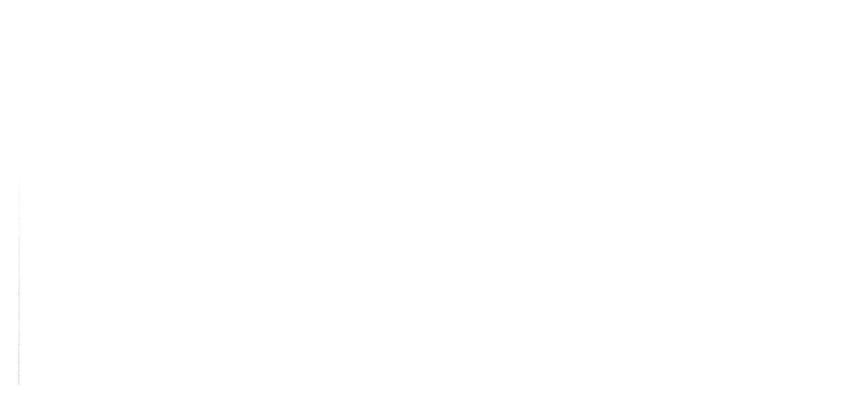
U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Programs

## ELEVATION CERTIFICATE

OMB No. 1660-0008

National Flood Insurance Program	Important: Rea	ad the instructions	on pages 1-9.	Expiration Date: July 31, 2015
	SECTI	ON A - PROPERTY I	NFORMATION	FOR INSURÂNCE COMPANY USE
A1. Building Owner's Name Great Northwest Homes. LLC				Policy Number
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.				Company NAIC Number:
Ames Street NE City Orting		State WA ZII	Code 98360	
A3. Property Description (Lot and Block No Lot 31 Cypress View Estates Phase 2 Parc		ımber, Legal Description	, etc.)	
A4. Building Use (e.g., Residential, Non-Re A5. Latitude/Longitude: Lat. 47°07'09.9" L A6. Attach at least 2 photographs of the bu A7. Building Diagram Number 9 A8. For a building with a crawlspace or end a) Square footage of crawlspace or end b) Number of permanent flood openin or enclosure(s) within 1.0 foot above	esidential, Addition, Addition, Addition, Addition, and an addition of the Certificate closure(s):  and a ddition, Addition, A	is being used to obtain f	Horizontal Datulood insurance.  For a building with an at a) Square footage of at b) Number of permane within 1.0 foot above	ttached garage <u>489</u> sq ft nt flood openings in the attached garage e adjacent grade <u>0</u>
<ul><li>c) Total net area of flood openings in</li><li>d) Engineered flood openings?</li></ul>	A8.b <u>1</u> □ Yes ⊠ No	<u>,568</u> sq in	c) Total net area of flood op	od openings in A9.b No
DETECTION OF THE PROPERTY OF T		NSURANCE RATE M	AP (FIRM) INFORMATI	
B1. NFIP Community Name & Community N		32. County Name Pierce	Access of the Control	B3. State WA
B4. Map/Panel Number B5. Suffix C	B6. FIRM Index Da 8/19/1987	te B7. FIRM Pa Effective/Revise 8/4/1988		B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 136.5
B10. Indicate the source of the Base Flood II  FIS Profile  FIRM  B11. Indicate elevation datum used for BFE  B12. Is the building located in a Coastal Bar Designation Date:	☐ Community Deter in Item B9: ☑ NGVE rier Resources System	rmined	Source: 1988	? ☐ Yes ☒ No
SECTIO	N C - BUILDING E	LEVATION INFORM	ATION (SURVEY REQU	JIRED)
C1. Building elevations are based on:  *A new Elevation Certificate will be requ  C2. Elevations – Zones A1–A30, AE, AH, A below according to the building diagram  Benchmark Utilized: 085  Indicate elevation datum used for the ele Datum used for building elevations mus	(with BFE), VE, V1–V specified in Item A7.	n of the building is compl 30, V (with BFE), AR, AF In Puerto Rico only, ente Vertical Datum: <u>NGVE</u> rough h) below. ⊠ NGV	R/A, AR/AE, AR/A1–A30, A r meters. <u>0 1929</u> D 1929 □ NAVD 1988 □	Other/Source:
a) Top of bottom floor (including basement)	ent crawlenace or en	closure floor)	140.80	eck the measurement used.     I feet     meters
b) Top of the next higher floor	ent, crawispace, or en	closure noor)	144.08	☐ feet ☐ meters
c) Bottom of the lowest horizontal struct	ural member (V Zones	s only)		☐ feet ☐ meters
<ul> <li>d) Attached garage (top of slab)</li> <li>e) Lowest elevation of machinery or equipment and local</li> </ul>	ipment servicing the b	ouilding	142.79 144.34	☐ feet ☐ meters  feet ☐ meters
f) Lowest adjacent (finished) grade next to building (LAG) 140.9			☐ feet ☐ meters	
<ul><li>g) Highest adjacent (finished) grade nex</li><li>h) Lowest adjacent grade at lowest elev</li></ul>		including structural supp	142.1 port	
SECTION	ON D - SURVEYOR	R, ENGINEER, OR AF	CHITECT CERTIFICAT	TION
This certification is to be signed and sealed information. I certify that the information on I understand that any false statement may be Check here if comments are provided Check here if attachments.	this Certificate represe be punishable by fine on back of form.	ents my best efforts to in or imprisonment under 1	terpret the data available.	C.FOLIAN I
Certifier's Name David C. Follansbee, PLS		License	Number 45161	
Associate Principal	Company Name A			
Address 2215 N. 30th ST, Suite 300	City Tacoma	State W		ONAL LAND SEE
Signature	Date 12/23/2013	Telepho	ne 253.383.2422	The same of the sa
EEMA Earm 086-0-33 (7/12)	Sa	e reverse side for con	tinuation	Replaces all previous editions.

	1			
EENAN Earth	U88-U-33 (2)	1121	See reverse side for continuation	Replaces all previous ed



IMPORTANT: In these spaces, copy the correspondi	ng information from Section A.	FOR	INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg 212 Ames Street NE	. No.) or P.O. Route and Box No.	Policy	Number:
City Orting · · · ·	State WA ZIP Code 98360	Comp	oany NAIC Number:
SECTION D - SURVEYOR, EN	GINEER, OR ARCHITECT CERTIFI	CATION (CONTIL	NUED)
) both sides of this Elevation Certificate for (1) community of	official, (2) insurance agent/company, and	(3) building owner.	
Comments			
			,
Signature	Date		
SECTION E - BUILDING ELEVATION INFORMATION	ON (SURVEY NOT REQUIRED) FO	R ZONE AO AND	ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), complete Items E1–E5. If t and C. For Items E1–E4, use natural grade, if available. Check	the measurement used. In Puerto Rico o	nly, enter meters.	
<ul><li>E1. Provide elevation information for the following and check grade (HAG) and the lowest adjacent grade (LAG).</li><li>a) Top of bottom floor (including basement, crawlspace, or provided in the control of the</li></ul>			e or below the highest adjacent ve or  below the HAG.
b) Top of bottom floor (including basement, crawlspace, or	or enclosure) is	meters abo	ve or D below the LAG.
E2. For Building Diagrams 6–9 with permanent flood opening (elevation C2.b in the diagrams) of the building is		or Delow the HA	
E3. Attached garage (top of slab) is fee E4. Top of platform of machinery and/or equipment servicing	t ☐ meters ☐ above or ☐ below th the building is . ☐ feet ☐		or 🔲 below the HAG.
E5. Zone AO only: If no flood depth number is available, is the	e top of the bottom floor elevated in acco	rdance with the con	
ordinance? Yes No Unknown. The local of	NER (OR OWNER'S REPRESENTA		ATION
The property owner or owner's authorized representative who c			
or Zone AO must sign here. The statements in Sections A, B, a	nd E are correct to the best of my knowle		
Property Owner's or Owner's Authorized Representative's Nam	e 		
ess	City	State	ZIP Code
Signature	Date	Telephone	
Comments			
			☐ Check here if attachments.
SECTION G - (	COMMUNITY INFORMATION (OPT	ONAL)	with the control of t
The local official who is authorized by law or ordinance to administe of this Elevation Certificate. Complete the applicable item(s) and significate.			
G1. The information in Section C was taken from other doc is authorized by law to certify elevation information. (In	umentation that has been signed and sea	aled by a licensed su	irveyor, engineer, or architect who
G2. A community official completed Section E for a building			
G3. The following information (Items G4–G10) is provided to	or community floodplain management pu	rposes.	
G4. Permit Number G5. Date Permit Issue	G6. Date Cer	tificate Of Complian	ce/Occupancy Issued
G7. This permit has been issued for:	☐ Substantial Improvement		
<ul><li>G8. Elevation of as-built lowest floor (including basement) of the</li><li>G9. BFE or (in Zone AO) depth of flooding at the building site:</li></ul>		meters Date	(A)
G10. Community's design flood elevation:		] meters Date ] meters Date	ım
Local Official's Name	Title	SCUX &	HICIAL
Community Name	Telephone 3	00 801	803119
Signature Ken Walfe	Date	2-16	
City noted missing in	to on Age, Age	PS B4	☐ Check here if attachments.
			Evilw

FEMA Form 086\_0\_33 (7/13)

Replaces all previous additions





## City of Orting Floodplain Development Permit

Permit No. <u>/- 3// 3</u>
Has been issued to <u>Great NW Homes LEC</u>
For construction of New Single Family Rendences
At 212 Ames St NE
Parcel # 1003440310 Lot 3/ Subdivision (ypress lieu)  SHORELINE REVIEW:  BA (Biological Assessment)  BE (Biological Evaluation)
City of Orting, Washington
Issuing Officer

This notice shall be posted in a conspicuous location at the front of the above described property at the time of commencement of work.

D		

