DERAL EMERGENCY MANAGEMENT AGE NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: JILDING OWNER'S NAME Policy Number CONSTRUCT ION ALCOR BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 1990 BLACKTAIL STATE ZIP CODE WA WOODLAND PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Residential BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) HORIZONTAL DATUM: GPS (Type): LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.####") X NAD 1927 □ NAD 1983 ☐ USGS Quad Map y of WOODLAND Elevation by John Dark SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME** B3. STATE COWLITZ WA Cowlitz County **B7. FIRM PANEL B6. FIRM INDEX** BB. FLOOD **B4. MAP AND PANEL B5. SUFFIX** B9. BASE FLOOD ELEVATION(S) EFFECTIVE/REVISED DATE NUMBER DATE ZONE(S) (Zone AO, use depth of flooding) 6-2-95 9-29-89 0305 530032 D 34.5' B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. ☐ Community Determined Other (Describe): **V** FIRM 811. 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) Ruilding 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 6 (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. Conversion/Comments Elevation reference mark used _____Does the elevation reference mark used appear on the FIRM? 🔲 Yes 🖾 No a) Top of bottom floor (including basement or enclosure) 35 . 8 ft.(m) Seal, □ b) Top of next higher floor License Number, Embossed Signature, and Date ☐ c) Bottom of lowest horizontal structural member (V zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery and/or equipment servicing the building ft.(m) 4 ft.(m) □ f) Lowest adjacent grade (LAG) 6 ft.(m) g) Highest adjacent grade (HAG) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade i) Total area of all permanent openings (flood vents) in C3h ____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 1001. LICENSE NUMBER CERTIFIER'S NAME 10997 Dorrell A. Germunson E Owner Germunson Surveying ZIP CODE **ADDRESS** WA KELSO P.O. Box 384 St TELEPHONE 360 SIGNATUR 4. Lminos -2000 425 0280

IMPOSTANT: In these spaces, copy the responding information from Section A.				1	For Insurance Company Use:		
BUILDING STREET ADDRESS (In	cluding Apt., Unit, Suite, and/or Bldg. N	10.) OR P.O. F	ROUTE AND BOX NO.	į	Policy Number		
CITY	STA	ATE	ZIP CO		Company NAIC Numbe	r =	
SECTION	ON D - SURVEYOR, ENGINEER,	OR ARCHIT	ECT CERTIFICATION		The second little and		
	on Certificate for (1) community offi	icial, (2) insu	rance agent/company,	and (3)	building owner.	· ·	
COMMENTS							
				Γ	Check here if at	tachments	
SECTION E - BUILDING EI	LEVATION INFORMATION (SURV	/EY NOT RE	QUIRED) FOR ZONE	AO AN	D ZONE A (WITHOU	UT BFE)	
	ut BFE), complete Items E1 throug R-F, Section C must be completed.		Elevation Certificate is	intende	ed for use as suppor	ting	
E1. Building Diagram Number	(Select the building diagram most s	similar to the	building for which this	certific	ate is being complet	ed – see	
pages 6 and 7. If no diagrar	m accurately represents the buildin	ig, provide a	sketch or photograph.))			
E2. The top of the bottom floor (if the highest adjacent grade.	including basement or enclosure) of	of the building	g isπ.(m)in.(cm)	}∐ abo	ove or Delow (ch	eck one)	
	rith openings (see page 7), the nex	t higher floor	or elevated floor (elev	ation b) of the building is		
ft.(m) in.(cm) above th	e highest adjacent grade.				4		
E4. For Zone AO only: If no floo	d depth number is available, is the nance? ☐ Yes ☐ No ☐ Unkno	top of the b	ottom floor elevated in	accorda	ance with the commu	unity's	
	ON F - PROPERTY OWNER (OR (J.	
	authorized representative who com				The same of the sa	d or	
community-issued BFE) or Zone				•			
PROPERTY OWNER'S OR OWNE	R'S AUTHORIZED REPRESENTATIV	E'S NAME	-			<u> </u>	
ADDRESS		CITY	STA	ATE	ZIP CODE		
SIGNATURE	DATE		TEL	LEPHON	NE .		
COMMENTS							
					Check here if att	achments	
	SECTION G - COMMUNI	TY INFORM	ATION (OPTIONAL)				
	ed by law or ordinance to administe this Elevation Certificate. Comple				ordinance can comp	olete	
31. The information in Section	n C was taken from other documen	itation that ha	as been signed and em	nbossed	by a licensed surve	уог,	
	o is authorized by state or local law	v to certify ele	evation information. (Ir	ndicate	the source and date	of the	
elevation data in the Com	nments area below.) pleted Section E for a building loca	ted in Zone A	\ (without a FFMA-issu	ied or c	ommunity-issued RE	E) or	
Zone AO.	heted dection is lot a ballating local	ned in Zone /	(William a / Elvi (1996	300 01 0	on mariny 100ded Di		
	(Items G4-G9) is provided for com	munity flood	plain management purp	poses.			
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		G6. DATE CERTIFICAT	E OF C	OMPLIANCE/OCCUPA	ANCY	
	for: New Construction Sub						
38. Elevation of as-built lowest flo 39. BFE or (in Zone AO) depth o	oor (including basement) of the bui f flooding at the building site is:	ilding is:	ft.(m) ft.(m		Datum: Datum:		
LOCAL OFFICIAL'S NAME		TITL					
COMMUNITY NAME		TELE	EPHONE				
SIGNATURE		DAT	Ē				
COMMENTS			4			_(
					Check here if att	achments	