permanent op					Lio	SE. Lati				
i) Total area of all perm	anent openings (flo	od vents) in C3.h 🔌 🔼	_sq. in. (sq. cm)							
	SE	CTION D - SURVEY	OR, ENGINEER, OR A	RCHITECT CI	ERTIFICATION					
This certification is to be s										
I certify that the information						e.				
I understand that any false CERTIFIER'S NAME Thoma		e punisnable by tine	or imprisonment under 1		ection 1001. LICENSE NUMBER 7	7685				
OLIVIII IERO IMAIVIE HIUHI	as E. Laulaili				LIOLINGE INDIVIDER /	000				
TITLEPresident COMPANY NAME Clark, Geer, Latham & Associates, Inc.										
ADDRESS			CITY		STAT	E ZIP CODE				
762 Downtowner Loop Wes			Mobile	- 1 2 1	AL	36609				
SIGNATURE			DATE			TELEPHONE				
COUNTY -	The State of the S		04/28/0	4	(251)	344-7073				

IMPORTANT: In these spaces, copy the corresponding information from Se				Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BO 1695 American Legions Blvd.	OX NO.		Poli	cy Number	
CITY STATE Mountain Home ID		ZIP CODE 83647	Cor	npany:NAIC Number	
SECTION D - SURVEYOR, ENGINEER, OR ARC	CHITECT CE	RTIFICATION (CONTI	NUED)		
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/co	ompany, and (3)	building owner.			
COMMENTS					
				Check here if attachments	
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NO	T REQUIRED) FOR ZONE AO ANI	D ZONE A (M	VITHOUT BFE)	
for Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certil Section C must be completed.	ficate is intende	ed for use as supporting in	formation for a	LOMA or LOMR-F,	
E1. Building Diagram Number _(Select the building diagram most similar to the building for where represents the building, provide a sketch or photograph.)	hich this certifica	ate is being completed – s	see pages 6 an	d 7. If no diagram accurately	
E2. The top of the bottom floor (including basement or enclosure) of the building is ft.(m) _ natural grade, if available).	_in.(cm) 🔲 al	bove or Delow (check	k one) the high	est adjacent grade. (Use	
E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated flo grade. Complete items C3.h and C3.i on front of form.					
4. The top of the platform of machinery and/or equipment servicing the building is ft.(m) _ natural grade, if available).	1		, ,	, , ,	
E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevation. Yes No Unknown. The local official must certify this information in Section		nce with the community's	floodplain mar	nagement ordinance?	
SECTION F - PROPERTY OWNER (OR OWNER		ENTATIVE) CERTIFIC	ATION		
The property owner or owner's authorized representative who completes Sections A, B, C (It				EMA-issued or community-	
issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are con	rect to the best	of my knowledge.	•		
PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME					
ADDRESS	CITY		STATE	ZIP CODE	
SIGNATURE	DATE		TELEPHONE		
COMMENTS					
				Charle ham if attachments	
SECTION G - COMMUNITY INFO	ORMATION	(OPTIONAL)		Check here if attachments	
The local official who is authorized by law or ordinance to administer the community's floodplain			Sections A.B.	C (or F) and G of this Flevat	
Certificate. Complete the applicable item(s) and sign below.	ago.iioii	or arrange sair samples	000001107 4 25,	o (or 2), and o or ano 210 da	
$S1. \square$ The information in Section C was taken from other documentation that has been signed.			, engineer, or a	architect who is authorized by	
or local law to certify elevation information. (Indicate the source and date of the eleva			7 40		
62. A community official completed Section E for a building located in Zone A (without a Fl 63. The following information (Items G4-G9) is provided for community floodplain manage			or Zone AU.		
G4. PERMIT NUMBER G5. DATE PERMIT ISSUED		 96. DATE CERTIFICATE OF	COMPLIANCE	OCCUPANCY ISSUED	
67. This permit has been issued for: New Construction Substantial Improvement					
68. Elevation of as-built lowest floor (including basement) of the building is: 69. BFE or (in Zone AO) depth of flooding at the building site is:		ft.(m)		Datum: Datum:	
LOCAL OFFICIAL'S NAME	TITLE				
COMMUNITY NAME	TELEF	PHONE			
SIGNATURE	DATE				
COMMENTS			-		
				Check here if attachments	