### 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.

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE			
A1. Building Owner's Name					Policy Numb	oer:	
LGI Homes	· · · · · · · · · · · · · · · · · · ·						
A2. Building Street Box No. 344 York Street					Route and	Company NAIC Number:	
City				State		ZIP Code	
Woodland				Washington		98674	
A3. Property Describert 118, Meriwet		d Block Numbers, Tax ol. 14, Pg. 112)	Parcel	Number, Legal De	scription, etc.)		
A4. Building Use (	e.g., Residenti	al, Non-Residential, A	ddition,	Accessory, etc.)	Residential		
A5. Latitude/Longit	ude: Lat. 45	°55'27.70" l	_ong1	22°44'3.51"	Horizontal Datum	: NAD 1	927 🗵 NAD 1983
A6. Attach at least	2 photograph	s of the building if the	Certifica	ate is being used to	obtain flood insura	ince.	
A7. Building Diagra	ım Number	9					
A8. For a building v	with a crawlsp	ace or enclosure(s):					
a) Square foot	tage of crawls	pace or enclosure(s)	1	,396 sq ft			
b) Number of p	permanent flo	od openings in the cra	wispace	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 20
c) Total net an	ea of flood op	enings in A8.b1,5	40 s	<b>q</b> in			
d) Engineered	flood opening	gs? ☐ Yes 🗵 No	)				
A9. For a building v	with an attach	ed garage:					
A9. For a building with an attached garage:  a) Square footage of attached garage400 sq ft							
· ·		od openings in the atta	ached g	arage within 1.0 fo	ot above adjacent (	jrade	0
-		enings in A9.b					
Í				, - <b></b>			
d) Engineered	d) Engineered flood openings?						
:	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Commun		ommunity Number		B2. County Name	•		B3. State
City of Woodland 5	30035			Cowlitz			Washington
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
5301C0886	G	12/15/2016		/2016	AE	1	7.5'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
KI FIG FIGURE   FIRM   Community Determined   Other Post Set							
B11. Indicate eleva	ation datum u	sed for BFE in Item B9	9: 🔲 N	GVD 1929 ⊠ N/	AVD 1988   O	her/Source:	- The Control of the
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No							
Designation Date: CBRS COPA							
				_	·		

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the correspo	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, a 344 York Street	Policy Number:		
City Woodland	State ZIP Washington 9867	Code 74	Company NAIC Number
SECTION C - BUILDIN	IG ELEVATION INFORMAT	ION (SURVEY R	EQUIRED)
*A new Elevation Certificate will be required w C2. Elevations – Zones A1–A30, AE, AH, A (with Complete Items C2.a–h below according to the	hen construction of the building	FE), AR, AR/A, AR in Item A7. In Puer	/AE, AR/A1–A30, AR/AH, AR/AO.
Benchmark Utilized: WSDOT/NOAA  Indicate elevation datum used for the elevation  ☐ NGVD 1929 ☒ NAVD 1988 ☐ C  Datum used for building elevations must be th	ns in items a) through h) belo Other/Source:	w.	Check the measurement used.
a) Top of bottom floor (including basement, c	rawlspace, or enclosure floor)	38.9	
b) Top of the next higher floor		40 6	x feet meters
c) Bottom of the lowest horizontal structural n	nember (V Zones only)	N/A	X feet  meters
d) Attached garage (top of slab)	•	38 9	X feet
e) Lowest elevation of machinery or equipme (Describe type of equipment and location i	ent servicing the building n Comments)	40.4	X feet meters
f) Lowest adjacent (finished) grade next to be	uilding (LAG)	38/	X feet meters
g) Highest adjacent (finished) grade next to b	ouilding (HAG)	<u>38</u> . <u>9</u>	x feet meters
<ul> <li>h) Lowest adjacent grade at lowest elevation structural support</li> </ul>	of deck or stairs, including	<u>N/A</u> .	x feet meters
SECTION D - SURVE	YOR, ENGINEER, OR ARC	CHITECT CERTIF	ICATION
This certification is to be signed and sealed by a la I certify that the information on this Certificate represented in the statement may be punishable by fine or imprisonment.	esents my best efforts to inter	pret the data availation 1001.	y law to certify elevation information. able. I understand that any false
Were latitude and longitude in Section A provided	by a licensed land surveyor?	⊠Yes □ No	Check here if attachments.
Certifier's Name Howard S. Richardson	License Number 38485		Scott 7
Title PLS			Place
Company Name Olson Engineering, Inc.			eeal ZZ
Address 222 E, Evergreen Blvd.			
City Vancpuver	State Washington	ZIP Code 98660	10-31-17
Signature ST	Date	Telephone (360) 695-1385	
Copy all pages of this Elevation Certificate and all at		fficial, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and locati A5 was taken from GoogleEarth. C2-elevations are adjusted using OPUS. C2e is to the bottom of the variable of the second case of the se	e based on fast static GPS ob		A and WSDOT benchmarks and

