

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:		
BUILDING OWNER'S NAME DAVID BERMAN			Policy Number		
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1021 WAR EAGLE DRIVE			Company NAIC Number		
CITY HAILEY	STATE ID	ZIP CODE	83333		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) DELLA VIEW SUBDIVISION BLOCK 8 LOT 3					
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL					
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 CITY OF HAILEY 160022		B2. COUNTY NAME BLAINE		B3. STATE ID	
B4. MAP AND PANEL NUMBER 0664	B5. SUFFIX D	B6. FIRM INDEX DATE 3/16/81	B7. FIRM PANEL EFFECTIVE/REVISED DATE 3/17/1997	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 5282.8

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 6 (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.)

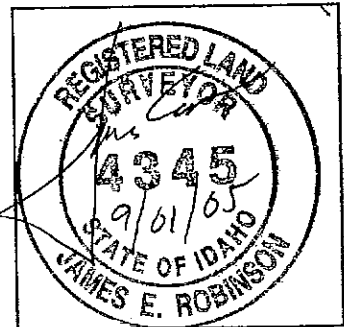
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete items C3-a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert 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 NDVD 29 Conversion/Comments _____

Elevation reference mark used RM-8 Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 5282 0 ft.(m)
- o b) Top of next higher floor 5285 3 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
- o d) Attached garage (top of slab) 5282 0 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 5285 3 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 5281 5 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 5282 3 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A
- o i) Total area of all permanent openings (flood vents) in C3.h N/A 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 JAMES E ROBINSON

LICENSE NUMBER 4345

TITLE: LAND SURVEYOR	COMPANY NAME BENCHMARK ASSOCIATES		
ADDRESS 100 BELL DRIVE	CITY KETCHUM	STATE ID	ZIP CODE 83343
SIGNATURE 	DATE 9/01/2005	TELEPHONE (208) 726-9512	

Fee \$400.00
Permit # _____

**CITY OF HAILEY
APPLICATION FOR
FLOODPLAIN DEVELOPMENT PERMIT**

RECEIVED (18)

SEP 11 2006

Applicant's Name DAVE BERMAN Mailing Address PO BOX 4103
Project Name 1021 WAR EAGLE DR HAILEY, ID
Telephone # 578 1171 Cell # _____ Fax # _____
Legal Description of Subdivision Development DEWA VIEW Lot 3, Block 8, Plat # _____
Physical Location of Subdivision Development _____

Description of Development

- | | | |
|--|--|---|
| <input type="checkbox"/> Residential Construction | <input type="checkbox"/> Non-Residential | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> On Single Lot | <input type="checkbox"/> Subdivision | <input checked="" type="checkbox"/> Excavation |
| <input checked="" type="checkbox"/> Addition or Improvements | <input type="checkbox"/> Fill | <input checked="" type="checkbox"/> Grading |
| <input type="checkbox"/> Watercourse Alteration | <input type="checkbox"/> Other | <u>IMPROVEMENT OF DRIVEWAY,
LANDSCAPING & GARAGE FLOOR
ONLY</u> |

By National Flood Insurance Program (NFIP) rating rules, a sub-grade crawl space is rated as a basement and it will be reflected in your insurance premiums..

REQUIRED ATTACHMENTS TO THIS APPLICATION:

1. ___ Mean Sea Level (MSL) elevation of the lowest floor (including basement) of all structures
2. ___ MSL elevation to which any structure is flood-proofed
3. ___ Certification by a registered professional engineer that the flood-proofing methods meet the community flood-proofing criteria
4. ___ A description of the extent to which any watercourse will be altered or relocated
5. ___ Base flood or 100 year flood elevation date for a development or subdivision

Attach the following information, if applicable

6. ___ Plans in duplicate, drawn to scale showing the nature, dimensions, and elevations of the area in question
7. ___ Existing or proposed structures, fill, storage of materials, drainage facilities
8. ___ Location of items 6 and 7.

