

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

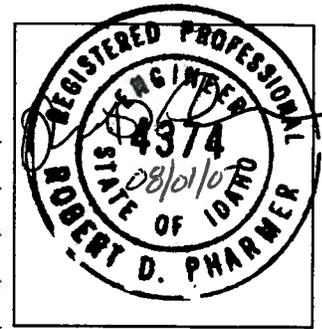
Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION			For Insurance Company Use:	
A1. Building Owner's Name	Rick & Charlaine Fisch		Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	3926 North Elk Valley Way		Company NAIC Number	
City	State	ZIP Code		
Featherville	ID.	83647		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)				
Lot 29 Block 1 Elk Valley Subdivision Elmore County, ID.				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)				
Residential				
A5. Latitude/Longitude: Lat.		Long.		Horizontal Datum:
N43°35'49.5"		W115°16'14.5"		<input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.				
A7. Building Diagram Number				
8				
A8. For a building with a crawl space or enclosure(s), provide:			A9. For a building with an attached garage, provide:	
a) Square footage of crawl space or enclosure(s)	1189 sq ft		a) Square footage of attached garage	528 sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	8		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade	0
c) Total net area of flood openings in A8.b	672 sq in		c) Total net area of flood openings in A9.b	0 sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
Elmore County, ID, 160212		Elmore		ID	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
160212 0225	B	June 19, 1989	June 19, 1989	AE	4471.0'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.					
<input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe)					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe)					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input checked="" type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction	
*A new Elevation Certificate will be required when construction of the building is complete.	
C2. 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 C2.a-g below according to the building diagram specified in Item A7.	
Benchmark Utilized	Vertical Datum
EUG - 4470.7'	NGVD 1929
Conversion/Comments: Conversions noted on record of subdivision plat	
Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	4472.05 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	4472.57 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	_____ <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	4476.26 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	4475.21 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	4475.26 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	4475.26 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

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 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.	
<input type="checkbox"/> Check here if comments are provided on back of form.	
Certifier's Name	License Number
ROBERT D PHARMER	IDAHO 4374
Title	Company Name
PRESIDENT	PHARMER ENGINEERING LLC
Address	City
671 E. RIVER PARK LANE	BOISE ID.
State	ZIP Code
ID.	83706
Signature	Date
<i>[Signature]</i>	08/01/07
Telephone	
(208) 433-1900	



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. <u>3926 North Elk Valley Way</u>		Policy Number	
City <u>Featherville</u>	State <u>ID</u>	ZIP Code <u>83647</u>	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

Signature _____ Date _____ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet _____ meters above or below the HAG.
 b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet _____ meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet _____ meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet _____ meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet _____ meters above or below the HAG.
- E5. 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. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name Rick & Charlaime Fisch

Address 3378 S. Kentucky Way City Meridian, ID State _____ ZIP Code 83642

Signature [Signature] Date 1 Aug 07 Telephone 208-895-8665

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. Check the measurement used in Items G8, and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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
-------------------	------------------------	---

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet _____ meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet _____ meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

