FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

	For Insurance Company Use:
BUILDING OWNER'S NAME	Policy Number
SILVER STAR HOMES	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Company NAIC Number
544 INSEL ROAD	

CITY	STATE	ZIP CODE
WOODLAND	WA	98674

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 2 SHORT PLAT VOL. 11, PAGE 133

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL)　　HORIZONTAL DATUM:　　SOURCE: |_| GPS (Type):_____
(##° - ##' - ##.##" or ##.#####")　|_| NAD 1927　|_| NAD 1983　　|_| USGS Quad Map　|_| Other:_____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
COWLITZ CO. - 530032	COWLITZ	WASHINGTON

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
0305	D	JUL 26, 74	SEPT. 29, 1989	A15	34.3

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
|_| FIS Profile　|X| FIRM　|_| Community Determined　|_| Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: |X| 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 |X| No
Designation Date:_____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: |_|Construction Drawings*　|X|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 _____　Conversion/Comments _____
Elevation reference mark used ___RM2___ Does the elevation reference mark used appear on the FIRM? |X| Yes |_| No

- a) Top of bottom floor (including basement or enclosure) _36_ . _2_ ft.(m)
- b) Top of next higher floor _0_ . ___ ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) _0_ . ___ ft.(m)
- d) Attached garage (top of slab) _0_ . ___ ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building _0_ . ___ ft.(m)
- f) Lowest adjacent grade (LAG) _33_ . _6_ ft.(m)
- g) Highest adjacent grade (HAG) _35_ . _0_ ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade __16__
- i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)

(License Number, Embossed Seal, Signature, and Date)

KURT F. STONEX
CERTIFIED LAND SURVEYOR
No. 26352
STATE OF WASHINGTON
PROFESSIONAL LAND SURVEYOR
EXPIRES: MAY 5, 2002

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	LICENSE NUMBER
KURT F. STONEX	26352

TITLE	COMPANY NAME
	OLSON ENGINEERING INC.

ADDRESS	CITY	STATE	ZIP CODE
1111 BROADWAY	VANCOUVER	WA	98660

SIGNATURE _[signature]_　DATE 6/1/00　TELEPHONE (360) 695-1385

FEMA Form 81-31, AUG 99　　SEE REVERSE SIDE FOR CONTINUATION　　REPLACES ALL PREVIOUS EDITIONS

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. 544 Insel Road			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   Finished floor elevations are based upon sub-flooring. Garage floor not constructed at time of ties.

|__| 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 _____ . (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 |__|__| ft.(m) |__|__| 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 |__|__| ft.(m) |__|__| 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

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