U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building

		The second secon			ioidi, (2) iriodidiloc a		ny, and (3) building owner
SECTION A - PROPERTY INFORMATION						RANCE COMPANY USE	
A1. Building Owner	A1. Building Owner's Name					Policy Nun	nber:
A2 Building Street	LGI Homes						
Box No.	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company					Company i	NAIC Number:
1703 E	Blacktail Lar	ne					
City	City State ZIP Code						
Woodland							
		nd Block Numbers, Tax 1, Ph. 1B (Vol. 14, Pg.		el Number, Legal De	escription, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential							
A5. Latitude/Longitu	ide: Lat. 45	5°55'30.36"	Long	122°44'18.94"	Horizontal Datum	: NAD	1927 × NAD 1983
A6. Attach at least 2	2 photograp	hs of the building if the	Certifi	cate is being used t			
A7. Building Diagrar	n Number	9					
A8. For a building w	ith a crawls	pace or enclosure(s):					
a) Square foota	ige of crawls	space or enclosure(s)		1,037 sq ft			
b) Number of pe	ermanent flo	ood openings in the cra	wispad	ce or enclosure(s) w	vithin 1.0 foot above	adiacent or	ade 15
c) Total net area				sq in		,o g.	
d) Engineered fi				3.1			
			,				
A9. For a building wi							
a) Square foota	ge of attach	ed garage 400		sq ft			
b) Number of pe	ermanent flo	od openings in the atta	ched (garage within 1.0 fo	ot above adjacent g	rade	0
c) Total net area	c) Total net area of flood openings in A9.b 0 sq in						
d) Engineered fl	ood openin	gs? ∏ Yes ⊠ No)	-			
a, against the miget							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community	Name & Co	ommunity Number		B2. County Name		-	B3. State
City of Woodland 530035			Cowlitz		Washington		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E.	IRM Panel ffective/ evised Date	B8. Flood Zone(s) B9. Base Flood Elevati (Zone AO, use Bas Flood Depth)		ne AO, use Base
53015C0886	G	12/15/2016	12/15	5/2016	AE	37.0'	
B10. Indicate the sou	irce of the F	Base Flood Elevation (F	SEE) d	eta or base flood do	onth antored in Item	BO.	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: FIS Profile FIRM Community Determined Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes X No							
Designation Date: CBRS OPA							

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IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1703 Blacktail Lane			Policy Number:	
ty State ZIP Code Woodland Washington 98674			Company NAIC Number	
SECTION C -	BUILDING ELEVATION INFORMAT	ION (SURVEY R	EQUIRED)	
C2. Elevations – Zones A1–A30, AE, AH Complete Items C2.a–h below accor Benchmark Utilized: WSDOT/NOAA Indicate elevation datum used for the NGVD 1929 NAVD 19 Datum used for building elevations m	equired when construction of the buildir I, A (with BFE), VE, V1–V30, V (with BF rding to the building diagram specified in Vertical Datum: e elevations in items a) through h) below 088 Other/Source: nust be the same as that used for the B	FE), AR, AR/A, AR. n Item A7. In Puerl NAVD 1988 v.	/AE, AR/A1–A30, AR/AH, AR/AO. to Rico only, enter meters. Check the measurement used.	
	sement, crawlspace, or enclosure floor)	1000 to 1000	X feet meters	
b) Top of the next higher floor		41.1	X feet meters	
c) Bottom of the lowest horizontal st	ructural member (V Zones only)	N/A.	X feet meters	
d) Attached garage (top of slab)		39. 4	X feet meters	
 e) Lowest elevation of machinery or (Describe type of equipment and 	equipment servicing the building location in Comments)	40.9	X feet meters	
f) Lowest adjacent (finished) grade	next to building (LAG)	38.9	X feet meters	
g) Highest adjacent (finished) grade	next to building (HAG)	39. 0	X feet meters	
 h) Lowest adjacent grade at lowest of structural support 	elevation of deck or stairs, including	39. 9	X feet meters	
SECTION D -	- SURVEYOR, ENGINEER, OR ARC	HITECT CERTIF	ICATION	
This certification is to be signed and seale I certify that the information on this Certificate statement may be punishable by fine or in Were latitude and longitude in Section Ap	cate represents my best efforts to interpresents and interpresent under 18 U.S. Code, Section 18 U.S. Code, Se	oret the data availa ion 1001.	law to certify elevation information. ble. I understand that any false Check here if attachments.	
Certifier's Name	License Number			
Howard S. Richardson Title PLS Company Name Olson Engineering, Inc. Address 222 E. Evergreen Blvd.	38485		Place Seal	
City Vancouver	State Washington	ZIP Code 98660	2-73-19	
Signature	Date 2-23-1号	Telephone (360) 695-1385		
Copy all pages of this Elevation Certificate a	and all attachments for (1) community offi	icial, (2) insurance a	agent/company, and (3) building owner.	
Comments (including type of equipment at A5 was taken from GoogleEarth and field on WSDOT and NOAA benchmarks and b bottom of the roof support pier on the sout	verified. C2-elevations were established balanced using OPUS. C2e is to the bot			

