| U.S. DEPARTMENT OF HOMELAND SECURITY |
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| Federal Emergency Management Agency |

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

p.1

| National Flood Insurance Program Important: Read the instructions on pages 1-8. | 2000 TONIGHT 20. 2000 | |
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| SECTION A - PROPERTY INFORMATION | For Insurance Company Use: | |
| A1. Building Owner's Name Prospect Homes, LLC | Policy Number | |
| A2. Bullding Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.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 Description, etc.) Lot 20 Plat of Hidden Lakes, Section 31 Two 19 N., A4. Building log (27. Residential Non-Regidential Addition Accesses, etc.) Residential | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) A5. Latitude/Longitude: Lat. 47.03.03.4 Long. 120.01.30.1 Horizontal C A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. | Patum: NAD 1927 NAD 1983 | |
| A7 Quilding Disperse Number & | | |
| A8. For a building with a crawl space or enclosure(s), provide: a) Square footage of crawl space or enclosure(s) b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b A9. For a building with an atta a) Square footage of atta b) No. of permanent flood walls within 1.0 foot at at a constant of the crawless of t | d openings in the attached garage pove adjacent grade | |
| SECTION B • FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | |
| B1. NFIP Community Name & Community Number City of Orting 53014300018 B2. County Name Preve | B3. State LNA | |
| B4. Map/Panel Number B5. Suffix B6. FIRM Index Date Date Date Streetive/Revised Date D4. | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) | |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. | | |
| ☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other (Describe) | | |
| B11. Indicate elevation datum used for BFE in (tem B9; MGVD 1929 NAVD 1988 Other (Describe) B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date OPA | Yes X No | |
| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | | |
| C1. Building elevations are based on: Construction Drawings* Building Under Construction* *A new Elevation Certificate will be required when construction of the building is complete. | Sinished 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-g below according to the building diagram specified in Item A7. | | |
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| Check the measurer | | |
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| | ers (Puerto Rico only) ers (Puerto Rico only) | |
| | ers (Puerto Rico only) ers (Puerto Rico only) | |
| e) Lowest elevation of machinery or equipment servicing the building | ers (Puerto Rico only) | |
| (Describe type of equipment in Comments) | | |
| The state of the s | ers (Puerto Rico only) ers (Puerto Rico only) | |
| SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION |)N | |
| 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. | on annumentation | |
| Check here if comments are provided on back of form. | F. CA | |
| Certifier's Name MELVIN F. Garland, PLS License Number 18902 | - Carlon | |
| Title Principal Company Name Apen Engineering Address 2/2/5 2000 City Town State 1.1 ZIP Code Constitution | 18902 to 189 | |
| Address 260 / So. 35Th City TAcoma State VA ZIP Code 984 Signature 7/1 / Date 95-06 Telephone 753-432 46 | DANGE: SIGORE | |