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 owner.

		RANCE COMPANY USE		
A1. Building Owner's Name LGI Homes	Policy Nun	nber:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and				
Box No.	Company I	NAIC Number:		
1705 Blacktail Lane				
City State Woodland Washington	ZIP Code 98674			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	90074			
Lot 15, Meriwether Hilltop PH. 1, Ph. 1B (Vol. 14, Pg. 118				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential	······································			
A5. Latitude/Longitude: Lat. 45°55'30.87" Long122°44'19.42" Horizontal Datur	n: NAD	1927 × NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insur	ance.			
A7. Building Diagram Number 9				
A8. For a building with a crawlspace or enclosure(s):				
a) Square footage of crawlspace or enclosure(s) 1,124 sq ft				
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above	adjacent gr	ade 15		
c) Total net area of flood openings in A8.b 1,155 sq in		400-0444-0444-04-0-0-0-0-0-0-0-0-0-0-0-		
d) Engineered flood openings? Yes No				
A9. For a building with an attached garage:				
a) Square footage of attached garage 400 sq ft				
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent of	ırado			
a) Total not area of flood analysis in AO to	raue	0		
d) Engineered flood openings? ☐ Yes ☒ No				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMA	TION			
B1. NFIP Community Name & Community Number B2. County Name		B3. State		
City of Woodland 530035 Cowlitz		Washington		
B4. Map/Panel B5. Suffix B6. FIRM Index Date B7. FIRM Panel B8. Flood Zone(s)		e Flood Elevation(s)		
Revised Date	(Zor	ne AO, use Base od Depth)		
53015C0886 G 12/15/2016 12/15/2016 AE	37.0'			
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 No				
Designation Date: CBRS OPA				

ELEVATION CERTIFICATE

ORTANT: 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. 1705 Blacktail Lane		Policy Number:	
ty State ZIP Code Woodland Washington 98674		Company NAIC Number	
SECTION C - BUILDING ELEVATION INFORMAT		EQUIRED)	
	ding Under Constru		
*A new Elevation Certificate will be required when construction of the building	ng is complete.		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BF Complete Items C2.a–h below according to the building diagram specified in Benchmark Utilized: WSDOT/NOAA Vertical Datum:	n Item A7. In Puerto	AE, AR/A1-A30, AR/AH, AR/AO. o Rico only, enter meters.	
Indicate elevation datum used for the elevations in items a) through h) below	**************************************	And the state of t	
☐ NGVD 1929 区 NAVD 1988 ☐ Other/Source:			
Datum used for building elevations must be the same as that used for the B	FE.	Ol. 1.16	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	38, 2	Check the measurement used.	
b) Top of the next higher floor	41 0		
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A		
d) Attached garage (top of slab)	39. 2	X feet meters	
Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	40. 7	X feet meters	
f) Lowest adjacent (finished) grade next to building (LAG)	<u>39</u> , <u>1</u>	X feet meters	
g) Highest adjacent (finished) grade next to building (HAG)	39. 1	⋉ feet	
 Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 	40. 5	X feet meters	
SECTION D – SURVEYOR, ENGINEER, OR ARC	HITECT CERTIFIC	CATION	
This certification is to be signed and sealed by a land surveyor, engineer, or arch I certify that the information on this Certificate represents my best efforts to interp statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 18 U.S. Code	itect authorized by	laurta andifuntanti di f	
**************************************		Check here if attachments.	
Certifier's Name License Number		Commence of the second	
Howard S. Richardson 38485		SCOTTAG	
Title PLS] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Company Name		Place O	
Olson Engineering, Inc.		Seat 2	
Address 222 E. Evergreen Blvd.		#lege	
1/	ZIP Code 98660	2-73-18	
	Telephone (360) 695-1385	the second second	
Copy all pages of this Elevation Certificate and all attachments for (1) community offic	cial, (2) insurance ag	gent/company, and (3) building owner.	
Comments (including type of equipment and location, per C2(e), if applicable) A5 was taken from GoogleEarth and field verified. C2-elevations were established on WSDOT and NOAA benchmarks and balanced using OPUS. C2e is to the botto bottom of the roof support pier on the west side of the structure.	from bench marks	set by fact static CDS observations	
		¥	

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the correspond			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1705 Blacktail Lane			Policy Number:
City Woodland	State Washington	ZIP Code 98674	Company NAIC Number
	<u> </u>		
	E 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		feet _ meter	rs above or below the HAG.
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet meter	s above or below the LAG.
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in	penings provided in S	Section A Items 8 and/or	Value of the Control
the diagrams) of the building is		feet _ meter	s above or below the HAG.
E3. Attached garage (top of slab) is	-	feet meter	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	e, is the top of the bo	ttom floor elevated in ac	cordance with the community's
noodplain management ordinance? Yes	No Unknown.	The local official must of	pertify this information in Section G.
SECTION F - PROPERTY OW	VER (OR OWNER'S	REPRESENTATIVE) CE	RTIFICATION
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The community-issued BFE or Zone AO must sign here.	ne statements in Secti	ctions A, B, and E for Zo ions A, B, and E are com	ne A (without a FEMA-issued or rect to the best of my knowledge.
Property Owner or Owner's Authorized Representative	s Name		
Address	City	Sta	ate ZIP Code
Signature	Date	Tel	ephone
Comments			
Comments			
			Check here if attachments.

