

**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		For Insurance Company Use:
BUILDING OWNER'S NAME <u>Rick Turpen</u>	Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>170 N. 18th E.</u>	Company NAIC Number	
CITY <u>MOUNTAIN HOME</u>	STATE <u>ID</u>	ZIP CODE <u>83647</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>RESIDENTIAL</u>		
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: _____

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>MTN. HOME 160058 0005C</u>		B2. COUNTY NAME <u>ELMORE</u>		B3. STATE <u>IDAH0</u>	
B4. MAP AND PANEL NUMBER <u>160058</u>	B5. SUFFIX <u>0005C</u>	B6. FIRM INDEX DATE <u>MARCH 15, 1994</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>9-30-88 / 3-15-94</u>	B8. FLOOD ZONE(S) <u>AO</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>1'</u>

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 \_\_\_\_\_ (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 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, as appropriate, to document the datum conversion.

Datum \_\_\_\_\_ Conversion/Comments \_\_\_\_\_

Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM? ☐ Yes    ☐ No

<p><input type="checkbox"/> a) Top of bottom floor (including basement or enclosure) _____ ft.(m)</p> <p><input type="checkbox"/> b) Top of next higher floor _____ ft.(m)</p> <p><input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)</p> <p><input type="checkbox"/> d) Attached garage (top of slab) _____ ft.(m)</p> <p><input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m)</p> <p><input type="checkbox"/> f) Lowest adjacent grade (LAG) _____ ft.(m)</p> <p><input type="checkbox"/> g) Highest adjacent grade (HAG) _____ ft.(m)</p> <p><input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____</p> <p><input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">License Number, Embossed Seal, Signature, and Date</p> <div style="border: 1px solid black; height: 150px; width: 100%; margin-top: 10px;"></div>
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## 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	LICENSE NUMBER
TITLE	COMPANY NAME
ADDRESS	CITY
	STATE
	ZIP CODE
SIGNATURE	DATE
	TELEPHONE



<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.			Policy Number
CITY	STATE	ZIP CODE	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 2 (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 01 ft.(m) 010 in.(cm) ☒ above or ☐ below (check one) the highest adjacent grade.
- 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.
- 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, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS Rick Tarpan CITY Mountain Home STATE MD ZIP CODE 83647  
170 N. 18TH East DATE 2-13-02 TELEPHONE 587-6290  
 SIGNATURE [Signature]  
 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 <u>8832</u>	G5. DATE PERMIT ISSUED <u>1-3-02</u>	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED <u>MAY 3, 2002</u>
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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: above adj. grade
- G9. BFE or (in Zone AO) depth of flooding at the building site is:     ft.(m) Datum:

LOCAL OFFICIAL'S NAME

LEON SPIDELL

TITLE

BUILDING OFFICIAL

COMMUNITY NAME

CITY OF MOUNTAIN HOME

TELEPHONE

208-587-2104

SIGNATURE

[Signature]

DATE

9/9/03

COMMENTS

☐ Check here if attachments