

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.

Community Number: 530035 Property Name or Address: Lot 17, Hillshire Manor (Vol. 14, pg. 19)  
 325 Thistle Ct, 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: <i>(Please Print or Type)</i> |  | Telephone No.: |
| Community Name:<br>City of Woodland 530035                         | Community Official's Signature: (required) | Date:          |

**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: <i>(Please Print or Type)</i> |  | Telephone No.: |
| Community Name:<br>City of Woodland 530035                         | Community Official's Signature (required): | Date:          |

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

**ELEVATION CERTIFICATE**

**IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16**


OMB Control Number: 1660-0008  
Expiration: 11/30/2018

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  |   |                 |   | FORM INSURANCE COMPANY USE                                    |       |
|---|---|-----------------|---|---|-------|
| A1. Building Owner's Name   |   |                 |   | Policy Number:  |       |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.   |   | 325 Thistle Ct. |   | Company NAIC Number:  |       |
| City  | Woodland  | State           | WA  | Zip Code  | 98674 |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>Lot 17, Hillshire Manor (Vol. 14, Pg. 19)                           |   |                 |   |   |       |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential  |   |                 |   |   |       |
| A5. Latitude/Longitude: Lat. 45°55'26.63" Long. 122°44'11.89" Horizontal Datum: <input checked="" type="radio"/> NAD 1927 <input checked="" type="radio"/> NAD 1983 |   |                 |   |   |       |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.   |   |                 |   |   |       |
| A7. Building Diagram Number 9   |   |                 |   |   |       |
| A8. For a building with a crawlspace or enclosure(s):   |   |                 | A9. For a building with an attached garage:   |   |       |
| a) Square footage of crawlspace or enclosure(s)   | 1010  |                 | a) Square footage of attached garage  | 418 sq ft   |       |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade  | 14  |                 | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade | 0   |       |
| c) Total net area of flood openings in A8.b   | 1598 sq in  |                 | c) Total net area of flood openings in A9.b   | 0 sq in   |       |
| d) Engineered flood openings?   | <input type="radio"/> Yes <input checked="" type="radio"/> No |                 | d) Engineered flood openings?   | <input type="radio"/> Yes <input checked="" type="radio"/> No |       |

| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION   |            |                     |  |                   |   |
|---|------------|---------------------|--|-------------------|---|
| B1. NFIP Community Name & Community Number  |            |                     | B2. County Name                        |                   | B3 State  |
| City of Woodland 530035   |            |                     | Cowlitz                                |                   | WA  |
| B4. Map/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 base flood depth) |
| 53015C0886  | G          | 12/16/15            | 12/16/15                               | AE                | 36.6'   |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br><input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: |            |                     |  |                   |   |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source:   |            |                     |  |                   |   |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No<br>Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA         |            |                     |  |                   |   |

| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)  |   |
|---|---|
| C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> Finished Construction  |   |
| C2. 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 C2.a -h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.<br>* A new Elevation Certificate will be required when construction of the building is complete. |   |
| Benchmark Utilized: RM4 (see comment section) Vertical Datum: NGVD 1929   |   |
| Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988<br><input type="radio"/> 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)   | 37.8 <input checked="" type="radio"/> feet <input type="radio"/> meters |
| b) Top of the next higher floor   | 40.5 <input checked="" type="radio"/> feet <input type="radio"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | NA <input type="radio"/> feet <input type="radio"/> meters              |
| d) Attached garage (top of slab)  | 39.0 <input checked="" type="radio"/> feet <input type="radio"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments)   | 39.0 <input type="radio"/> feet <input type="radio"/> meters            |
| f) Lowest adjacent (finished) grade next to building (LAG)  | 38.2 <input checked="" type="radio"/> feet <input type="radio"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | 40.0 <input checked="" type="radio"/> feet <input type="radio"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support  | 39.4 <input checked="" type="radio"/> feet <input type="radio"/> meters |

Howard S. Richardson PLS 38485 

# ELEVATION CERTIFICATE

OMB Control Number: 1660-0008  
Expiration: 11/30/2018

## 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 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.

Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?

Yes  No

|  |   |                           |                   |
|--|---|---------------------------|-------------------|
| Certifier's Name<br>Howard S. Richardson |   | License Number<br>38485   |                   |
| Title<br>PLS                             | Company Name<br>Olson Engineering, Inc. |                           |                   |
| Address<br>222 E. Evergreen Blvd         | City<br>Vancouver                       | State<br>WA               | Zip Code<br>98660 |
| Signature<br>                            | Date<br>3-23-16                         | Telephone<br>360-695-1385 |                   |



Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location)

A5 was taken from GoogleEarth and field verified. C2-Elevations were based on RM4 as shown on the previous FIRM and converted to NAVD1988 using the conversion factor shown on Pg. 31 of the FIS adopted 12/16/15. C2e is the heat pump/AC pad on the east side of the structure. C2h are the bottom of the roof support piers on the north and south side of the structure.

Signature

Date

## SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

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  feet  meters  above or  below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is  feet  meters  above or  below the LAG.

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is  feet  meters  above or  below the HAG.

E3. Attached garage (top of slab) is  feet  meters  above or  below the HAG.

E4. Top of platform of machinery and /or equipment servicing the building is  feet  meters  above 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 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. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner 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. Check the measurement used in Items G8 - G10. In Puerto Rico only, enter meters.

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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 -G10) 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: \_\_\_\_\_ feet  meters Datum \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_ feet  meters Datum \_\_\_\_\_

G10. Community's design flood elevation: \_\_\_\_\_ feet  meters Datum \_\_\_\_\_

Local Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Community Name \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments

Check here if attachments.

# BUILDING PHOTOGRAPHS

See instructions for Item A6

OMB Control Number: 1660-0008  
Expiration: 11/30/2018

|  |                                  |
|--|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>325 Thistle Ct. | Policy Number:                   |
| City Woodland State WA 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.

FRONT VIEW 03/23/165



REAR VIEW 03/23/16



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Community Number: 530035

Property Name or Address: 325 Thistle Court  
Hillshire Manor Lot 17

**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: <i>(Please Print or Type)</i><br>Travis Goddard - Community Development Director |   | Telephone No.:<br>360-225-7299 |
| Community Name:<br>City of Woodland, WA 530035  | Community Official's Signature: <i>(required)</i> | Date:                          |

**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: <i>(Please Print or Type)</i><br>Travis Goddard - Community Development Director |   | Telephone No.:<br>360-225-7299 |
| Community Name:<br>City of Woodland, WA - 530035  | Community Official's Signature <i>(required)</i> :<br><i>Travis Goddard</i> | Date:<br>6/22/18               |

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Community Number: 530035 Property Name or Address: Lot 77, Meriwether PH2 (Vol. 14, Pg 103)  
 1845 Blacktail Lane, 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.: |
| Community Name:<br>City of Woodland 530035                  | Community Official's Signature: (required) | Date:          |

**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)<br><i>TRAVIS Goodhard - C.D. Director</i> |  | Telephone No.:<br><i>360-225-7299</i> |
| Community Name:<br>City of Woodland 530035  | Community Official's Signature (required):<br><i>Travis Goodhard</i> | Date:<br><i>6/22/10</i>               |