The proposed development is located in the Floodway 100-year Floodplain Flood-fringe
The Base Flood Elevation or depth number at the development site is _____ feet.

PLAN REVIEW

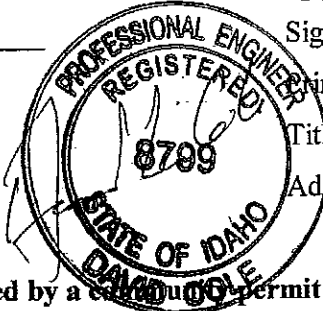
The following is to be completed by a registered professional engineer or land surveyor.

5282.51 feet - MSL elevation or depth number to which the structure is to be elevated. RAISE 6"

NA feet - MSL elevation or depth number to which the structure is to be flood-proofed.

GARAGE - SLAB ON GRADE

Date 9/2/05



Signature [Handwritten Signature]

Print Name DAVID L. COLE

Title PROFESSIONAL CIVIL ENGINEER

Address 100 BELL DRIVE, KETCHUM

(SEAL)

The following is to be completed by a DAVID COLE permit official.

All necessary information and certificates are attached.

- Permit Denied.** The proposed development is not in conformance with applicable Floodplain Management Standards.
- Permit Approved.** I have reviewed the plans and materials submitted in support of the proposed development and find them in compliance with applicable Floodplain Management Standards.
- Referred to Board of Adjustment.** The proposal is not in conformance with applicable Floodplain Management Standards (see attached explanation) and the application is referred to the Board of Adjustment for variance action.

Date 9-7-05

Signature [Handwritten Signature]

CONSTRUCTION REVIEW

Attached are the following:

1. Completed FEMA elevation certificate based on finished construction. At foundation inspection, verify elevation of residence floor.
2. Certificates of a registered professional engineer or land surveyor documenting the following elevations:

The certified as-built MSL elevation of the lowest floor of the structure is _____ feet.
The certified as-built MSL flood-proofed elevation of the structure is _____ feet.

Certificate of Occupancy or Compliance is Issued on this _____ day of _____, 20____

Signed _____

CITY OF HAILEY

POST CONSTRUCTION ELEVATION CERTIFICATE

Date:

Second Survey

Community No. 160022

IMPORTANT

This form must be completed by a registered professional engineer or surveyor, then returned to the City of Hailey Building Department prior to obtaining a framing inspection.

Property Owner: DAVID BERMAN Address: 1071 WAR EAGLE DR
HAILEY

Property Description:

Subdivision: DELVA VIEW Lot 7, Block 8, Plat _____

FIA Map Panel on which property is located: _____

FIA Map Zone in which property is located: _____

Base Flood Elevation at the proposed site: 2.285

Required minimum elevation of lowest floor: _____

Actual elevation of lowest floor: _____

ELEVATION CERTIFICATE

I certify that the building at the property location described above has the lowest floor at an elevation of _____ feet, NGBD (mean sea level).

Date: _____

Certifier's Name: _____

Title: _____

Address: _____

Signature: _____

Affix Seal or Stamp

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

BUILDING OWNER'S NAME David Berman		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1021 War Eagle Drive		Policy Number	
CITY Hailey	STATE Id	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Della View Subdivision Block 8 Lot 3			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other	
		<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Hailey, Idaho 160022		B2. COUNTY NAME Blaine County		B3. STATE ID	
B4. MAP AND PANEL NUMBER 0664	B5. SUFFIX D	B6. FIRM INDEX DATE 03/17/1997	B7. FIRM PANEL EFFECTIVE/REVISED DATE 03/17/1997	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 5283.0

- 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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

