

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME R C Olin Homes			For Insurance Company Use: Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 610 Embassy Loop			Company NAIC Number		
CITY Woodland	STATE WA	ZIP CODE 98674			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 26 Embassy Park II Volume 13 Page 74					
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential					
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##"##" or ##.####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type); <input type="checkbox"/> USGS Quad Map <input checked="" type="checkbox"/> Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Cowlitz County, WA 5300320305D		B2. COUNTY NAME Cowlitz		B3. STATE WA	
B4. MAP AND PANEL NUMBER 530032	B5. SUFFIX D	B6. FIRM INDEX DATE 08/01/80	B7. FIRM PANEL EFFECTIVE/REVISED DATE 09/29/89	B8. FLOOD ZONE(S) A15	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 35.0

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.

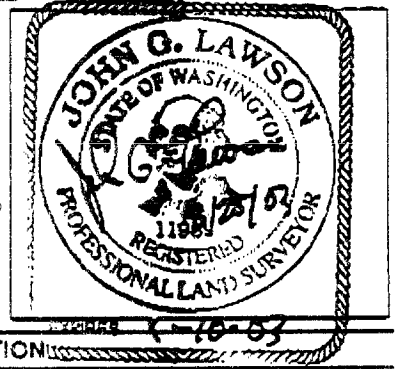
C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

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.  
Datum NGVD29 Conversion/Comments

Elevation reference mark used RM2 Does the elevation reference mark used appear on the FIRM?  Yes  No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>32.7</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>36.30</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>34.78</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>35.9</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>32.7</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>34.2</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>17</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>2312</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



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.

CERTIFIER'S NAME John G. Lawson, PLS, PE LICENSE NUMBER LS11989

LE President John G. Lawson COMPANY NAME Lawson Land Services, Inc.

ADDRESS 113 South Parkway Avenue	CITY Battle Ground	STATE WA	ZIP CODE 98604
SIGNATURE <u>John G. Lawson</u>	DATE 03/24/03	TELEPHONE 360-687-0500	

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 610 Embassy Loop			Policy Number
CITY Woodland	STATE WA	ZIP CODE 98674	Company NAIC Number

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS  
Furnace and hot water heater are elevated in garage area.

Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number 8 (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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is 1 ft.(m) 5 in.(cm)  above or  below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is 2 ft.(m) 1 in.(cm) above the highest adjacent grade.
- E4. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

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.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME \_\_\_\_\_

ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
SIGNATURE _____	DATE _____	TELEPHONE _____	

COMMENTS \_\_\_\_\_

Check here if attachments

**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.

- G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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.
- G3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER _____	G5. DATE PERMIT ISSUED _____	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED _____
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- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

LOCAL OFFICIAL'S NAME _____	TITLE _____
COMMUNITY NAME _____	TELEPHONE _____
SIGNATURE _____	DATE _____

COMMENTS \_\_\_\_\_

Check here if attachments