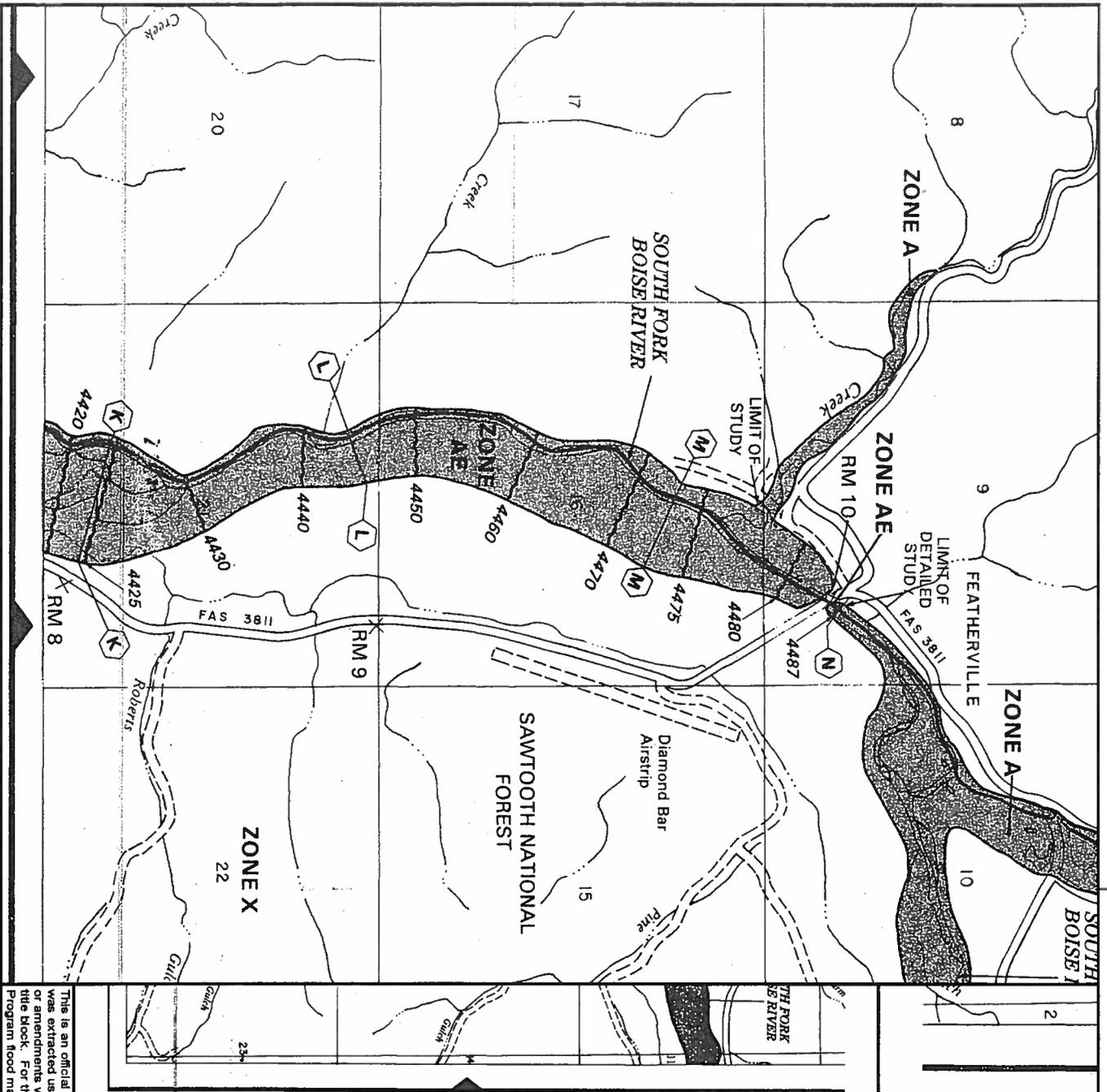
Signature _____ Date _____

Comments

Check here if attachments

LOT	BLOCK	BASE FLOOD ELEVATION	BENCHMARK NUMBER	BENCHMARK DESCRIPTION	BENCHMARK ELEVATION
24	1	4478	3	*NW Corner Concrete Pad-Transformer Number EV2	4481.87
25	1	4479	3	*NW Corner Concrete Pad-Transformer Number EV2	4481.87
26	1	4479.5	2	*NW Corner Concrete Pad-Transformer Number EV1	4484.35
27	1	4480	2	*NW Corner Concrete Pad-Transformer Number EV1	4484.35
28	1		1	*NW Corner Concrete Transformer Pad	4486.80
59	1	4465	17	*NW Corner Concrete Pad-Transformer Number EV26	4471.21
60	1	4466	17	*NW Corner Concrete Pad-Transformer Number EV26	4471.21
61	1	4467	18	*NW Corner Concrete Pad-Transformer Number EV25	4472.69
62	1	4468	18	*NW Corner Concrete Pad-Transformer Number EV25	4472.69
63	1	4469	19	*NW Corner Concrete Pad-Transformer Number EV24	4474.64
29	1	4471	7	*NW Corner Concrete Pad-Transformer Number EV6	4470.70
30	1	4472	7	*NW Corner Concrete Pad-Transformer Number EV6	4470.70
31	1	4473	6	*NE Corner Concrete Pad-Transformer Number EV5	4473.54
32	1	4474	6	*NE Corner Concrete Pad-Transformer Number EV5	4473.54

LOT	BLOCK	BASE FLOOD ELEVATION	BENCHMARK NUMBER	BENCHMARK DESCRIPTION	BENCHMARK ELEVATION
24	1	4478	3	*NW Corner Concrete Pad-Transformer Number EV2	4481.87
25	1	4479	3	*NW Corner Concrete Pad-Transformer Number EV2	4481.87
26	1	4479.5	2	*NW Corner Concrete Pad-Transformer Number EV1	4484.35
27	1	4480	2	*NW Corner Concrete Pad-Transformer Number EV1	4484.35
28	1		1	*NW Corner Concrete Transformer Pad	4486.80
59	1	4465	17	*NW Corner Concrete Pad-Transformer Number EV26	4471.21
60	1	4466	17	*NW Corner Concrete Pad-Transformer Number EV26	4471.21
61	1	4467	18	*NW Corner Concrete Pad-Transformer Number EV25	4472.69
62	1	4468	18	*NW Corner Concrete Pad-Transformer Number EV25	4472.69
63	1	4469	19	*NW Corner Concrete Pad-Transformer Number EV24	4474.64
29	1	4471	7	*NW Corner Concrete Pad-Transformer Number EV6	4470.70
30	1	4472	7	*NW Corner Concrete Pad-Transformer Number EV6	4470.70
31	1	4473	6	*NE Corner Concrete Pad-Transformer Number EV5	4473.54
32	1	4474	6	*NE Corner Concrete Pad-Transformer Number EV5	4473.54



APPROXIMATE SCALE IN FEET
 2000
 0

	
NATIONAL FLOOD INSURANCE PROGRAM	
FIRM FLOOD INSURANCE RATE MAP	
ELMORE COUNTY, IDAHO (UNINCORPORATED AREAS)	
PANEL 225 OF 850 <small>SEE MAP INDEX FOR PANELS NOT PRINTED</small>	
	<small>PANEL LOCATION</small> COMMUNITY-PANEL NUMBER 160212 0225 B
EFFECTIVE DATE: JUNE 19, 1989	
Federal Emergency Management Agency	

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at www.msc.fema.gov