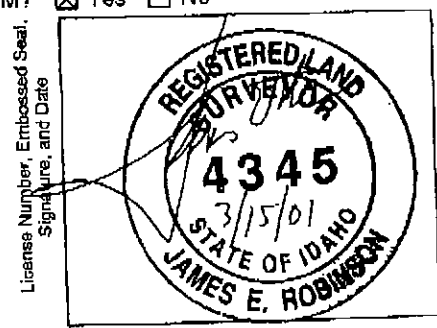
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 6 (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 NGVD 29 Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) 5281.8 ft. (m)
- b) Top of next higher floor 5285.1 ft. (m)
- c) Bottom of lowest horizontal structural member (V zones only) N/A. ft. (m)
- d) Attached garage (top of slab) 5281.8 ft. (m)
- e) Lowest elevation of machinery and/or equipment servicing the building 5285.1 ft. (m)
- f) Lowest adjacent grade (LAG) 5281.7 ft. (m)
- g) Highest adjacent grade (HAG) 5282.2 ft. (m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
- i) Total area of all permanent openings (flood vents) in C3h 0 sq. in. (sq. cm)



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 James E. Robinson	LICENSE NUMBER 4345 IDAHO		
TITLE PROFESIONAL Land Surveyor	COMPANY NAME Benchmark Associates P.A.	ZIP CODE 83340	
ADDRESS P.O. Box 733	CITY Ketchum	STATE ID	TELEPHONE (208) 726-9512
SIGNATURE <i>James E. Robinson</i>	DATE 03/15/2001		

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. 1021 War Eagle Drive			Policy Number	
CITY Hailey	STATE Id	ZIP CODE 83333	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 C3-a is enclosed garage.

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.
- 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	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
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

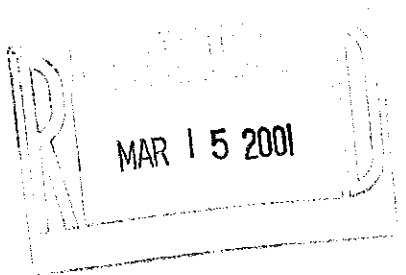
G8. Elevation of as-built lowest floor (including basement) of the building is: ___ ft.(m) Datum: ___
G9. BFE or (in Zone AO) depth of flooding at the building site is: ___ ft.(m) Datum: ___

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

Check here if attachments



BENCHMARK ASSOCIATES P.A.
 CIVIL ENGINEERING, PLANNING
 LAND SURVEYING & MAPPING
 PO BOX 733, KETCHUM ID 83340
 TEL:208-726-9512 FAX:208-726-9514
 HAILEY OFFICE
 TEL:208-788-1479 FAX:208-788-1044



FACSIMILE TRANSMITTAL SHEET

TO: <i>Lou Mallee</i>	FROM: <i>Don Sewell</i>
COMPANY: <i>City of Hailey</i>	DATE: <i>3-15-01</i>
FAX NUMBER: <i>788-2924</i>	TOTAL NO. OF PAGES INCLUDING COVER: <i>3</i>
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RR: <i>David Berman Res.</i>	YOUR REFERENCE NUMBER:

- URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

*Nice Catch! Thanks Lou, The base
 flood was 100 ft off.*



FAX TRANSMISSION

Date: 3-10

No. of Pages: 6
(including this page)

Time: _____

To: Laurie

Fax No.: 425-822-2244

From: Hailey City Hall

Message:

City of Hailey
115 Main St. S, Suite H
Hailey, ID 83333
(208) 788-4221
FAX: (208) 788-2924

99-223

CITY OF HAILEY
FLOODPLAIN DEVELOPMENT PERMIT

Name of Applicant David Berman Date 10-21-99
Name of Project if applicable _____
Address P.O. Box 4103 Hailey Phone 578-1131
Location of Proposed Development Subdivision Oella View sub Lot 3
Block 8 Plat _____

