

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

FINAL

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Paul & Trudy Rave	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. 1090 NW Prindle St City Chehalis State WA ZIP Code 98532	Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TPN 005719000000 Part of the SW 1/4 of the SE 1/4 Sec 30- T14N -R2W	

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

A5. Latitude/Longitude: Lat. 46 39'46" N Long. 122 58'42" W 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)	<u>971</u> sq ft	A9. For a building with an attached garage, provide:	a) Square footage of attached garage	<u>n/a</u> sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	<u>22</u>		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade	<u>n/a</u>
c) Total net area of flood openings in A8.b	<u>2992</u> sq in		c) Total net area of flood openings in A9.b	<u>n/a</u> sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number City of Chehalis 530104		B2. County Name Lewis		B3. State Washington	
B4. Map/Panel Number 530104 1361	B5. Suffix C	B6. FIRM Index Date July 17, 2006	B7. FIRM Panel Effective/Revised Date July 17, 2006	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 180.00

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)? 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 BSI TBM Vertical Datum NGVD29
Conversion/Comments none

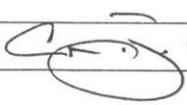
Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>177.23</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>182.98</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>n/a</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>n/a</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>182.98</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>175.41</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>176.49</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> 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 Christopher M. Butler	License Number 36792
Title Professional Land Surveyor	Company Name Butler Surveying, Inc.
Address P.O. Box 149	City Chehalis State WA ZIP Code 98532
Signature 	Date 06-15-09 Telephone 360-748-8803



IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1090 NW Prindle St.	Policy Number
City Chehalis State WA ZIP Code 98532	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 _____

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 <u>Bu-08-2345</u>	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued <u>June 2, 2009</u>
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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: 182.96 feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: 180.0 feet meters (PR) Datum _____

Local Official's Name Bobbi Boon Title Planner

Community Name City of Chehalis Telephone 360-748-0271 x247

Signature Bobbi Boon Date 6/15/09

Comments FLOOD OF RECORD ESTABLISHED AS 182.5. b8 must be 182.5 or higher.

Check here if attachments

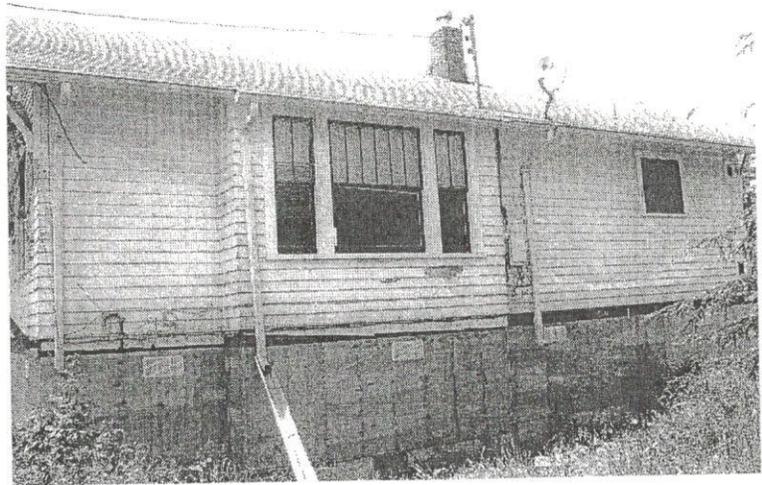
Building Photographs

See Instructions for Item A6.

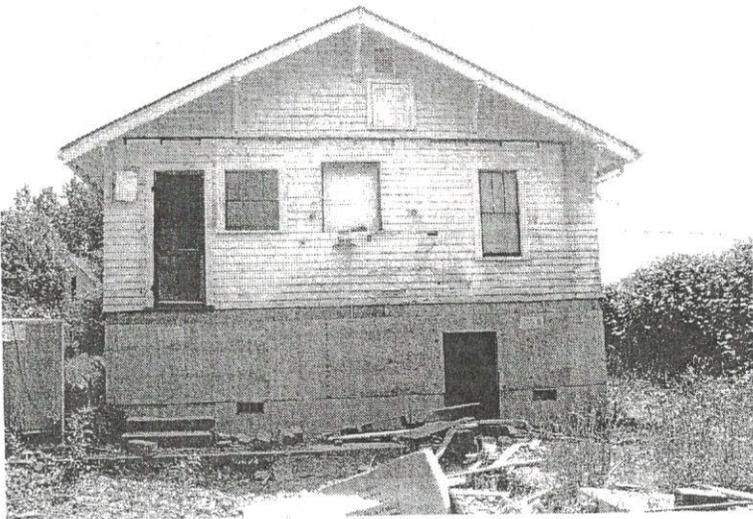
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1090 NW Prindle St	For Insurance Company Use: Policy Number
City Chehalis State WA ZIP Code 98532	Company NAIC Number
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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.	



