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	INFOR	RMATION		FOR INSU	RANCE COMPANY USE
A1. Building Owner's Name					Policy Number:		
LGI Homes							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 324 York St.				. Route and	Company NAIC Number:		
City	City State			ZIP Code			
Woodland				Washington		98674	
A3. Property Desi Lot 113, Meriweti		nd Block Numbers, Tax	k Parce	el Number, Legal De	escription, etc.)		
A4. Building Use	e.g., Residen	tial, Non-Residential, A	Addition	n, Accessory, etc.)	Residential		
A5. Latitude/Long	A5. Latitude/Longitude: Lat. 45°55'24.81" Long1				Horizontal Datum	NAD	1927 × NAD 1983
A6. Attach at leas	t 2 photograp	hs of the building if the	Certific	cate is being used t	o obtain flood insura	nce.	_
A7. Building Diagr	am Number	9					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	a) Square footage of crawlspace or enclosure(s) 1,058 sq ft						
b) Number of	b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade						
				sq in			and the same of th
d) Engineered	I flood openin	gs? Yes 🗵 No)				
A9. For a building	with an attach						
				50 ft			
-, -, -, -, -, -, -, -, -, -, -, -, -, -							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade0							
c) Total net area of flood openings in A9.b sq in							
d) Engineered flood openings?							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number			B2. County Name		B3. State		
City of Woodland 530035			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 od Depth)
53015C0886	G	12/15/2016	12/15	5/2016	AE	37.3	
B10. Indicate the s	ource of the E	Base Flood Elevation (E	BFE) da	ata or base flood de	pth entered in Item I	39:	
B11. Indicate eleva	tion datum us	sed for BFE in Item B9:	_ N	GVD 1929 🗵 NA	VD 1988	r/Source:	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes X No							
Designation Date: CBRS OPA							
OBIG OFF							

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SECTION C – BUILDING ELEVATION INFORMATIO C1. Building elevations are based on: Construction Drawings* Building A new Elevation Certificate will be required when construction of the building C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE) Complete Items C2.a–h below according to the building diagram specified in Items and Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for the BFE a) Top of bottom floor (including basement, crawlspace, or enclosure floor) b) Top of the next higher floor Dottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) E) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (HAG) h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support SECTION D – SURVEYOR, ENGINEER, OR ARCHITED.	and Box No.	Policy Number:		
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Lowest adjacent grade at lowest elevation of deck or stairs, including structural support SECTION D – SURVEYOR, ENGINEER, OR ARCHI	39. 2	X feet meters		
structural support SECTION D – SURVEYOR, ENGINEER, OR ARCHI	39. 5	X feet meters		
	39. 9	X feet meters		
This configuration is to be signed and scaled by a land suprover engineer as architecture.	TECT CERTIFIC	CATION		
This certification is to be signed and sealed by a land surveyor, engineer, or architect I certify that the information on this Certificate represents my best efforts to interpret statement may be punishable by fine or imprisonment under 18 U.S. Code, Section	t the data availat 1001.	ple. I understand that any false		
•	Yes No	Check here if attachments.		
Certifier's Name Howard S. Richardson Title PLS Company Name Olson Engineering, Inc.		Rlaces 2		
Address 222 E. Evergreen Blvd.	2	Here		
	P Code 660	12-15-17		
	lephone 60) 695-1385			
Copy all pages of this Elevation Certificate and all attachments for (1) community official	I, (2) insurance ac	gent/company, 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 WSDOT and NOAA benchmarks and balanced using OPUS. C2e is to the bottom the bottom of the roof support pier located on the east side of the structure. The address of the structure of the structure of the structure.	om bench marks	set by fast static GPS observations		

