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

National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

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 ROBERT WAGNER						per:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.217 KENSINGTON AVE. S.W.						Company NAIC Number:	
City ORTING		State Washington			ZIP Code 98360		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 22, BLOCK 3, TAYLOR'S 2ND ADD. TO THE TOWN OF ORTING, VOL. 4, PG. 82. TAX PARCEL 901020-0110							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Longitude: Lat. 47.0943 Long122.2055 Horizontal Datum: NAD 1927 X NAD 1						927 X NAD 1983_	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.							
A7. Building Diagram Number9_							
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 grade11							
c) Total net area of flood openings in A8.bsq in							
d) Engineered flood openings? 🔲 Yes 🗵 No							
A9. For a building with an attached garage:							
a) Square footage of attached garage sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade0							
c) Total net area of flood openings in A9.b 0 sq in							
d) Engineered flood openings? Yes No							
AND THE OWNER OF THE PROPERTY	ECTION B - FLOOD IN	ISURA			ATION	B3. State	
B1. NFIP Community Name & Community Number CITY OF ORTING, WASHINGTON, 530143			B2. County Name PIERCE COUNTY			Washington	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date		IRM Panel ffective/	B8. Flood Zone(s		se Flood Elevation(s) ne AO, use Base	
		R	evised Date 7/1985	A		od Depth)	
5301430001 B	09/27/1985	09/2/	/ 1903	^	192.7		
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/Source:							
B11. Indicate elevation datum used for BFE in Item B9: X NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes X No							
Designation Date: CBRS OPA							

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IMPORTANT: In these spaces, copy the corresponding in	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, Suite, and/or B 217 KENSINGTON AVE. S.W.	Policy Number:							
City State ORTING Wash		ZIP Code 98360	Company NAIC Number					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)								
C1. Building elevations are based on: Construction Drawings* Building Under Construction* X 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: RM 7 Vertical Datum: NGVD 29								
Indicate elevation datum used for the elevations in items a) through h) below.								
☑ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source:								
		loor) 192, 0	Check the measurement used.					
a) Top of bottom floor (including basement crawlspa	ce or enclosure	195 3	X feet meters					
, ,	b) Top of the next higher floor							
c) Bottom of the lowest horizontal structural member	N/A	X feet meters						
d) Attached garage (top of slab)			X feet meters					
e) Lowest elevation of machinery or equipment servion (Describe type of equipment and location in Comm	195. 6 193. 3	X feet meters						
f) Lowest adjacent (finished) grade next to building (f) Lowest adjacent (finished) grade next to building (LAG)							
g) Highest adjacent (finished) grade next to building	g) Highest adjacent (finished) grade next to building (HAG)							
h) Lowest adjacent grade at lowest elevation of deck structural support	ng <u>193</u> . <u>1</u>	X feet						
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 lice			Check here if attachments.					
Certifier's Name JEFFREY ALLEN OTTERSON	•	ALL NILEN OFF						
Title SURVEYOR								
Company Name CASCADE LAND SURVEYING								
Address 23257 SE 284TH ST								
	State	ZIP Code	- ONALIAND SO					
City MAPLE VALLEY	Washington	98038						
Signature Oth	Date 10/21/2016	Telephone (253) 820-4016	10/21/10					
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.								
Comments (including type of equipment and location, per C2(e), if applicable) ITEM C2.E REFERS TO A HOT WATER TANK ON A PEDESTAL IN THE GARAGE								

BUILDING PHOTOGRAPHS

Continuation Page

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IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

217 KENSINGTON AVE. S.W.

City State ZIP Code

ORTING

WA. 98360

FOR INSURANCE COMPANY USE

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number

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 One

Photo One Caption LEFT VIEW I

ELEVATION CERTIFICATE

10/20/16



Photo Two Caption

RIGHT VIEW

10/20/16

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

217 KENSINGTON AVE. S.W.

City State ZIP Code Company NAIC Number

0RTING WA. 98360

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 VIEW

10/20/16



Photo Two

Photo Two Caption

REAR VIEW

10/20/16