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or 1703 Blacktail Lane	Bldg. No.) or P.O. I	Route and Box No.	Policy Number:		
City Sta Woodland Wa	2007 2014 - 1014 - 1015 - 1015 - 1015 - 1015 - 1015 - 1015 - 1015 - 1015 - 1015 - 1015 - 1015 - 1015 - 1015 - 1015	ZIP Code 98674	Company NAIC Number		
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, crawlspace, or enclosure) is		_	s above or below the HAG.		
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet _ meter			
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in					
	 .	feet meter	s above or below the HAG.		
E3. Attached garage (top of slab) is		_	s above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is		feet meter	s above or below the HAG.		
E5. Zone AO only: If no flood depth number is available, is floodplain management ordinance? Yes No	the top of the botto Unknown. T	m floor elevated in actification for the local official must of	cordance with the community's		
SECTION F - PROPERTY OWNER	(OR OWNER'S RE	PRESENTATIVE) CE	RTIFICATION		
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 or Owner's Authorized Representative's Name					
Address	City	Sta	te ZIP Code		
Signature	Date	Tel	ephone		
Comments					
			Check here if attachments.		

OMB No. 1660-0008 Expiration Date: November 30, 2018 **ELEVATION CERTIFICATE** 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. Policy Number: 1703 Blacktail Lane

City Woodland	State Washington	ZIP Code 98674	Company NAIC Number	
-				
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–G10. In Puerto Rico only, enter meters. 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. The following information (Items G4–G10) is provided for community floodplain management purposes.				
G4. Permit Number	G5. Date Permit Issu	ued 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) feet meters Datum				
G9. BFE or (in Zone AO) depth of flooding at the	ne building site:			
G10. Community's design flood elevation:	<u> </u>	[_] Tec	et meters Datum	
Local Official's Name		Title	4	
Community Name		Telephone		
Signature	A-1	Date (And dyn d	7.66	
Comments (including type of equipment and local	ation, per C2(e), if app	olicable)	☐ Check here if attachments.	

BUILDING PHOTOGRAPHS

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See Instructions for Item A6.

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IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including 1703 Blacktail Lane			
City	State	ZIP Code	Company NAIC Number
Woodland	Washington	98674	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One Caption Front (East) view 02/23/18



Photo Two

Photo Two Caption :Rear (West) view 02/23/18

DEPARTMENT OF HOMELAND SECURITY - FEDERAL EMERGENCY MANAGEMENT AGENCY COMMUNITY ACKNOWLEDGMENT FORM

O.M.B. NO. 1660-0015 Expires February 28, 2014

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 1.38 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. This collection is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0015). NOTE: Do not send your completed form to this address.

Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0015). NOTE: Do not send your completed form to this address. This form must be completed for requests involving the existing or proposed placement of fill (complete Section A) OR to provide acknowledgment of this request to remove a property from the SFHA which was previously located within the regulatory floodway (complete Section B). This form must be completed and signed by the official responsible for floodplain management in the community. The six digit NFIP community number and the subject property address must appear in the spaces provided below. Incomplete submissions will result in processing delays. Please refer to the MT-1 instructions for additional information about this form. Lot 16, Meriwether Meriwether Hilltop 1B (Vol.14, Pg.118) 530035 Property Name or Address: 1703 Blacktail Lane, Woodland, WA 98674 Community Number: ___ A. REQUESTS INVOLVING THE PLACEMENT OF FILL As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this Letter of Map Revision Based on Fill (LOMR-F) or Conditional LOMR-F request. Based upon the community's review, we find the completed or proposed project meets or is designed to meet all of the community floodplain management requirements, including the requirement that no fill be placed in the regulatory floodway, and that all necessary Federal, State, and local permits have been, or in the case of a Conditional LOMR-F, will be obtained. For Conditional LOMR-F requests, the applicant has or will document Endangered Species Act (ESA) compliance to FEMA prior to issuance of the Conditional LOMR-F determination. For LOMR-F requests, I acknowledge that compliance with Sections 9 and 10 of the ESA has been achieved independently of FEMA's process. Section 9 of the ESA prohibits anyone from "taking" or harming an endangered species. If an action might harm an endangered species, a permit is required from U.S. Fish and Wildlife Service or National Marine Fisheries Service under Section 10 of the ESA. For actions authorized, funded, or being carried out by Federal or State agencies, documentation from the agency showing its compliance with Section 7(a)(2) of the ESA will be submitted. In addition, we have determined that the land and any existing or proposed structures to be removed from the SFHA are or will be reasonably safe from flooding as defined in 44CFR 65.2(c), and that we have available upon request by DHS-FEMA, all analyses and documentation used to make this determination. For LOMR-F requests, we understand that this request is being forwarded to DHS-FEMA for a possible map revision. Community Comments: Community Official's Name and Title: (Please Print or Type) Telephone No .: 7299 COM-DeV 3612-2 Director Community Official's Signature: (required) Community Name: Date: City of Woodland 530035 **B. PROPERTY LOCATED WITHIN THE REGULATORY FLOODWAY** As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this request for a LOMA. We understand that this request is being forwarded to DHS-FEMA to determine if this property has been inadvertently included in the regulatory floodway. We acknowledge that no fill on this property has been or will be placed within the designated regulatory floodway. We find that the completed or proposed project meets or is designed to meet all of the community floodplain management requirements. Community Comments: Telephone No.: Community Official's Name and Title: (Please Print or Type) Community Name: City of Woodland 533035 Community Official's Signature (required): Date: