

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name: Pacific Aspen Meadows, LLC
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
 410 Rudnick Ct NW
 City Orting State WA ZIP Code 98360
 For Insurance Company Use:
 Policy Number
 Company NAIC Number

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 Lot A, City Of Orting BLA, Rec. No. 200510115007 (TL#0519311089)

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential
 A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: 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

A8. For a building with a crawl space or enclosure(s), provide
 a) Square footage of crawl space or enclosure(s) 1467 sq ft
 b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 17
 c) Total net area of flood openings in A8.b 1428 sq in
 A9. For a building with an attached garage, provide:
 a) Square footage of attached garage _____ sq ft
 b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____
 c) Total net area of flood openings in A9.b _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number B2. County Name B3. State
 City of Orting Pierce County Washington
 B4. Map/Panel Number B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood B9. Base Flood Elevation(s) (Zone
 830143 b 9/27/1985 Effective/Revised Date 9/27-1985 Zone(s) C AO, use base flood depth)
 187.00

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 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)? No
 Designation Date _____ CBRS _____ OPA _____

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-g below according to the building diagram specified in item A7.

Benchmark Utilized RM #5 Panel #530143-0001-B Vertical Datum NGVD 1929

Conversion/Comments _____

Check the measurement used.

- a) Top of bottom floor (including basement, crawl space, or enclosure floor). 191.75 feet _____ meters (Puerto Rico only)
 b) Top of the next higher floor _____ feet _____ meters (Puerto Rico only)
 c) Bottom of the lowest horizontal structural member (V Zones only) _____ feet _____ meters (Puerto Rico only)
 d) Attached garage (top of slab) 189.80 feet _____ meters (Puerto Rico only)
 e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) _____ feet _____ meters (Puerto Rico only)
 f) Lowest adjacent (finished) grade (LAG) 187.67 feet _____ meters (Puerto Rico only)
 g) Highest adjacent (finished) grade (HAG) 189.88 feet _____ meters (Puerto 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.

Certifier's Name Dan Touma License Number 38992
 Title Land Surveyor Company Name Touma Engineers & Land Surveyors, PLLC
 Address 6332 S 191st Place, E102 City Kent State WA ZIP Code 98032
 June 4, 20088 425-251-0665
 Signature _____ Date 6/5/08 Telephone _____



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.
410 Rudnick Ct NW

City Orting State WA ZIP Code 98360

For Insurance Company Use:

Policy Number

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

See Attached Map

Signature

Date

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet _____ meters _____ above or _____ below the HAG.

b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet _____ meters _____ above or _____ below the LAG.

E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A items 8 and/or 9 (see page 8 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 _____ feet _____ meters _____ above or _____ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ feet _____ meters _____ above or _____ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes ___ No ___ Unknown. The local official must certify this information in Section G.

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The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge.*

Property Owner's or Owner's Authorized Representative's Name

Pacific Aspen Meadows, LLC

Address 12708 19th Place NE

City Issaquah

State WA ZIP Code 98027

Signature

Date June 4, 2008

Telephone 425-228-8868

Comments

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in items G8 and G9.

G1. ___ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ___ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ___ The following information (items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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G7. This permit has been issued for: ___ New Construction ___ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet _____ meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet _____ meters (PR) Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

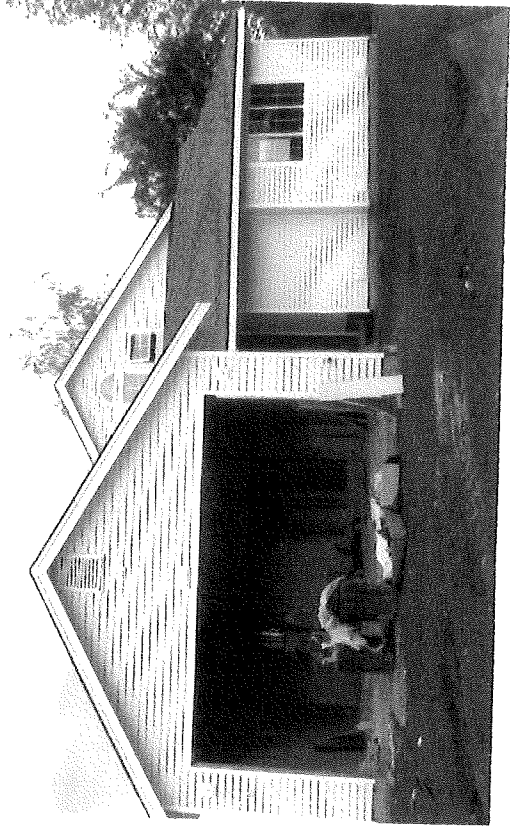
Comments

Check here if attachments

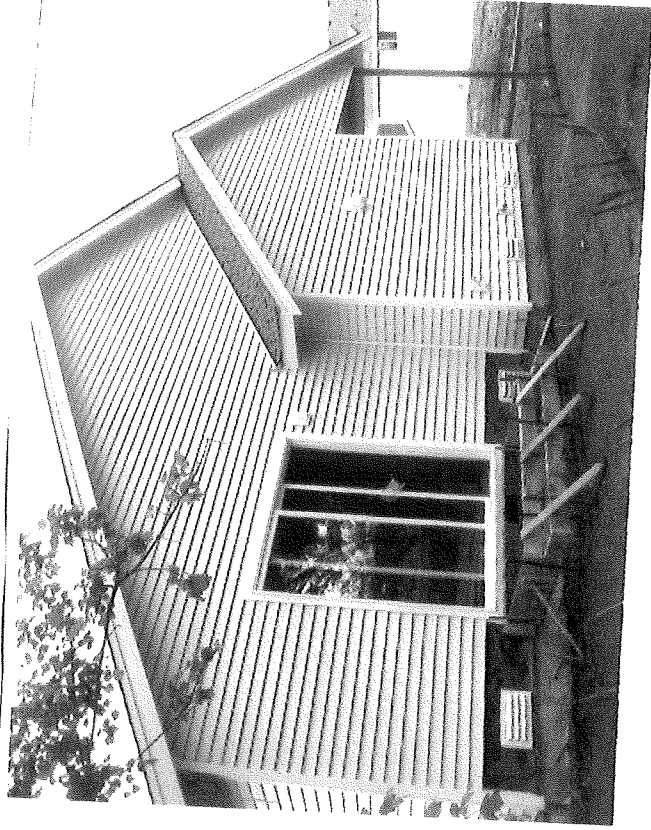
Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 410 Rudnick Ct NW	For Insurance Company Use: Policy Number
City Orting State WA ZIP Code 98360	Company NAIC Number
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.	



NORTH SIDE



SOUTH SIDE