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.				NCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, ar 344 York Street	. Policy Numbe	r:				
City	State Washington	ZIP Code 98674	Company NAI	C Number		
Woodland SECTION E - BUILDING E	<u> </u>		OT REQUIRED)			
FOR ZON	NE AO AND ZONE A	(WITHOUT BFE)	tor regulacy			
For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use enter meters.	1–E5. If the Certificat natural grade, if avail	e is intended to supp able. Check the mea	ort a LOMA or LOM surement used. In F	R-F request, uerto Rico only,		
E1. Provide elevation information for the following an the highest adjacent grade (HAG) and the lowest a) Top of bottom floor (including basement,	d check the appropria t adjacent grade (LAG	te boxes to show wh ).	ether the elevation i	s above or below		
crawlspace, or enclosure) is		[feet ] m	neters 🔲 above o	r 🗌 below the HAG.		
<ul> <li>b) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		feet m	neters 🔲 above o	r Delow the LAG.		
E2. For Building Diagrams 6–9 with permanent flood	openings provided in	Section A Items 8 an	id/or 9 (see pages 1	-2 of Instructions),		
the next higher floor (elevation C2.b in the diagrams) of the building is		feet n	neters 🔲 above o	r 🗌 below the HAG.		
E3. Attached garage (top of slab) is		feet _ n	neters  above o	r Delow the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is	and the second s	feet n	neters 🔲 above o	or below the HAG.		
E5. 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 OV	VNER (OR OWNER'S	REPRESENTATIVE	) CERTIFICATION			
The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.	tive who completes So The statements in Sec	ections A, B, and E fo tions A, B, and E are	or Zone A (without a correct to the best	FEMA-issued or of my knowledge.		
Property Owner or Owner's Authorized Representative	e's Name					
Address	City		State	ZIP Code		
Signature	Date	3	Telephone			
Comments						
			Check	here if attachments.		

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corre	<del></del>		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, St 344 York Street	uite, and/or Bldg. No.) or		Policy Number:
City Woodland	State Washington	ZIP Code 98674	Company NAIC Number
SECTIO	ON G - COMMUNITY IN	FORMATION (OPTIONAL)	.)
The local official who is authorized by law or on Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, ent G1.   The information in Section C was take engineer, or architect who is authorized data in the Comments area below.)	Certificate. Complete the ter meters. en from other documenta	e applicable item(s) and signation that has been signed	gn below. Check the measurement and sealed by a licensed surveyor,
or Zone AO.			MA-issued or community-issued BFE)
G3. The following information (Items G4-	G10) is provided for com	nmunity floodplain manager	ment purposes.
G4. Permit Number	G5. Date Permit Issued	d G6.	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction [ 5	Substantial Improvement	
G8. Elevation of as-built lowest floor (including of the building:			et 🗍 meters Datum
G9. BFE or (in Zone AO) depth of flooding at t	he building site:		
G10. Community's design flood elevation:			et meters Datum
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments (including type of equipment and loc	ation, per C2(e), if applic	cable)	
			Check here if attachments.

#### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including A 344 York Street	vpt., Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
Woodland	Washington	98674	

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.

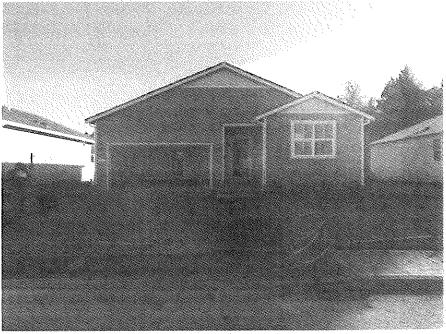


Photo One

Photo One Caption: FRONT (West) SIDE 10/31/17

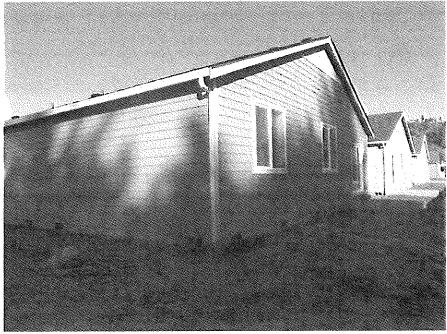


Photo Two

Photo Two Caption: REAR (East) SIDE 10/31/17

# 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.

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 118, Meriwether PURD (Vol. 14, Pg. 112) Community Number: 530035 Property Name or Address: 344 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: Telephone No.: Community Official's Name and Title: (Please Print or Type) 360-225-7299 Administrator Royce City Community Official's Signature: (required) Community Name: //~ 7-/7 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: City of Woodland 533035 Community Official's Signature (required): Date:

MT-1 Form 3 Page 1 of 1