# 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

	SEC	TION A - PROPERTY		Contract of the Contract of th			RANCE COMPANY USE
A1. Building Owner's Name						Policy Nun	
	LGI H	lomes				,	
BOX NO.	t Address (in Blacktail Lar	cluding Apt., Unit, Suite	e, and/	or Bldg. No.) or P.C	). Route and	Company	NAIC Number:
City	Diacktaii Lai	16					
Woodland				State Washington		ZIP Code 98674	
		nd Block Numbers, Ta 1, Ph. 1B (Vol. 14, Pg.		el Number, Legal De	escription, etc.)		100 miles
A4. Building Use (	e.g., Resider	tial, Non-Residential, A	Addition	n, Accessory, etc.)	Residential		
A5. Latitude/Longit	tude: Lat. 4	5°55'33.48.1"	Long	122°44'17.78"	Horizontal Datum	: NAD	1927 × NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	Certific	cate is being used t	o obtain flood insura	ince.	_
A7. Building Diagra	am Number	9					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foot	age of crawl	space or enclosure(s)		989 sq ft			
b) Number of	permanent flo	ood openings in the cra	wlspac	ce or enclosure(s) w	vithin 1.0 foot above	adjacent gr	ade 15
c) Total net are	ea of flood or	penings in A8.b 1,1	55 9	sq in			The second secon
d) Engineered	flood openin	gs? Yes 🗵 No					
A9. For a building v	vith an attach	ed garage:					
		ed garage 0		sq ft			
		ood openings in the atta		•	ot above adjacent d	rade	0
c) Total net are			0	sq in	or above adjacent g		0
d) Engineered		-		- 34 III			
		gs?   Yes   X No	J				
	SE	CTION B - FLOOD IN	SURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Communit	y Name & C	ommunity Number		B2. County Name			B3. State
City of Woodland 5	30035			Cowlitz			Washington
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E1	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zor	se Flood Elevation(s) ne AO, use Base nd Depth)
53015C0886	G	12/15/2016	12/15	5/2016	AE	37.3	
B10. Indicate the so	ource of the E	Base Flood Elevation (E	BFE) da	ata or base flood de	pth entered in Item	B9:	
	FIRM [	Community Determine	ined [	Other/Source:			
B11. Indicate elevat	ion datum us	ed for BFE in Item B9:	□ N	GVD 1929 🗵 NA	VD 1988 🔲 Oth	er/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							
	***************************************			- 1 services			
							- 1

#### **ELEVATION CERTIFICATE**

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IMPORTANT: In these spaces, copy the corresponding information from Sec	FOR INSI	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rout 1719 Blacktail Lane	o. Policy Nu	Policy Number:				
City State ZIP ( Woodland Washington 9867		Company	NAIC Number			
SECTION C - BUILDING ELEVATION INFORMAT	ION (SURVI	EY REQUIRED)				
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)  C1. Building elevations are based on:						
<ul> <li>h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support</li> </ul>	<u>39</u> .	4 🔀	feet meters			
SECTION D - SURVEYOR, ENGINEER, OR ARC	HITECT CE	RTIFICATION				
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 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.  Were latitude and longitude in Section A provided by a licensed land surveyor?						
	ZIP Code 98660		Place Seal			
	Telephone	1	4-11-18			
	(360) 695-13	385				
Copy all pages of this Elevation Certificate and all attachments for (1) community office	cial, (2) insura	ance agent/compa	any, 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 from bench marks set by fast static GPS observations on WSDOT and NOAA benchmarks and balanced using OPUS. C2e is to the bottom of the water heater in the garage. C2h is the bottom of the roof support pier on the north side of the structure.						

