

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
**ELEVATION CERTIFICATE**

**IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16**

OMB Control Number: 1660-0008  
Expiration: 11/30/2018

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				FORM INSURANCE COMPANY USE	
A1. Building Owner's Name BASS ENTERPRISES INC				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 620 NW ARAKANSAS WAY				Company NAIC Number:	
City CHEHALIS		State WA		Zip Code 98532	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LEWIS COUNTY PARCEL NO. 005605826003-TRACT 6C OF BSP AFN 3426967					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)					
A5. Latitude/Longitude: Lat. <u>N 46°40'41.52"</u> Long. <u>122°58'27.02"</u> Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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):			A9. For a building with an attached garage:		
a) Square footage of crawlspace or enclosure(s) <u>NA</u> sq ft		a) Square footage of attached garage <u>NA</u> sq ft			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>NA</u>		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>NA</u>			
c) Total net area of flood openings in A8.b <u>NA</u> sq in		c) Total net area of flood openings in A9.b <u>NA</u> sq in			
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No		d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number CHEHALIS - 530104			B2. County Name LEWIS		B3. State WA
B4. Map/Panel Number 530104 1361	B5. Suffix C	B6. FIRM Index Date 07/17/2006	B7. FIRM Panel Effective/ Revised Date 07/17/2006	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth 179.7 (NAVD 88))
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input checked="" type="radio"/> FIS Profile <input type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> Finished Construction					
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. * A new Elevation Certificate will be required when construction of the building is complete.					
Benchmark Utilized: <u>SC 2005</u> Vertical Datum: <u>NAVD 88</u>					
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
Datum used for building elevations must be the same as that used for the BFE.				Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>178</u>	-	<u>35</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters
b) Top of the next higher floor	<u>NA</u>	-	<u>        </u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>NA</u>	-	<u>        </u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters
d) Attached garage (top of slab)	<u>NA</u>	-	<u>        </u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>178</u>	-	<u>4</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>177</u>	-	<u>5</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>178</u>	-	<u>2</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>177</u>	-	<u>5</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters

ELEVATION CERTIFICATE

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Expiration: 11/30/2018

620 NW ARAKANSAS WAY

CHEHALIS

WA

98532

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 licensed land surveyor?  
 Check here if attachments.  Yes  No



Certifier's Name KENNETH L FRAZIER		License Number LS 16908	
Title PROFESSIONAL LAND SURVEYOR	Company Name FORESIGHT SURVEYING INC		
Address 1583 N NATIONAL AVE	City CHEHALIS	State WA	Zip Code 98532
Signature <i>Kenneth L. Frazier</i>	Date 9/26/2016	Telephone +1 (360) 748-4000	

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

Comments (including type of equipment and location, per C2(e), if applicable)  
 THIS IS AN ON GRADE SLAB CONSTRUCTION WITH THE LOWEST FLOOR AT OR ABOVE THE OUTSIDE GRADE ON ALL SIDES. THE EQUIPMENT WAS INSTALLED ABOVE THE BFE 178.4 (THE WATER FILTRATION EQUIPMENT IN THE BATHROOM IS SET ON THE FLOOR AS SOON IN ATTACHED PHOTO). THE MAIN ELECTRICAL IS SET AT 181.35 OR ABOVE. THE HEATING AND COOLING EQUIPMENT ARE ON THE ROOF.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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, \_\_\_\_\_ - \_\_\_\_\_  feet  meters  above or  below the HAG. or enclosure) is
  - b) Top of bottom floor (including basement, crawlspace, \_\_\_\_\_ - \_\_\_\_\_  feet  meters  above or  below the LAG. or enclosure) is
- 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 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 or Owner's Authorized Representative's Name: \_\_\_\_\_

Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments \_\_\_\_\_

Check here if attachments.



### BUILDING PHOTOGRAPHS

See instructions for Item A6

OMB Control Number: 1660-0008  
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<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 620 NW ARAKANSAS WAY			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 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.



FRONT VIEW FROM SOUTHWEST



FRONT VIEW FROM SOUTHEAST



REAR VIEW FROM NORTHEAST



WEST LEFT SIDE VIEW

## BUILDING PHOTOGRAPHS

Continuation Page

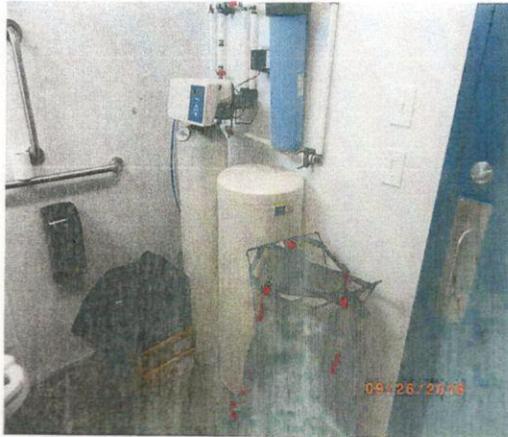
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**IMPORTANT: In these spaces, copy the corresponding information from Section A.** FORM INSURANCE COMPANY USE

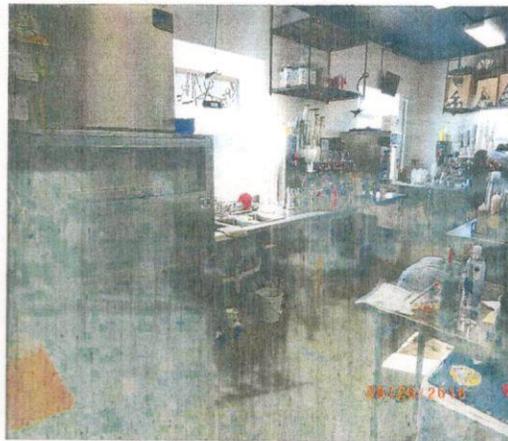
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  620 NW ARKANSAS WAY	Policy Number:
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City  CHEHALIS	State  WA	Zip Code  98532	Company NAIC Number:
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If 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.



LOWEST EQUIPMENT (WATER FILTER)



INSIDE VIEW OF COOLER, COUNTERS