Description of Development

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Residential Construction | <input type="checkbox"/> Non-Residential | <input type="checkbox"/> New Construction |
| <input checked="" type="checkbox"/> On Single Lot | <input type="checkbox"/> Subdivision | <input type="checkbox"/> Excavation |
| <input type="checkbox"/> Addition or Improvements | <input type="checkbox"/> Fill | <input type="checkbox"/> Grading |
| <input type="checkbox"/> Watercourse Alteration | | |
| <input type="checkbox"/> Other | | <u>1021 War Eagle</u> |

Attach to the application the following information where applicable. Plans in duplicate, drawn to scale showing the nature, dimensions, and elevations of the area in question; existing or proposed structures, fill, storage of materials, drainage facilities; and the location of the foregoing. Specifically, the following information is required: (1) Mean sea level (MSL) elevation of the lowest floor (including basement) of all structures; (2) MSL elevation to which any structure is floodproofed; (3) certification by a registered professional engineer that the floodproofing methods meet the community floodproofing criteria; (4) a description of the extent to which any watercourse will be altered or relocated, and (5) base (100-year) flood elevation data for a development or subdivision.

The proposed development is located in the Floodway Floodfringe
The Base Flood Elevation or depth number at the development site is: 5283.0

Source Documents FIRM 160022 0664 D

Plan Review

MSL Elevation or depth number to which the structure is to be elevated 5284.0 ft.
MSL Elevation or depth number to which the structure is to be floodproofed _____ ft.

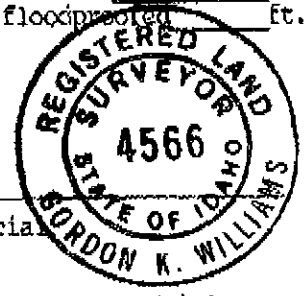
SIGNATURE Gordon K. Williams (SEAL)

NAME GORDON K. WILLIAMS

TITLE SURVEYOR

ADDRESS Box 733 KETCHUM ID 83340

DATE 10/21/99



The following is to be completed by the community permit official. All necessary information and certificates are attached.

Action

- The proposed development is not in conformance with applicable Floodplain Management Standards (explanation attached). Permit is denied.
- The proposal is not in conformance with applicable Floodplain Management Standards (explanation attached) and the application is referred to the Board of Adjustment for variance action.
- I have reviewed the plans and materials submitted in support of the proposed development and find them in compliance with applicable Floodplain Management Standards. Permit is approved.

Date 26 Oct 99

Signature Don Yelton

Building construction documentation

The certified as-built MSL elevation of the lowest floor of the structure is _____ ft.

The certified as-built MSL floodproofed elevation of the structure is _____ ft.

Certificates of a registered professional engineer or land surveyor documenting these elevation are attached.

Certificate of Occupancy or Compliance Issued

Date _____ Signature _____

CITY OF HALLEY

FLOODPLAIN ELEVATION/FLOOD-PROOFING CERTIFICATION

This Certificate must be signed and sealed by a registered professional Engineer or Surveyor and filed with the Halley Building Department at the time of building permit application.

1st Survey

I hereby certify that the bench mark set on property identified as T. 2 N., R. 18 E., B.M., Section 16, Halley, Blaine County, Idaho, Subdivision Della View
Lot No. 3 Block No. 8 Tax Lot No. _____
Street Address _____
is at an elevation of 5284.00 feet, NGVD 29 - NAVD 88.

Bench Mark description and location: Nail in Cottonwood tree At N/W corner Lot 3 on river bank

SIGNATURE Gordon K. Williams
NAME IS ON STAMP
TITLE SURVEYOR
ADDRESS BOX 733 KETCHUM
DATE 10/20/99

(SEAL)



ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME DAVID BERMAN		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1021 WAR EAGLE DRIVE (GARAGE)		Company NAIC Number
CITY HAILEY	STATE ID	ZIP CODE 83333
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) DELLA VIEW SUBDIVISION BLOCK 8 LOT 3		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL GARAGE		
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 CITY OF HAILEY 160022		B2. COUNTY NAME BLAINE	B3. STATE ID
B4. MAP AND PANEL NUMBER 0664	B5. SUFFIX D	B6. FIRM INDEX DATE 3/1681	B7. FIRM PANEL EFFECTIVE/REVISED DATE 3/17/1997
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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): _____
 NAVD 1988 Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date _____