## **ELEVATION CERTIFICATE**

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	PORTANT: In these spaces, copy the cor				FOR INSURANCE COMPANY USE
Bui	ilding Street Address (including Apt., Unit, S 1719 Blacktail Lane	Suite, and/or Bldg. No.) or F	P.O. Route and Box N	0.	Policy Number:
0:4					
City	y Woodland	State	ZIP Code		Company NAIC Number
_		Washington	98674		
	SECTION E - BUILD FC	ING ELEVATION INFOR OR ZONE AO AND ZONE	MATION (SURVEY A (WITHOUT BFE)	NOT	REQUIRED)
COII	Zones AO and A (without BFE), complete nplete Sections A, B,and C. For Items E1-E er meters.	Items E1–E5. If the Certific E4, use natural grade, if ava	ate is intended to sup allable. Check the me	port a l asurem	LOMA or LOMR-F request, ent used. In Puerto Rico only,
E1.	Provide elevation information for the follow the highest adjacent grade (HAG) and the a) Top of bottom floor (including basement	lowest adjacent grade (LA	iate boxes to show w G).	hether	the elevation is above or below
	crawlspace, or enclosure) is			meters	above or below the HAG.
	<ul> <li>Top of bottom floor (including basemer crawlspace, or enclosure) is</li> </ul>	nt, 		meters	above or below the LAG.
E2.	For Building Diagrams 6–9 with permanen	t flood openings provided in			
	the next higher floor (elevation C2.b in the diagrams) of the building is		_	meters	above or below the HAG.
E3.	Attached garage (top of slab) is		[] feet [] i		above or below the HAG.
E4.	Top of platform of machinery and/or equip servicing the building is	ment			
E5			feet   r		above or below the HAG.
	Zone AO only: If no flood depth number is floodplain management ordinance?	es No Unknow	n. The local official r	in acco	ordance with the community's rtify this information in Section G.
	SECTION F - PROPER	TY OWNER (OR OWNER"	S REPRESENTATIV	E) CER	TIFICATION
The	property owner or owner's authorized repre		the state of the s		
COIII		nere. The statements in Se	ections A, B, and E an	e corre	ct to the best of my knowledge.
	perty Owner or Owner's Authorized Represe	entative's Name			
Addı	ress	Cit	у	State	ZIP Code
Sign	nature	Da	te	Telep	phone
Com	nments				
00111					
					- 1
					- 1
					4
					1
					1
					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: 1719 Blacktail Lane City State ZIP Code Company NAIC Number Woodland Washington 98674 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.) A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) G2. 🗌 or Zone AO. G3. The following information (Items G4–G10) 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 Elevation of as-built lowest floor (including basement) feet meters of the building: Datum G9. BFE or (in Zone AO) depth of flooding at the building site: feet meters Datum feet meters G10. Community's design flood elevation: Datum Local Official's Name Title Community Name Telephone

Date

Comments (including type of equipment and location, per C2(e), if applicable)

Signature

Check here if attachments.

### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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IMPORTANT: In these spaces, con	F00 0000000000000000000000000000000000		
IMPORTANT: In these spaces, copy the corresponding information from Section A.  Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  1719 Blacktail Lane			FOR INSURANCE COMPANY USE Policy Number:
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 (south) view 4/02/2018



Photo Two Caption :Rear (north) view 04/02/2018

# 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 completed form to this address.	Street, Arlington, VA 20598-3005, Paperwork Reduct	ion Project (1660-0015). NOTE: Do not	send your
This form must be completed for requests involving the ex remove a property from the SFHA which was previously loc	isting or proposed placement of fill (complete Sectio cated within the regulatory floodway (complete Sect	n A) <i>OR</i> to provide acknowledgment of ion B).	this request to
This form must be completed and signed by the official resubject property address must appear in the spaces provious for additional information about this form.	ponsible for floodplain management in the communi ded below. Incomplete submissions will result in p	ity. The six digit NFIP community numl rocessing delays. Please refer to the MT	ber and the F-1 instructions
Community Number: 530035	Lot 10, Meriwei Property Name or Address: 1719 Blacktail	ther Meriwether Hilltop 1B (Vol.14, F Lane, Woodland, WA 98674	⊃g.118) ——
A. REQUESTS INVOLVING THE PLACEMENT OF FILL			
As the community official responsible for floodplain a Revision Based on Fill (LOMR-F) or Conditional LOMR meets or is designed to meet all of the community floregulatory floodway, and that all necessary Federal, Ser Conditional LOMR-F requests, the applicant has of Conditional LOMR-F determination. For LOMR-F requindependently of FEMA's process. Section 9 of the ES an endangered species, a permit is required from U.S. For actions authorized, funded, or being carried out to Section 7(a)(2) of the ESA will be submitted. In addition the SFHA are or will be reasonably safe from flooranalyses and documentation used to make this determinant of the SFMA for a possible map revision.  Community Comments:	R-F request. Based upon the community's reviewoodplain management requirements, including State, and local permits have been, or in the caser will document Endangered Species Act (ESA) dests, I acknowledge that compliance with Section prohibits anyone from "taking" or harming a side in the service or National Marine Foy Federal or State agencies, documentation from, we have determined that the land and anyoding as defined in 44CFR 65.2(c), and that we mination. For LOMR-F requests, we understan	ew, we find the completed or propo the requirement that no fill be place se of a Conditional LOMR-F, will be compliance to FEMA prior to issuar ions 9 and 10 of the ESA has been a an endangered species. If an action Fisheries Service under Section 10 of orm the agency showing its compliant existing or proposed structures to be have available upon request by DH id that this request is being forward	sed project ced in the obtained. nce of the schieved might harm if the ESA. nce with be removed
Community Official's Name and Title: (Please Print or	Type)	Telephone No.:	
Community Name: City of Woodland 530035	Community Official's Signature: (required)	Date:	
As the community official responsible for floodplain m LOMA. We understand that this request is being forwaregulatory floodway. We acknowledge that no fill on that the completed or proposed project meets or is de Community Comments:	panagement, I hereby acknowledge that we have arded to DHS-FEMA to determine if this proper this property has been or will be placed within a signed to meet all of the community floodplain	rty has been inadvertently included the designated regulatory floodway	in the
Community Name: City of Woodland 533035	Community Official's Signature (required):		1700

DHS - FEMA Form 086-0-26B, FEB 11

Community Acknowledgment Form

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