

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name LARRY GUCK 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. _____
511 SKINNER WAY SW Company NAIC Number _____

City ORTING WA State _____ ZIP Code _____

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 77 CALISTOGA PARK PHASE II TAX ID 700500770

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 47° 05' 25" Long. 122° 12' 28" 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 1B

A8. For a building with a crawlspace or enclosure(s): N/A
a) Square footage of crawlspace or enclosure(s) _____ sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____ sq in
c) Total net area of flood openings in A8.b _____ sq in
d) Engineered flood openings? Yes No

A9. For a building with an attached garage:
a) Square footage of attached garage 406 sq ft
b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A
c) Total net area of flood openings in A9.b _____ sq in
d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number CITY OF ORTING 530143 0001B B2. County Name PIERCE B3. State WASHINGTON

B4. Map/Panel Number 530143-0001 B B5. Suffix B B6. FIRM Index Date SEPT. 27, 1985 B7. FIRM Panel Effective/Revised Date _____ B8. Flood Zone(s) A1-B B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 196.40'

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)?
Designation Date _____ / _____ / _____ Yes No
 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, ARIA, ARIAE, 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 RM7 Vertical Datum NGVD 29

Conversion/Comments _____

Check the measurement used.

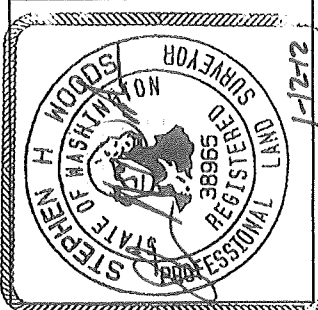
	feet	meters (Puerto Rico only)
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>198.99</u>	<input type="checkbox"/>
b) Top of the next higher floor	_____	<input type="checkbox"/>
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>199.05</u>	<input type="checkbox"/>
d) Attached garage (top of slab)	_____	<input type="checkbox"/>
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	_____	<input type="checkbox"/>
f) Lowest adjacent (finished) grade next to building (LAG)	<u>198.08</u>	<input type="checkbox"/>
g) Highest adjacent (finished) grade next to building (HAG)	<u>198.87</u>	<input type="checkbox"/>
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>198.42</u>	<input type="checkbox"/>

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 No

Certifier's Name	<u>STEPHEN H WOODS, PLS</u>	License Number	<u>38965</u>
Title	<u>LAND SURVEYOR</u>	Company Name	<u>CONTOUR ENGINEERING, LLC</u>
Address	<u>3309 56th ST NW</u>	City	<u>GIG HARBOR</u>
Signature	<u>[Signature]</u>	Date	<u>1-12-2012</u>
		State	<u>WA</u>
		Zip Code	<u>98335</u>
		Telephone	<u>253-857-5454</u>



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. 571 SKINNER WAY SW

City ORING, WA State 98360 ZIP Code _____

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 [Signature] Date 1-12-12 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, crawlspace, or enclosure) is _____ feet meters above 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 _____ 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 or elevated in accordance with the community's codplain 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 _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ 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 _____
-------------------------	------------------------------	---

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 _____

G10. Community's design flood elevation _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____ Check here if attachments

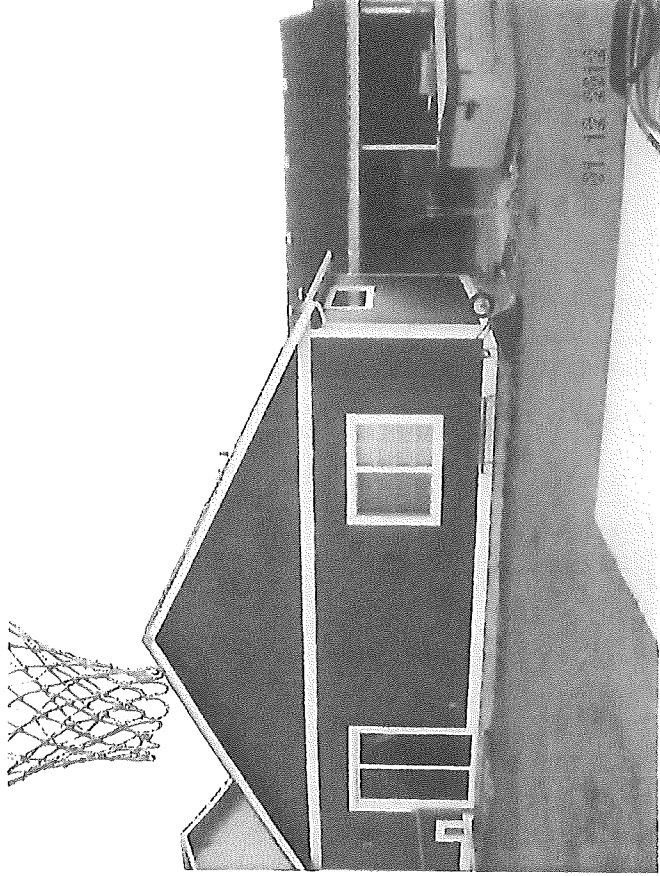
Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.)	For Insurance Company Use:
511 SKINNER WAY SW	Policy Number
City	Company NAIC Number
ORTING, WA	
State	ZIP Code
98360	

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 on the reverse.

Back yard



Front yard

