

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3057-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME		For Insurance Company Use:	
		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2095 AMBASSADOR AVE		Company NAIC Number	
CITY WOODLAND	STATE WA	ZIP CODE 98674	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 84 EMBASSY PARK 2			
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"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER WOODLAND		B2. COUNTY NAME COWLITZ		B3. STATE WA	
B4. MAP AND PANEL NUMBER 530035	B5. SUFFIX 3	B6. FIRM INDEX DATE 9/4/85	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) A15	B9. BASE FLOOD ELEVATION(S) (Zone A0, use depth of flooding) 34.5

- 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 g (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 C3e-l 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 RMA. Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) 35.2 ft. (m)

b) Top of next higher floor 38.0 ft. (m)

c) Bottom of lowest horizontal structural member (V zones only) _____ ft. (m)

d) Attached garage (top of slab) 34.4 ft. (m)

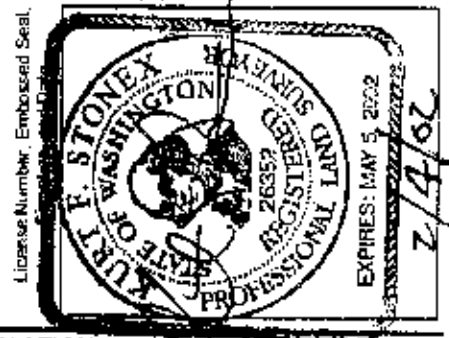
e) Lowest elevation of machinery and/or equipment servicing the building 37.2 ft. (m)

f) Lowest adjacent grade (LAG) 36.2 ft. (m)

g) Highest adjacent grade (HAG) 36.7 ft. (m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 15

i) Total area of all permanent openings (flood vents) in C3h 1800 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 1007.

CERTIFIER'S NAME: KURT F. STONEX LICENSE NUMBER: PL5 26352

TITLE: P.L.S.	COMPANY NAME: OLSON ENGINEERING, INC.
ADDRESS: 1 BROADWAY	CITY: VANCOUVER
SIGNATURE: <i>[Handwritten Signature]</i>	STATE: WA
	ZIP CODE: 98660
	DATE: 02/04/02
	TELEPHONE: (360) 695-1385