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.

l pages or time		THE RESIDENCE OF THE PARTY OF T			ciai, (2) insurance a		ny, and (3) building owner.
SECTION A – PROPERTY INFORMATION A1. Building Owner's Name							RANCE COMPANY USE
LGI Homes					Policy Nun	nber:	
A2. Building Stree Box No. 353 York Street		cluding Apt., Unit, Suite	e, and/o	or Bldg. No.) or P.O	. Route and	Company I	NAIC Number:
City				State		ZIP Code	
Woodland				Washington		98674	
A3. Property Desc Lot 108, Meriwe		nd Block Numbers, Tax	Parce	el Number, Legal De	escription, etc.)		
A4. Building Use (e.g., Residen	tial, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longi	tude: Lat. 45	°55'28.51"	Long	122°44'04.87"	Horizontal Datum	: NAD	1927 × NAD 1983
A6. Attach at least	2 photograpi	ns of the building if the	Certific	cate is being used to	o obtain flood insura	ance.	
A7. Building Diagra	am Number	9					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawls	space or enclosure(s)		1,485 sq ft			
b) Number of	permanent flo	od openings in the cra	wispac	e or enclosure(s) w	ithin 1.0 foot above	adiacent or	rade 20
c) Total net are				sg in		,g.	
d) Engineered				·			
			J				
A9. For a building with an attached garage:							
a) Square foot	9.73			sq ft			
b) Number of p	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade0						
c) Total net are	ea of flood op	enings in A9.b3	90	sq in			
d) Engineered	flood opening	gs? Yes 🗵 No	0				
	SE	CTION B - FLOOD IN	SURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Communi				B2. County Name		11011	B3. State
City of Woodland 53		,		Cowlitz			Washington
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E1	I IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base
5301C0886	G	12/15/2016	12/15		AE		od Depth) '.5'
B10 Indicate the sc	ource of the P	ase Flood Elevation (E	REE) da	ata or hase flood de	enth entered in Itom	PO:	
		Community Determine			pur entered in item	D3.	
B11. Indicate eleva	tion datum us	ed for BFE in Item B9:	□ N	GVD 1929 🗵 NA	VD 1988	er/Source:	
B12. Is the building	located in a	Coastal Barrier Resour	ces Sv	stem (CBRS) area	or Otherwise Protec	cted Area (C	DPA)? Tyes V No
	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date:						
			5110				

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Sec		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rou 353 York Street	te and Box No.	Policy Number:
City State ZIP 0 Woodland Washington 9867	Code 74	Company NAIC Number
SECTION C - BUILDING ELEVATION INFORMAT	ION (SURVEY RE	EQUIRED)
SECTION C – BUILDING ELEVATION INFORMAT C1. Building elevations are based on: Construction Drawings* Builder A new Elevation Certificate will be required when construction of the building care thems C2.a-h below according to the building diagram specified in Benchmark Utilized: WSDOT/NOAA Vertical Datum: Indicate elevation datum used for the elevations in items a) through h) below MGVD 1929 NAVD 1988 Chter/Source: Datum used for building elevations must be the same as that used for the Batting and the same as that used for the Batting of the next higher floor C) Bottom 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 (LAG) g) Highest 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 ARC This certification is to be signed and sealed by a land surveyor, engineer, or arch to crifity that the information on this Certificate represents my best efforts to interpstatement may be punishable by fine or imprisonment under 18 U.S. Code, Sective Were latitude and longitude in Section A provided by a licensed land surveyor? Certifier's Name License Number 1880 Company Name Olson Engineering, Inc.	ding Under Construing is complete. FE), AR, AR/A, AR/A, Item A7. In Puert NAVD 1988 W. FE. 37. 7 40. 9 N/A 39. 2 40. 7 38. 8 39. 0 N/A.	Check the measurement used. Check the meters CATION Claw to certify elevation information. Check here if attachments.
222 E. Evergreen Blvd. City Vancpuver Signature Date Copy all pages of this Elevation Certificate and all attachments for (1) community office Comments (including type of equipment and location, per C2(e), if applicable) A5 was taken from GoogleEarth. C2-elevations are based on fast static GPS obstadjusted using OPUS. C2e is to the bottom of the water heater located in the garathe structure is over concrete steps.	ervations on NOAA	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. FOR INSURANCE COMPANY L				SE	
	lding Street Address (including Apt., Unit, Suite, al 353 York Street	nd/or Bldg. No.) or	P.O. Route and B	ox No.	Policy Number:	
City	Woodland	State Washington	ZIP Code 98674		Company NAIC Number	
	SECTION E - BUILDING E FOR ZON	LEVATION INFO	RMATION (SUR' E A (WITHOUT E	VEY NOT BFE)	REQUIRED)	
con	Zones AO and A (without BFE), complete Items Enplete Sections A, B,and C. For Items E1–E4, use prefers.	1–E5. If the Certifinatural grade, if av	cate is intended to vailable. Check the	support a measurer	LOMA or LOMR-F request, ment used. In Puerto Rico only,	
E1.	E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).a) Top of bottom floor (including basement.					
	crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet			
			[_] feet			3.
E2.	For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided	in Section A Item	_		•
E3.	Attached garage (top of slab) is		feet	meters		
E4.	Top of platform of machinery and/or equipment servicing the building is		[feet	meters		
E5.	Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	ole, is the top of the	bottom floor elev	ated in acc		
	SECTION F - PROPERTY OW	NER (OR OWNER	S'S REPRESENTA	ATIVE) CE	RTIFICATION	
The	property owner or owner's authorized representat munity-issued BFE) or Zone AO must sign here. T	ive who completes he statements in S	Sections A, B, and Sections A, B, and	d E for Zor E are corr	ne A (without a FEMA-issued or ect to the best of my knowledge.	
Prop	erty Owner or Owner's Authorized Representative	's Name				
Add	ress	С	ity	Sta	te ZIP Code	
Sign	ature	D	ate	Tele	phone	
Com	ments					
						- 1
						-
					Chook here if the character	
					Check here if attachments.	- 1