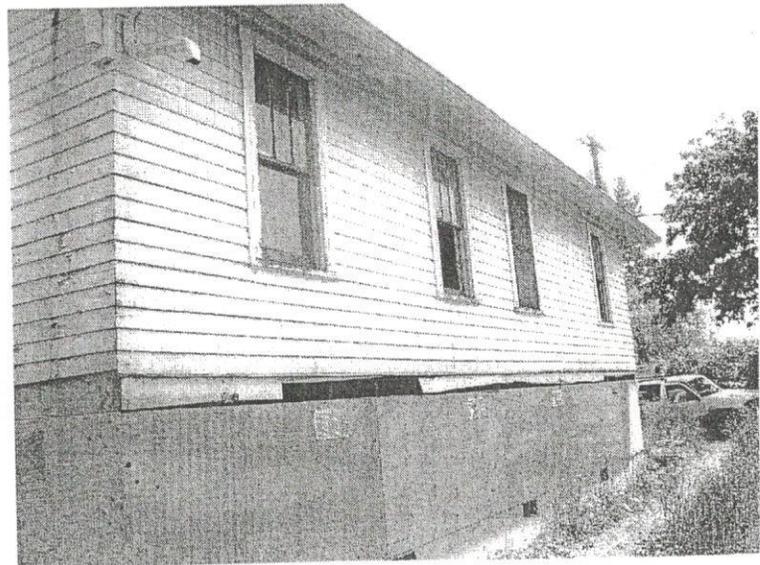
Front



Right



Rear



Left

Individual Inspection Report

CITY OF CHEHALIS
COMMUNITY DEVELOPMENT DEPARTMENT
1321 S. Market Blvd.
Chehalis, WA 98532



Inspections: (360) 748-0271 x229

Inspection Record

Inspection #: IN-09-5176

Page: 1

Printed: 6/15/2009

Address: **1090 PRINDLE ST NW**
CHEHALIS, WA 98532

Reference #: **BU-08-2345**

Applicant: PAUL RAVE

Directions To Parcel:

Project description: **ELEVATE SINGLE FAMILY RESIDENCE**

Inspection Type: **900 Final all systems**

Date: 6/2/2009

Inspector: Jeff Shine

Status: ACTIVE

Passed?

Required Steps:

Comments: FOUNDATION WORK COMPLETE - CONTRACTOR NEEDS A SUMP PUMP OR OTHER WAY FOR WATER TO DRAIN FROM UNDER FOUNDATION.

Inspection Checklist:

- | | |
|--|--|
| <input type="checkbox"/> 910 Landscape/sitework | <input type="checkbox"/> 980 Fire Sprinkler System |
| <input type="checkbox"/> 920 Stormwater drain | <input type="checkbox"/> 981 Halon System |
| <input type="checkbox"/> 930 Exterior door/windows | <input type="checkbox"/> 990 Ceiling Panels |
| <input type="checkbox"/> 940 Roof covering | <input type="checkbox"/> 995 Elevation Certificate |
| <input type="checkbox"/> 950 Refrigeration Equipment | <input type="checkbox"/> 999 Other (describe) |
| <input type="checkbox"/> 960 Special Mechanical | <input type="checkbox"/> |
| <input type="checkbox"/> 970 Smoke detector | <input type="checkbox"/> |
| <input type="checkbox"/> 971 Heat detector | |

Corrections:

Correction Code:

Date:

Correction Description:

Status:

Date Corrections Made: