

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 Anne-Marie Devereaux and Chris Gardner		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and or Bldg. No.) OR P.O. ROUTE AND BOX NO. 340 Cedar Street		Company NAIC Number	
CITY Hailey	STATE ID	ZIP CODE 83333	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 7, Block 2, Cedar Bend Subdivision			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (###-##-##.##" or ##.°) 43-30-39 N, 114-18-49 W	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	SOURCE: <input checked="" type="checkbox"/> GPS (Type): <input checked="" type="checkbox"/> USGS Quad Map Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Hailey, Idaho;160022		B2. COUNTY NAME Blaine		B3. STATE ID	
B4. MAP AND PANEL NUMBER 160022 0664	B5. SUFFIX D	B6. FIRM INDEX DATE March 17, 1997	B7. FIRM PANEL EFFECTIVE/REVISED DATE March 17, 1997	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 5287.0

B 1 0. 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.

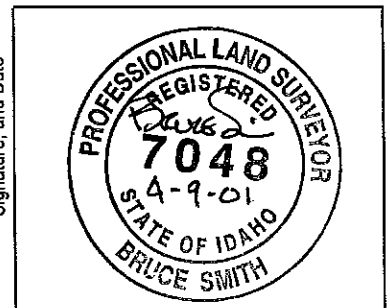
C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

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 1929 Conversion/Comments _____

Elevation reference mark used RM8-664 Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>5286</u>	<u>2</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>5289</u>	<u>0</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)		ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>5287</u>	<u>5</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>5289</u>	<u>0</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>5286</u>	<u>2</u> ft. (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>5286</u>	<u>5</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>14</u>		
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h <u>1200</u> sq. in. _____ 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 Bruce Smith	LICENSE NUMBER PLS 7048
TITLE Professional Land Surveyor	COMPANY NAME Alpine Enterprises Inc.
ADDRESS P.O. Box 2037	CITY Ketchum
SIGNATURE <i>Bruce Smith</i>	STATE ID
	ZIP CODE 83340
	DATE Apr. 08, 2001
	TELEPHONE 208-727-1988

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. 340 Cedar Street			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 This a Pre-Construction Certificate. Proposed Finish Floor = 5289.0
Proposed Top of Foundation = 5288.0

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

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

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BUILDING OWNER'S NAME Anne-Marie Devereaux and Chris Gardner		For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and or Bldg. No.) OR P.O. ROUTE AND BOX NO. 340 Cedar Street for mail: P.O. Box 4713, Ketchum, ID 83340		Company NAIC Number
CITY Hailey	STATE ID	ZIP CODE 83333
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 7, Block 2, Cedar Bend Subdivision		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential		
LATITUDE/LONGITUDE (OPTIONAL) (##*-##'-##.##" or ##.°) 43-30-39 N, 114-18-49 W	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input checked="" type="checkbox"/> USGS Quad Map Other: _____

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B7. FIRM PANEL EFFECTIVE/REVISED DATE March 17, 1997	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 5287.0

B 1 0. 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 8 (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.)

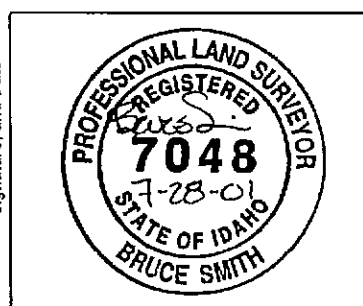
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 Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and 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 1929 Conversion/Comments _____

Elevation reference mark used RM8-664 Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>5286</u>	<u>1</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>5289</u>	<u>0</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	_____ ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>5287</u>	<u>5</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>5289</u>	<u>0</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>5286</u>	<u>1</u> ft. (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>5286</u>	<u>1</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>14</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>1200 sq. In.</u>	_____ 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 Bruce Smith	LICENSE NUMBER PLS 7048
TITLE Professional Land Surveyor	COMPANY NAME Alpine Enterprises Inc.
ADDRESS P.O. Box 2037	CITY Ketchum
SIGNATURE <i>Bruce Smith</i>	STATE ID
	ZIP CODE 83340
	DATE July 28, 2001
	TELEPHONE 208-727-1988

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. 340 Cedar Street			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 This is the final Elevation Certificate with finished floor, framing and roof in place.

Finish Floor = 5289.0, Lowest Floor Member = 5288.0, Bottom of Crawl Space and Adjacent Ground = 5286.1

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

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: CHRIS GARDNER & ANNE-MARIE DEVERAUX Address: 340 CEDAR ST.

Property Description:

Subdivision: CEDAR BEND Lot 7, Block 2, Plat 1

FIA Map Panel on which property is located: 160022 0664 D

FIA Map Zone in which property is located: AE

Base Flood Elevation at the proposed site: 5287.0

Required minimum elevation of lowest floor: 5288.0

ELEVATION CERTIFICATE

I certify that the building at the property location described above has the ^{FINISHED} lowest floor at an elevation of 5289.0 feet, NGBD (mean sea level).

Date: 11/26/01 Certifier's Name: BRUCE SMITH
Title: PROFESSIONAL LAND SURVEYOR
Address: P.O. Box 2037, KETCHUM, ID 83340
Signature: Bruce S.

Affix Seal or Stamp

NOTE: PLEASE REFER TO ATTACHED ELEVATION CERTIFICATE



PERMIT #
01-103

CITY OF HAILEY

FLOODPLAIN DEVELOPMENT PERMIT

Name of Applicant CHRIS GARDNER + ANNE-MARIE DEVEREAUX Date APR. 9, 2001
Name of Project if applicable _____
Address 340 CEDAR ST. Phone 788-1422
Location of Proposed Development Subdivision CEAR BEND Lot 7
Block 2 Plat _____

Description of Development

- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|-----------------|-------------------------------------|------------------|
| <input checked="" type="checkbox"/> | Residential Construction | <input type="checkbox"/> | Non-Residential | <input checked="" 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 _____ | | | | |

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: 5287²

Source Documents FIRM PANEL 160022 0664 D, MARCH 17, 1997

Plan Review

MSL Elevation or depth number to which the structure is to be elevated 5289² ft.
MSL Elevation or depth number to which the structure is to be floodproofed 5288² ft.

SIGNATURE Bruce Smith (SEAL)

NAME BRUCE SMITH

TITLE PROFESSIONAL LAND SURVEYOR

ADDRESS Box 2037, KETCHUM, ID 83340 DATE APR. 09, 2001

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.

10 May 01
Date

Don Mollan
Signature

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 HAILEY

FLOODPLAIN ELEVATION/FLOOD-PROOFING CERTIFICATION

This Certificate must be signed and sealed by a registered professional Engineer or Surveyor and filed with the Hailey 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 . Hailey, Blaine County, Idaho, Subdivision Cedar Bend
Lot No. 7 Block No. 2 Tax Lot No. _____
Street Address 340 Cedar Street
is at an elevation of 5288.0 feet, NGVD 29 - NAVD 88.

Bench Mark description and location: Set spike in cottonwood tree at northwesterly corner of property marked "5288.0 BFE + 1.0 ft."

SIGNATURE _____

Bruce S.

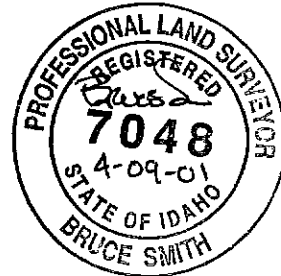
(SEAL)

NAME Bruce Smith

TITLE Professional Land Surveyor

ADDRESS P.O. Box 2037

DATE Apr. 09, 2001

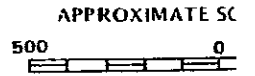
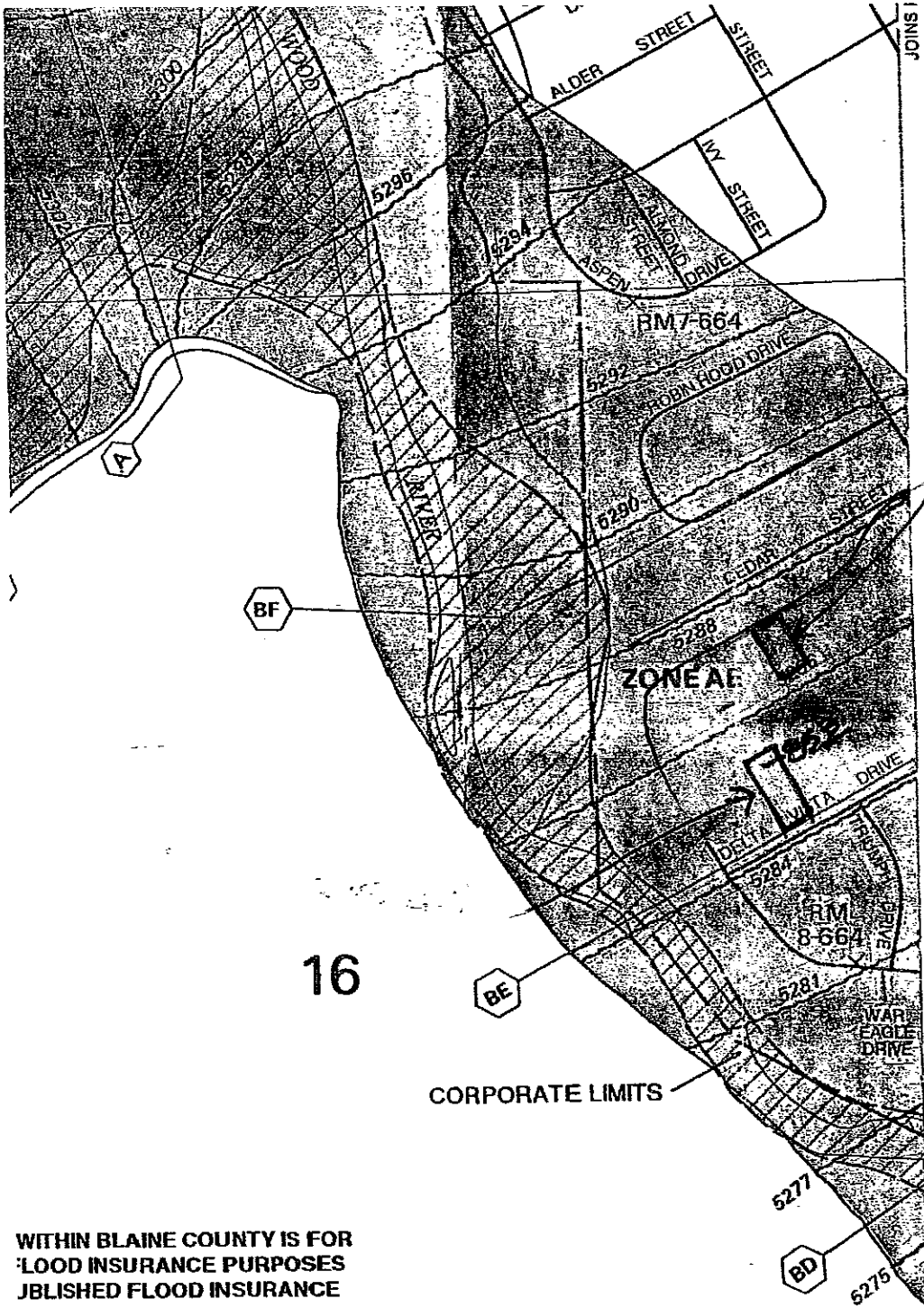


APRIL 14, 19
FLOOD INSURANCE RATE

Map revised March 17, 1997
 change base flood elevations, to char
 add roads and road names, and
 information.

*SUBJECT LOT 7
 BLOCK 2, CEDAR BEND*

To determine if flood insurance is
 agent or call the National Flood
 638-6620.



16

WITHIN BLAINE COUNTY IS FOR
 FLOOD INSURANCE PURPOSES
 ESTABLISHED FLOOD INSURANCE

IN THIS PANEL
 TOWNSHIP 2
 EAST.

NATIONAL FLOOD INSURANCE

**FIRM
 FLOOD INS**

CITY OF
 HAILEY
 IDAHO
 BLAINE CO

PANEL 664
 (SEE MAP INDEX)
 3-19-97

Colvin E
 P. C. Box
 Estherville