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or 324 York St.	Bldg. No.) or P.O. Ro	oute and Box No.	Policy Number:
City Stat Woodland Was	Service Control of the Control of th	P Code 8674	Company NAIC Number
SECTION E - BUILDING ELEV FOR ZONE A	ATION INFORMATI O AND ZONE A (W	ON (SURVEY NOT THOUT BFE)	REQUIRED)
For Zones AO and A (without BFE), complete Items E1–E5 complete Sections A, B,and C. For Items E1–E4, use naturenter meters.	5. If the Certificate is it ral grade, if available.	intended to support a . Check the measure	LOMA or LOMR-F request, ment used. In Puerto Rico only,
E1. Provide elevation information for the following and che the highest adjacent grade (HAG) and the lowest adja a) Top of bottom floor (including basement,	eck the appropriate be cent grade (LAG).	oxes to show whethe	r the elevation is above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet meter	rs above or below the HAG.
crawlspace, or enclosure) is		feet meter	
E2. For Building Diagrams 6–9 with permanent flood open the next higher floor (elevation C2.b in the diagrams) of the building is	ings provided in Sect	tion A Items 8 and/or feet meter	_
E3. Attached garage (top of slab) is	 -	feet meter	s above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is		feet meter	s above or below the HAG.
E5. Zone AO only: If no flood depth number is available, is floodplain management ordinance? Yes No	the top of the bottom Unknown. Th	n floor elevated in acc le local official must c	cordance with the community's certify this information in Section G.
SECTION F - PROPERTY OWNER	(OR OWNER'S REP	RESENTATIVE) CE	RTIFICATION
The property owner or owner's authorized representative w community-issued BFE) or Zone AO must sign here. The st	ho completes Section atements in Sections	ns A, B, and E for Zon A, B, and E are corr	ne A (without a FEMA-issued or rect to the best of my knowledge.
Property Owner or Owner's Authorized Representative's Na	ime		
Address	City	Sta	ate ZIP Code
Signature	Date	Tel	ephone
Comments			
			Check here if attachments.

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Company NAIC Number IAL) In management ordinance can complete d sign below. Check the measurement and sealed by a licensed surveyor, ate the source and date of the elevation					
in management ordinance can complete d sign below. Check the measurement med and sealed by a licensed surveyor.					
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d sign below. Check the measurement ned and sealed by a licensed surveyor.					
ned and sealed by a licensed surveyor,					
ate the source and date of the elevation					
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.					
agement purposes.					
G6. Date Certificate of Compliance/Occupancy Issued					
nt					
feet meters Datum					
feet meters Datum					
feet meters Datum					
☐ Check here if attachments.					
(

BUILDING PHOTOGRAPHS

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See Instructions for Item A6.

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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 (west) view 12/14/17



Photo Two

Photo Two Caption :Rear (east) view 12/17/17

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. This form must be completed for requests involving the existing or proposed placement of fill (complete Section A) OR to provide acknowledgment of this request to remove a property from the SFHA which was previously located within the regulatory floodway (complete Section B). This form must be completed and signed by the official responsible for floodplain management in the community. The six digit NFIP community number and the subject property address must appear in the spaces provided below. Incomplete submissions will result in processing delays. Please refer to the MT-1 instructions for additional information about this form. Lot 113, Meriwether PURD Ph2, (Vol. 14, Pg.112) 530035 Community Number: __ Property Name or Address: _324 York St. Woodland, WA 98674 A. REQUESTS INVOLVING THE PLACEMENT OF FILL As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this Letter of Map Revision Based on Fill (LOMR-F) or Conditional LOMR-F request. Based upon the community's review, we find the completed or proposed project meets or is designed to meet all of the community floodplain management requirements, including the requirement that no fill be placed in the regulatory floodway, and that all necessary Federal, State, and local permits have been, or in the case of a Conditional LOMR-F, will be obtained. For Conditional LOMR-F requests, the applicant has or will document Endangered Species Act (ESA) compliance to FEMA prior to issuance of the Conditional LOMR-F determination. For LOMR-F requests, I acknowledge that compliance with Sections 9 and 10 of the ESA has been achieved independently of FEMA's process. Section 9 of the ESA prohibits anyone from "taking" or harming an endangered species. If an action might harm an endangered species, a permit is required from U.S. Fish and Wildlife Service or National Marine Fisheries Service under Section 10 of the ESA. For actions authorized, funded, or being carried out by Federal or State agencies, documentation from the agency showing its compliance with Section 7(a)(2) of the ESA will be submitted. In addition, we have determined that the land and any existing or proposed structures to be removed from the SFHA are or will be reasonably safe from flooding as defined in 44CFR 65.2(c), and that we have available upon request by DHS-FEMA, all analyses and documentation used to make this determination. For LOMR-F requests, we understand that this request is being forwarded to DHS-FEMA for a possible map revision. Community Comments: Community Official's Name and Title: (Please Print or Type) Telephone No.: 360 Community Name: Community Official's Signature: (required) Date: City of Woodland 530035 B. PROPERTY LOCATED WITHIN THE REGULATORY FLOODWAY As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this request for a LOMA. We understand that this request is being forwarded to DHS-FEMA to determine if this property has been inadvertently included in the regulatory floodway. We acknowledge that no fill on this property has been or will be placed within the designated regulatory floodway. We find that the completed or proposed project meets or is designed to meet all of the community floodplain management requirements. Community Comments: Community Official's Name and Title: (Please Print or Type) Telephone No.: Community Name: Community Official's Signature (required): Date:

DHS -	FEMA	Form	086-0-26B	FER	11

City of Woodland 533035