MASTER

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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	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Sulte, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Company NAIC Numbor
CITY, STATE	ZIP CODE
MOUNTAIN HOME Idaho	83647
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Percel Number, Legal Description, etc.)	
BUILDING USE (e.g., Rosidential, Non-rosidential, Addition, Accessory, etc. Use a Comments area, if necessary.)	182 L
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: U GPS (Type):	1 1112 L
{ ## ^a - ##', ##.##" or ##.#####") NAD 1927 NAD 1983 SOURCE, GFS (Type)	Other SCALED FROM FIRM
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	·
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME	B3. STATE
CITY OF MOUNTAIN HOME 1600 58 ELMORE	Fdaho
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL B8. FLOOD	B9. BASE FLOOD ELEVATION(S)
NUMBER C DATE EFFECTIVE/REVISED DATE ZONE(S)	(Zone AO, use depth of flooding)
	3128.50
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):	teodbal:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected And	
Designation Date:	
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIR	Transferrence and the second
C1. Building elevations are based on: _ Construction Drawings* _ Building Under Construction*	KIFinished Construction
"A new Elevation Certificate will be required when construction of the building is complete.	
C2. Building Diagram Number <u>2</u> . (Select the building diagram most similar to the building for which this pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)	centricate is being completed - see
C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A	1-430 ARIAH ARIAO
Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum u	
the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measure	
calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate,	
Datum NGVDZA Conversion/Comments	
Elevation reference mark used VM-1 Does the elevation reference mark used appe	er on the FIRM? IV I Yes I No REGISTERES 24714
a) Top of bottom floor (Including basement or enclosure)	I ENGINEER . 1 /
D b) Top of next higher floor ft.(m)	GISTER
C c) Bottom of lowest horizontal structural member (V zones only)	1 1 0 m 49
Image: Servicing the building (Describe in a Comments area.) 3129 5 Image: Servicing the building (Describe in a Comments area.) 3129 5	Et Housed
b) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) f) Lowest adjacent (finished) grade (LAG) g) Highest adjacent (finished) grade (HAG) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	60 12 78 00 TOL
□ g) Highest adjacent (finished) grade (HAG) <u>312-959</u> , ft.(m) g	Res Tracion S
□ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 18, 13	A WORLD ST
(i) Total area of all permanent openings (flood vents) in C3.h 1170 sq. in. (sq. cm)	9.110
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATI	Annual and a second
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpr	
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Se	
CERTIFIER NAME	
JAMES J. HOWARD PE./LS.	2471
OWNER J.J. HOWARD EDGINEERING	
ADDRESS STATE	ZIP CODE
SIGNATURE COMPRETCIAL AVE MERIdian TOAK	0 83642
12-23-05 1-20B	- 846-8937

See reverse side for continuation.

FEMA For 81-31, January 2003

Replaces all previous editions

	copy the corresponding information from Section A.	For Insurance Company Use:
	uding Apl., Unit, Suite, Endlor Bidg. No.) ORP.O. ROUTE AND BOX NO. E FREEDOM (ircle (Duplex)	Policy Number
CITY	STATE , ZIP CODE	Company NAIC Number
	ME JAANO 83647 N D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CO	NTINUED)
The second		The second se
CODY DOIN SIDES OF THIS ELEVATION	Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.
COMMENTS		
		WITE THE
		LOLA.
		Check here if altachme
A REAL PROPERTY AND A REAL	EVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO	
	BFE), complete items E1, through E5. If the Elevation Certificate is inter	nded for use as supporting
1 Suiding Discret Number	F, Section C must be completed. 	contificate is boing completed
	ram accurately represents the building, provide a sketch or photograph.)	
2. The top of the bottom floor (in	cluding basement or enclosure) of the building is ft. (m) in	. (cm) above or below
(check one) the highest adjace	ent grade. (Use natural grade, if available.)	
	Ih openings (see page 7), the next higher floor or elevated floor (elevation above the highest adjacent grade. Complete Items C3.h and C3.j on from	
	chinery and/or equipment servicing the building is $\lfloor - \rfloor = \parallel$ ff. (m) $\lfloor - \rfloor = \parallel$ in	
(check one) the highest adjac	cent grade. (Use natural grade, if available.)	
	depth number is available, is the top of the bottom floor elevated in acco	
	ance? Yes No Unknown, The local official must certify t	
a lite of the second seco	N F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERT	
(without a FEMA-issued or comm	uthorized representative who completes Sections A, B, C (Items C3.h an nunity-issued BFE) or Zone AO must sign here. The statements in Section	ons A, B, C, and E are correct to
the best of my knowledge.		
PROPERTY OWNER'S OR OWNER	R'S AUTHORIZED REPRESENTATIVE'S NAME	
ADDRESS	CITY STATE	ZIP ÇODE
SIGNATURE	DATE TELES	PHONE
1712/U.1. 4	DATE TELES	PHONE
SIGNATURE	DATE TELE!	PHONE
1712/U.1. 4	DATE TELES	
1712/U.1. 4	DATE TELES SECTION G - COMMUNITY INFORMATION (OPTIONAL)	
COMMENTS	SECTION G - COMMUNITY INFORMATION (OPTIONAL) d by law or ordinance to administer the community's floodplain managem	J Check here if attachm
COMMENTS The local official who is authorized Sections A, B, C (or E), and G of I	SECTION G - COMMUNITY INFORMATION (OPTIONAL) d by law or ordinance to administer the community's floodplain managem this Elevation Certificate. Complete the applicable item(s) and sign below	I Check here if attachm ent ordinance can complete v.
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