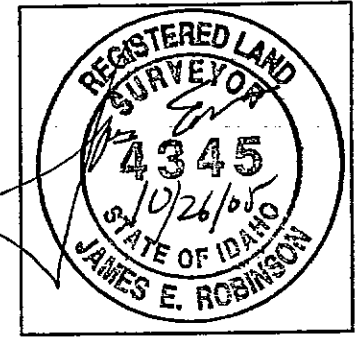
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C2. Building Diagram Number 3 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

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
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 Datum NDVD 29 Conversion/Comments _____
 Elevation reference mark used RM-8 Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) N/A .__ft.(m)
- o b) Top of next higher floor N/A .__ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) N/A .__ft.(m)
- o d) Attached garage (top of slab) 5282.6 ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 5283.6 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 5281.5 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 5282.3 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A
- o i) Total area of all permanent openings (flood vents) in C3.h N/A sq. in. (sq. cm)



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 **JAMES E ROBINSON**

LICENSE NUMBER **4345**

TITLE: LAND SURVEYOR	COMPANY NAME BENCHMARK ASSOCIATES		
ADDRESS 100 BELL DRIVE	CITY KETCHUM	STATE ID ID	ZIP CODE 83343
SIGNATURE 	DATE 10/26/2005	TELEPHONE (208) 726-9512	

City of Hailey

115 MAIN STREET SOUTH, SUITE H
HAILEY, IDAHO 83333

(208) 788-4221
Fax: (208) 788-2924

February 14, 2005

Edward A. Lawson
Lawson & Laski, PLLC
PO Box 3310
Ketchum, ID 83340

Dear Ed:

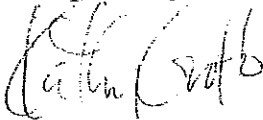
Thank you for your letter of February 4, 2005, regarding a contemplated Lot Line Adjustment application for Lots 3 and 4, Block 8, Della View Subdivision. The proposal would remove the boundary between the two lots, creating one larger lot. The home on Lot 3 would be removed and the existing home on Lot 4 would be enlarged. The homes on both lots are currently non-conforming with respect to the 100-foot riparian setback.

I have discussed this proposal with Ned Williamson, City Attorney, and Diane Shay, Floodplain Administrator. We concur that when the proposed plan is viewed in its entirety, the overall non-conformity would be reduced, provided that (1) the area of the footprint of the expansion to the home on Lot 4 is smaller than the area of the footprint of the existing home on Lot 3, and (2) the entire area within the 100 foot riparian setback on Lot 3 is restored with riparian vegetation.

Your client may submit a Lot Line Adjustment application for these lots. A condition of approval will be that the home on Lot 3 shall be removed prior to recordation of the plat. When Building Permit and Floodplain Development Permit applications are submitted, I would anticipate that the two provisions noted in the paragraph above would be conditions of approval for the Floodplain Development Permit, pursuant to Section 4.10.7 of the Hailey Zoning Ordinance No. 532.

Please call me at 788-9815, extension 13, if you have any questions.

Respectfully,



Kathy Grotto
Planning Director

cc: Ned Williamson, City Attorney
Diane Shay, Floodplain Administrator,

CITY OF HAILEY
115 MAIN ST SOUTH STE H
HAILEY, ID 83333
200-788-4221

Receipt No: 3.001614 Sentem
ber 02, 2005

BERMAN, DAVE

General-Flood Plain Development Permit
400.00
100-00-32296 Zoninn Applications

Total:
400.00

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Check Chk No: 3248
400.00
BERMAN, DAVE

Total Applied:
400.00

Change Tendered:
.00

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