

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 CAPSTONE HOMES INC	For Insurance Company Use: Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1011 SIGAFOOS AVENUE NW City ORTING State WA ZIP Code 98360	Company NAIC Number

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 14; VILLAGE GREEN DIVISION VI

A4. Building Use (e.g. Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL
 A5. Latitude/Longitude: Lat. 47°06'35" Long. -122°13'27" Horizontal Datum: NAD 1927 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 8
 A8. For a building with a crawl space or enclosure(s), provide
 a) Square footage of crawl space or enclosure(s) 1328 sq ft A9. For a building with an attached garage, provide:
 b) No. of permanent flood openings in the crawl space or enclosure(s) 16 walls within 1.0 foot above adjacent grade 0 a) Square footage of attached garage 440 sq ft
 c) Total net area of flood openings in A8.b 1152 sq in 0 walls within 1.0 foot above adjacent grade 0 b) No. of permanent flood openings in the attached garage 0 sq in
 c) Total net area of flood openings in A9.b 0 sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Pierce Co. Community # 530138	B2. County Name Pierce	B3. State WA
B4. Map/Panel Number 0601C	B5. Suffix <u>C</u>	B6. FIRM Index Date <u>08/04/1988</u>
B7. FIRM Panel Effective/Revised Date 08/04/1988	B8. Flood Zone(s) Yes <u>X</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>159.2</u> X

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: NAVD 1929 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-g below according to the building diagram specified in Item A7.

Benchmark Utilized _____ Vertical Datum _____
 Conversion/Comments _____

- Check the measurement used.
- a) Top of bottom floor (including basement, crawl space, or enclosure floor), 164.32 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) 163.145 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) 163.23 feet meters (Puerto Rico only)
 - g) Highest adjacent (finished) grade (HAG) 160.56 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 JOHN BECKER, IV License Number 38480
 Title PRINCIPAL Company Name AABL
 Address 2215 NORTH 30TH STREET, SUITE 300 City TACOMA State WA ZIP Code 98403
 Signature John Becker Date 10-25-07 Telephone (253) 383-2422
 EXPIRES 6-1-2008



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.

1011 SIGAFOOS AVENUE 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

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.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

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

PAUL B. MORRIS

Address

P.O. BOX 139

City

MAPLE VALLEY

State WA

ZIP Code

98038

Signature

Paul B. Morris

Date

Telephone

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