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corr	esponding information f	rom Section A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, S 353 York Street	uite, and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number:		
City Woodland	State Washington	ZIP Code 98674	Company NAIC Number		
SECTION	ON G - COMMUNITY INFO	ORMATION (OPTIONAL)			
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en G1. The information in Section C was takengineer, or architect who is authorized.	Certificate. Complete the ter meters. en from other documentat	applicable item(s) and sign ion that has been signed ar	below. Check the measurement		
data in the Comments area below.) G2. A community official completed Section	Participation of the supplemental state of	Personal Personal Residence Control (Control Control			
or Zone AO. G3. The following information (Items G4-	G10) is provided for comm	nunity floodplain manageme	ent purposes.		
G4. Permit Number	G5. Date Permit Issued		Date Certificate of compliance/Occupancy Issued		
G7. This permit has been issued for.	New Construction [St	ubstantial Improvement			
G8. Elevation of as-built lowest floor (including of the building:	basement)	feet	meters Datum		
G9. BFE or (in Zone AO) depth of flooding at the	he building site:	feet	meters Datum		
G10. Community's design flood elevation:	-	[feet	meters Datum		
Local Official's Name	Т	itle			
Community Name	T	elephone			
Signature Date					
Comments (including type of equipment and loc	ation, per C2(e), if applica	ble)			
			Check here if attachments.		

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 ex remove a property from the SFHA which was previously lo	sisting or proposed placement of fill cated within the regulatory floodware.	(complete Section A) OR to ay (complete Section B).	provide acknowledgment of this request to
This form must be completed and signed by the official result is subject property address must appear in the spaces proving radditional information about this form.	ponsible for floodplain manageme ded below. Incomplete submissio	nt in the community. The six ns will result in processing d	c digit NFIP community number and the lelays. Please refer to the MT-1 instructions
Community Number: 530035	Property Name or Address:	Lot 108, Meriwether PUF 353 York St. Woodland, 1	RD (Vol. 14, Pg. 118) WA 98674
A. REQUESTS INVOLVING THE PLACEMENT OF FILL			
As the community official responsible for floodplain Revision Based on Fill (LOMR-F) or Conditional LOMP meets or is designed to meet all of the community floregulatory floodway, and that all necessary Federal, For Conditional LOMR-F requests, the applicant has a Conditional LOMR-F determination. For LOMR-F requindependently of FEMA's process. Section 9 of the Esan endangered species, a permit is required from U.S For actions authorized, funded, or being carried out I Section 7(a)(2) of the ESA will be submitted. In additifrom the SFHA are or will be reasonably safe from floanalyses and documentation used to make this deter FEMA for a possible map revision. Community Comments:	R-F request. Based upon the co codplain management requirer State, and local permits have be or will document Endangered Spuests, I acknowledge that comp A prohibits anyone from "taking. Fish and Wildlife Service or New Yederal or State agencies, do on, we have determined that the oding as defined in 44CFR 65.2 mination. For LOMR-F request	mmunity's review, we fin- nents, including the requi- sen, or in the case of a Co pecies Act (ESA) complian liance with Sections 9 and g" or harming an endang ational Marine Fisheries S cumentation from the ag ite land and any existing of (c), and that we have avail	d the completed or proposed project frement that no fill be placed in the inditional LOMR-F, will be obtained, on the text of the discrete to FEMA prior to issuance of the discrete to female the female th
Community Official's Name and Title: (Please Print or	TETE BOYCE,	ity Administrator	Telephone No.: 360- 225-7299
Community Name: City of Woodland 530035	Community Official's Signatu	re: (required)	Date: 10.11.17
B. PROPERTY LOCATED WITHIN THE REGULATORY F	OODWAY		
As the community official responsible for floodplain mode. We understand that this request is being forword that this request is being forword that one floodway. We acknowledge that no fill one that the completed or proposed project meets or is decommunity Comments:	arded to DHS-FEMA to determi this property has been or will be	ne if this property has be placed within the design	en inadvertently included in the
ommunity Official's Name and Title: (Please Print or	Туре)		Telephone No.:
ommunity Name: City of Woodland 533035	Community Official's Signatur	e (required):	Date:

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 353 York Street	Apt., Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
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 Caption: FRONT (East) SIDE 10/12/2017

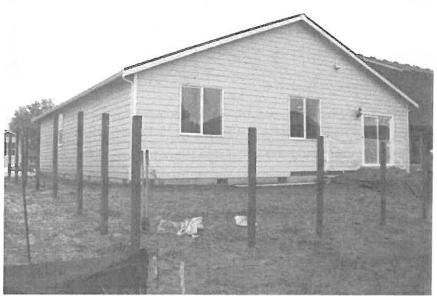


Photo Two

Photo Two Caption: REAR (West) SIDE 10/12/2017