

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 Ginn Development | | | | | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 131, 127, 123 & 119 Loganberry Court | | | | | Company NAIC Number: | |
| City Woodland | | State Washington | | ZIP Code 98674 | | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lots 13-16 Sequoia Park Subdivision | | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) | | | | | Residential | |
| A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> 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 <u>6</u> | | | | | | |
| A8. For a building with a crawlspace or enclosure(s): | | | | | | |
| a) Square footage of crawlspace or enclosure(s) _____ sq ft | | | | | | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____ | | | | | | |
| c) Total net area of flood openings in A8.b _____ sq in | | | | | | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| A9. For a building with an attached garage: | | | | | | |
| a) Square footage of attached garage <u>3992.00</u> sq ft | | | | | | |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>34</u> | | | | | | |
| c) Total net area of flood openings in A9.b <u>4284.00</u> sq in | | | | | | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | | |
| B1. NFIP Community Name & Community Number WOODLAND, CITY OF 530035 | | | | B2. County Name COWLITZ | | B3. State Washington |
| B4. Map/Panel Number 53015C0886G | B5. Suffix G | B6. FIRM Index Date 12-16-2015 | B7. FIRM Panel Effective/ Revised Date 12-16-2015 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 36.5 | |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ | | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ | | | | | | |
| 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: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | | |

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 USE |
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SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

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.

Benchmark Utilized: WSDOT CONTROL GP06005-32 Vertical Datum: NAVD 88

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.

Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____ 31.0 feet meters
- b) Top of the next higher floor _____ 41.8 feet meters
- c) Bottom of the lowest horizontal structural member (V Zones only) _____ feet meters
- d) Attached garage (top of slab) _____ 31.0 feet meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____ 41.9 feet meters
- f) Lowest adjacent (finished) grade next to building (LAG) _____ 30.3 feet meters
- g) Highest adjacent (finished) grade next to building (HAG) _____ 31.3 feet meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ 30.9 feet meters

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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

| | | |
|--|-------------------------|-------------------|
| Certifier's Name CRAIG A. GALVIN | License Number 43609 | |
| Title PROFESSIONAL LAND SURVEYOR | | |
| Company Name MINISTER & GLAESER SURVEYING | | |
| Address 2200 E. EVERGREEN BLVD. | | |
| City VANCOUVER | State Washington | ZIP Code 98661 |



| | | | |
|----------------------------------|--------------------|-----------------------------|------|
| Signature <i>Craig Galvin</i> | Date 09-17-2019 | Telephone (360) 694-3313 | Ext. |
|----------------------------------|--------------------|-----------------------------|------|

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Comments (including type of equipment and location, per C2(e), if applicable)
The lowest elevation of machinery servicing the building C2(e) are the heat pump/AC units on the decks on the west side of the building.

BUILDING PHOTOGRAPHS

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See Instructions for Item A6.

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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 - EAST SIDE

Clear Photo One

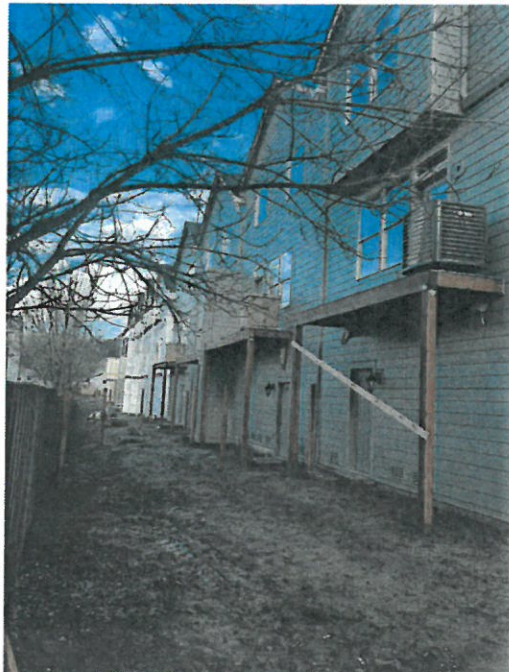


Photo Two

Photo Two Caption REAR - WEST SIDE

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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| | | | |
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If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.



Photo Three

Photo Three Caption LEFT - SOUTH SIDE

Clear Photo Three



Photo Four

Photo Four Caption RIGHT - NORTH SIDE

Clear Photo Four