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding i	FOR INSURANCE COMPANY	
Building Street Address (including Apt., Unit, Suite, and/or E 1705 Blacktail Lane	3ldg. No.) or P.O. Route and B	ox No. Policy Number:
City State Woodland Wash	ZIP Code nington 98674	Company NAIC Number
SECTION G - COM	MUNITY INFORMATION (OP	TIONAL)
The local official who is authorized by law or ordinance to a Sections A, B, C (or E), and G of this Elevation Certificate. Used in Items G8–G10. In Puerto Rico only, enter meters.	dminister the community's floo Complete the applicable item(s	dplain management ordinance can complete a) and sign below. Check the measurement
G1. The information in Section C was taken from othe engineer, or architect who is authorized by law to data in the Comments area below.)	r documentation that has been certify elevation information. (I	signed and sealed by a licensed surveyor, ndicate the source and date of the elevation
G2. A community official completed Section E for a but or Zone AO.	ilding located in Zone A (witho	ut a FEMA-issued or community-issued BFi
G3. The following information (Items G4–G10) is provi	ided for community floodplain r	nanagement purposes.
G4. Permit Number G5. Date F	Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for: New Consti	ruction Substantial Improve	ment
G8. Elevation of as-built lowest floor (including basement) of the building:		feet meters Datum
G9. BFE or (in Zone AO) depth of flooding at the building si	ite:	feet meters Datum
G10. Community's design flood elevation:		feet meters Datum
Local Official's Name	Title	
Community Name	Telephone	
Signature	Date	
Comments (including type of equipment and location, per C2	(e), if applicable)	
		Check here if attachments

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE Policy Number:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1705 Blacktail Lane			
City Woodland	State Washington	ZIP Code 98674	Company NAIC Number

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

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



Photo Two

Photo Two Caption :Rear (west view 02/23/18

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the co	orresponding information fro	om Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit. 1705 Blacktail Lane	, Suite, and/or Bldg. No.) or P.	O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC N
Woodland	Washington	98674	Company NAIC Number
If submitting more photographs than will fi with: date taken; "Front View" and "Rea photographs must show the foundation with	it on the preceding page, affir Ir View"; and, if required, "I I representative examples of the	x the additional photograph Right Side View" and "L ne flood openings or vents	ohs below. Identify all photographs eft Side View." When applicable, , as indicated in Section A8.
	Photo One		
Photo One Caption			
hoto Two Caption	Photo Two		
MA Form 086 0 22 /7/45			

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 S completed form to this address.	Street, Arlington, VA 20598-3005, Paperwork Reduction Project ((1660-0015). NOTE: Do not send your		
This form must be completed for requests involving the exis remove a property from the SFHA which was previously local	sting or proposed placement of fill (complete Section A) <i>OR</i> to protect to protect the regulatory floodway (complete Section B).	rovide acknowledgment of this request to		
This form must be completed and signed by the official resp subject property address must appear in the spaces provid for additional information about this form.	consible for floodplain management in the community. The six of ded below. Incomplete submissions will result in processing de	elays. Please refer to the MT-1 instructions		
Community Number: 530035	Lot 15, Meriwether Meriwe Property Name or Address: <u>1705 Blacktail Lane. Wood</u>	vether Hilltop 1B (Vol.14, Pg.118) idland_WA 98674		
A. REQUESTS INVOLVING THE PLACEMENT OF FILL				
Revision Based on Fill (LOMR-F) or Conditional LOMR-meets or is designed to meet all of the community flor regulatory floodway, and that all necessary Federal, St For Conditional LOMR-F requests, the applicant has or Conditional LOMR-F determination. For LOMR-F requeindependently of FEMA's process. Section 9 of the ESA an endangered species, a permit is required from U.S. For actions authorized, funded, or being carried out by Section 7(a)(2) of the ESA will be submitted. In addition from the SFHA are or will be reasonably safe from floo analyses and documentation used to make this determination are prevision. Community Comments:	management, I hereby acknowledge that we have receive -F request. Based upon the community's review, we find codplain management requirements, including the requirements, and local permits have been, or in the case of a Control document Endangered Species Act (ESA) compliancests, I acknowledge that compliance with Sections 9 and A prohibits anyone from "taking" or harming an endange. Fish and Wildlife Service or National Marine Fisheries Sery Federal or State agencies, documentation from the ageon, we have determined that the land and any existing or ording as defined in 44CFR 65.2(c), and that we have available mination. For LOMR-F requests, we understand that this	If the completed or proposed project rement that no fill be placed in the inditional LOMR-F, will be obtained, see to FEMA prior to issuance of the 10 of the ESA has been achieved ered species. If an action might harm ervice under Section 10 of the ESA, ency showing its compliance with a proposed structures to be removed lable upon request by DHS-FEMA, all a request is being forwarded to DHS-		
Community Official's Name and Title: (Please Print or I	Type)	Telephone No.:		
Community Name: City of Woodland 530035	Community Official's Signature: (required)	Date:		
As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this request for a community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this request for a community official responsible for floodplain management 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:				
Trans Gradus (Please Print or T	V. Director	Telephone No.: 360-225-7299		
City of Woodland 533035	Community Official's Signature (required):	Date: 4/18/18		