U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires March 31, 2012

Important: Read the instructions on pages 1-9

Mational Flood insulance Flogram important. Incad the in	istructions on pages 1-a.		
	PERTY INFORMATION	For Insurance Company Use:	
A1. Building Owner's Name Seattle Pacific Homes		Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.0 1516 Daffodil Ave NE	O. Route and Box No.	Company NAIC Number	
City Orting State WA ZIP Code 98360			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Delat of River's Edge Phase 2B, Lot 164 700 2/2/640	Description, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) A5. Latitude/Longitude: Lat. 47-7-9.58N Long. 122-13-24.26W A6. Attach at least 2 photographs of the building if the Certificate is being used A7. Building Diagram Number 9 A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) 1788 sq ft b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 22 c) Total net area of flood openings in A8.b 2,816 sq in d) Engineered flood openings?	Horizontal Datum: to obtain flood insurance. A9. For a building with an attac a) Square footage of attac	thed garage <u>663</u> sq ft openings in the attached garage diacent grade <u>0</u> openings in A9.b <u>0</u> sq in	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1. NFIP Community Name & Community Number B2. County Na Orting 530138 B2. County Na		B3. State WA	
601/530138 E Date Effectiv	FIRM Panel B8. Flood re/Revised Date Zone(s) inary2-28-2007 AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 141.7	
B11. Indicate elevation datum used for BFE in Item B9: ☑ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe) B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☑ No Designation Date ☐ CBRS ☐ OPA 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. Use the same datum as the BFE. Benchmark Utilized Pierce County #103-6TVertical Datum NGVD29 Elevation=149.86 Conversion/Comments			
	Check the measurem		
 a) Top of bottom floor (including basement, crawlspace, or enclosure floor) b) Top of the next higher floor) 141.0	**	
c) Bottom of the lowest horizontal structural member (V Zones only)	0.0 feet meters (Puerto	**	
d) Attached garage (top of slab)	143.78	**	
Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	145,19	o Ríco only)	
f) Lowest adjacent (finished) grade next to building (LAG)	142.9 ⊠ feet ☐ meters (Puerto	o Rico only)	
g) Highest adjacent (finished) grade next to building (HAG)	143.2 🛛 feet 🔲 meters (Puerto	o Rico only)	
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 	143.0 ☐ feet ☐ meters (Puerto	o Rico only)	
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 comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes \sum No			
Certifier's Name David D. Salmon PLS.	License Number 35476		
Title Owner Company Name NCS Surveying		PROBECTED AND SHEET	
Address 3930 South 352 nd Street City Auburn	State WA ZIP Code 98001	OMIL LAND SUL	
Signature Date 4-08-2010	Telephone 253-835-4000	XPIKES	

IMPORTANT: In these spaces, copy the corresponding information from	Section A	r Incurance Campany Han-		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route an	The state of the s	r Insurance Company Use; olicy Number		
1516 Daffodil Ave NE				
City OrlingState WA ZIP Code 98360	Co	ompany NAIC Number		
SECTION D SURVEYOR, ENGINEER, OR ARCH	TECT CERTIFICATION (CONTIN	IUED)		
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance ag	ent/company, and (3) building owner.			
Comments C2-e (hot water tank and furnace)	-			
Elevation of crawl space = 140.8				
		•		
Signature Date	4.08-2010			
Annual Indiana Indiana		☐ Check here if attachments		
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT F	EQUIRED) FOR ZONE AO AND	ZONE A (WITHOUT BFE)		
For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended	d to support a LOMA or LOMB-Frequ	lest complete Sections A. B.		
and C. For items E1-E4, use natural grade, if available. Check the measurement use	d. In Puerto Rico only, enter meters.			
E1. Provide elevation information for the following and check the appropriate boxes t grade (HAG) and the lowest adjacent grade (LAG).		or below the highest adjacent		
a) Top of bottom floor (including basement, crawlspace, or enclosure) is	feet	ve 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,				
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floo	elevated in accordance with the com-	munity's floodplain management		
ordinance? Yes No Unknown. The local official must certify this in	formation in Section G.	· · · · · · · · · · · · · · · · · · ·		
SECTION F – PROPERTY OWNER (OR OWNER'S				
The property owner or owner's authorized representative who completes Sections A, B or Zone AO must sign here. The statements in Sections A, B, and E are correct to the	and E for Zone A (without a FEMA-is	sued or community-Issued BFE)		
Property Owner's Owner's Authorized Representative's Name	oot of thy knowledge,			
Address City				
Oity	State	ZIP Code		
Signature Date	Telephone	To the Area and		
Comments				
OFOTION C. COMMISSION CONTRACTOR		☐ Check here if attachments		
SECTION G – COMMUNITY INFOR The local official who is authorized by law or ordinance to administer the community's flor	WATION (OPTIONAL)	amplete Coefficia & D. O./ El		
nd G of this Elevation Certificate. Complete the applicable item(s) and sign below. Che	ck the measurement used in Items G8	B and G9.		
The information in Section C was taken from other documentation that has bee	n signed and sealed by a licensed sur	veyor, engineer, or architect who		
is authorized by law to certify elevation information. (Indicate the source and d 32. A community official completed Section E for a building located in Zone A (with	ate of the elevation data in the Comme	ents area below.)		
33. ☐ The following information (Items G4-G9) is provided for community floodplain n	anagement purposes.	ed BFC) of Zoffe AO,		
G4. Permit Number G5. Date Permit Issued	G6. Date Certificate Of Compliance	a/Occupancy leguad		
1-2398 9-9-2009		2010		
67. This permit has been issued for: Mew Construction Substantial Im	provement			
8. Elevation of as-built lowest floor (including basement) of the building:	feet meters (PR) Datum	_		
9. BFE or (in Zone AO) depth of flooding at the building site: 10. Community's design flood elevation	feet meters (PR) Datum			
Kon Walte	feet meters (PR) Datum	acendo a a La m		
Local Official's Name (360) Title (360)	ia NFIP/CRS C 89.3-2219 ext 1.	211		
	ephone	* y		
Signature Da	Δ			
	G			
Comments				
		Check here if attachments		

Replaces all previous editions

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