

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	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1556 Meadowood Loop			Company NAIC Number
CITY Woodland	STATE WA	ZIP CODE 98674	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 3, Block 2, Meadowood			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area if necessary) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (#N# - #W# - #S# or #E# #W# #N#)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1983 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type: _____) <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER 53005?			B2. COUNTY NAME Cowlitz	B3. STATE WA	
B4. MAP AND PANEL NUMBER 309	B5. SUFFIX U	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE 0925/89	B8. FLOOD ZONE(S) A10	B9. BASE FLOOD ELEVATION(S) (Zone A0, use depth of flooding) 34.0
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1928 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction <small>*A new Elevation Certificate will be required when construction of the building is complete.</small>	
C2. Building Diagram Number B (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/AE, AR/A0 Complete items C3.-a) 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 (RM). Does the elevation reference mark used appear on the FIRM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a) Top of bottom floor (including basement or enclosure)	33.5 ft.(m)
b) Top of next higher floor	38.1 ft.(m)
c) Bottom of lowest horizontal structural member (V zones only)	2.5 ft.(m)
d) Attached garage (top of slab)	33.1 ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	38.4 ft.(m)
f) Lowest adjacent (finished) grade (LAG)	32.2 ft.(m)
g) Highest adjacent (finished) grade (HAG)	32.8 ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade (f)	
i) Total area of all permanent openings (flood vents) in C3.h) <u>1044</u> 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.			
CERTIFIER'S NAME: Kelli P. Stonewy		LICENSE NUMBER: 26352	
TITLE: P.L.S.			
ADDRESS 1111 Broadway	CITY Vancouver	STATE WA	ZIP CODE 98660
SIGNATURE <i>[Handwritten Signature]</i>	DATE 11/11/03	TELEPHONE (360) 695-1385	

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) AND ROUTE AND BOX NO.

1968 Meadowood Loop

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

Elevation on line C3e is to the bottom of a water heater located in the garage

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. (Use natural grade, if available.)

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation of) of the building is ___ ft.(m) ___ in.(cm) above the highest adjacent grade. Complete items C3.n and C3.i on form of form.

E4. The top of the platform of machinery and/or equipment servicing the building is ___ ft.(m) ___ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available.)

E5. 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, C (items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

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