## U.S. CELARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expires February 28, 2009

Important: Read the instructions on pages 1-8.

\* FINAL \*

	Expir	es	Fe	bruary	28.	2
V	-		10			

			0	TTIPHCX
	SECTION A	- PROPERTY INFORM	IATION	For Insurance Company Use:
A1. Building Owner's Name Joseph Kerr IV				Policy Number
A2. Building Street Address (including Apt., U 452 SW Riverside Dr.	nit, Suite, and/or Bldg. No	o.) or P.O. Route and Box N	No.	Company NAIC Number
City Chehalis State WA ZIP Code	98532			
A3. Property Description (Lot and Block Number 1970) 1982-1990 1990 1990 1990 1990 1990 1990 1990	pers, Tax Parcel Number,	Legal Description, etc.)		GOPY
<ul> <li>A4. Building Use (e.g., Residential, Non-Residential)</li> <li>A5. Latitude/Longitude: Lat. 46 39'12" Long.</li> <li>A6. Attach at least 2 photographs of the building.</li> <li>A7. Building Diagram Number 8</li> <li>A8. For a building with a crawl space or encloging a)</li> <li>Square footage of crawl space or encloging.</li> <li>b) No. of permanent flood openings in the enclosure(s) walls within 1.0 foot above.</li> <li>c) Total net area of flood openings in A8</li> </ul>	122 58'53" ing if the Certificate is bei sure(s), provide losure(s) 1110 e crawl space or we adjacent grade 5	A9. For a seq ft a) So b) No wa	urance.  building with an attaquare footage of atta  o. of permanent flood  alls within 1.0 foot ab	ched garage, provide: ched garage n/a sq ft d openings in the attached garage ove adjacent grade n/a openings in A9.b n/a sq in
SĘCTIO	ON B - FLOOD INSUR	ANCE RATE MAP (FIRE	M) INFORMATION	N .
B1. NFIP Community Name & Community Nur City of Chehalis 530104	mber B2. Co Lewis	unty Name		B3. State WA
B4. Map/Panel Number B5. Suffix 530104 1363 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) 182.4
C1. Building elevations are based on:	☐ C  C - BUILDING ELEVA  Construction Drawings*	BRS OPA  TION INFORMATION (S  Building Under	SURVEY REQUIR	☐Yes ☐No  EED)  ☐ Finished Construction
*A new Elevation Certificate will be required C2. Elevations – Zones A1-A30, AE, AH, A (wit below according to the building diagram sp Benchmark Utilized BSI TBM Vertical Dat Conversion/Comments none	h BFE), VE, V1-V30, V (v ecified in Item A7.	vith BFE), AR, AR/A, AR/A		
a) Top of bottom floor (including basement, cr. b) Top of the next higher floor c) Bottom of the lowest horizontal structu d) Attached garage (top of slab) e) Lowest elevation of machinery or equi (Describe type of equipment in Comm f) Lowest adjacent (finished) grade (LAG g) Highest adjacent (finished) grade (HAG	prepared from the building the building ents)	$178.17$ $\bigcirc$ fe $185.70$ $\bigcirc$ fe         y) $\boxed{n/a}$ $\bigcirc$ fe         n/a $\bigcirc$ fe         180.12 $\bigcirc$ fe         177.55 $\bigcirc$ fe	check the measurer  meters (Puer et meters (Puer	to Rico only)
SECTION	D - SURVEYOR, ENG	INEER, OR ARCHITEC	T CERTIFICATIO	N
This certification is to be signed and sealed by information. I certify that the information on the I understand that any false statement may be put the Check here if comments are provided on be Certifier's Name Christopher M. Butler	a land surveyor, enginee is Certificate represents n punishable by fine or impr	r, or architect authorized by	r law to certify eleva he data available. ode, Section 1001.	tion WASH ACTUAL W
Title Professional Land Surveyor	Company Name Bu	tler Surveying, Inc.		5 51 52 53 53 53 53 53 53 53 53 53 53 53 53 53
Address P.O. Box 149	City Chehalis	•	Code 98532	- 36799 RES

Date 9-2-08

Telephone 360-748-8803

Signature

IMPORTANT In these space	es, copy the corresponding informa	ation from Section A.	ez-	or Insurance Company Use:
Building Street Address (including	Apt., Unit, Suite, and/or Bldg. No.) or P.O.	Route and Box No.		alicy Number
425 SW Riverside Dr. City Chehalis State WA ZIP Co	ode 98532		Te	ompany NAIC Number
				nder under der der der der der der der der der
	TION D - SURVEYOR, ENGINEER, O	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM		
Copy both sides of this Elevation	Certificate for (1) community official, (2) ins	surance agent/company, and	(3) building owner.	
Comments REQUIRED	FFE=183.5 (FLOOD OF	RECORD ELEVAT	100)	5
45.5		9-7-08		
Signature		Date		Check here if attachments
SECTION E - BUILDING	ELEVATION INFORMATION (SURVE	EY NOT REQUIRED) FOR	ZONE AO AND	ZONE A (WITHOUT BFE)
<ul> <li>E1. Provide elevation informating grade (HAG) and the lowes a) Top of bottom floor (inclus) Top of bottom floor (inclus).</li> <li>E2. For Building Diagrams 6-8 (elevation C2.b in the diagrams.</li> <li>E3. Attached garage (top of slates.)</li> <li>E4. Top of platform of machine.</li> <li>E5. Zone AO only: If no flood of the slates.</li> </ul>	uding basement, crawl space, or enclosure uding basement, crawl space, or enclosure with permanent flood openings provided in rams) of the building is	ate boxes to show whether the liss feet feet Section A Items 8 and/or 9 (sfeet meters above or above or below the is feet bottom floor elevated in accordance.	meters about meters about meters about meters about meters had been page 8 of Instruction about the HAG.  meters above ordance with the corrections above meters above meters.	ve or  below the HAG. ve or  below the LAG. uctions), the next higher floor G.  below the HAG.
20	TION F - PROPERTY OWNER (OR O			ATION
	uthorized representative who completes Se			
or Zone AO must sign here. The	statements in Sections A, B, and E are conthorized Representative's Name	rrect to the best of my knowle	odge.	
Address	*	City	State	ZIP Code
Signature	2.7	Date	Telephone	
Comments				
			ANALY	Check here if attachmer
	SECTION G - COMMUNI by law or ordinance to administer the com	TY INFORMATION (OPTIO	ONAL)	complete Sections A. B. C (or E).
he local official who is authorized nd G of this Elevation Certificate.	d by law or ordinance to administer the com . Complete the applicable item(s) and sign	below. Check the measurem	nent used in Items	38. and G9.
The information in Section	ion C was taken from other documentation certify elevation information. (Indicate the s	that has been signed and sea	aled by a licensed s	urveyor, engineer, or architect who
62. A community official cor	mpleted Section E for a building located in a	Zone A (without a FEMA-issue	ed or community-is	sued BFE) or Zone AO.
3. The following information	n (Items G4G9.) is provided for communit	ty floodplain management pur	rposes.	
G4. Permit Number	G5. Date Permit Issued	G6. Date Cer	tificate Of Complia	nce/Occupancy Issued
67. This permit has been issued f	for: New Construction St	ubstantial Improvement		
	or (including basement) of the building:	feet	ers (PR) Datum	_
9. BFE or (in Zone AO) depth of	flooding at the building site:	feet _ mete	ers (PR) Datum	
Local Official's Name		Title		
Community Name		Telephone		
Signature		Date	-	
Comments				
				Check here if attachmen

## Building Photographs See Instructions for Item A6.

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number
425 SW Riverside Dr.	
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 VIEW

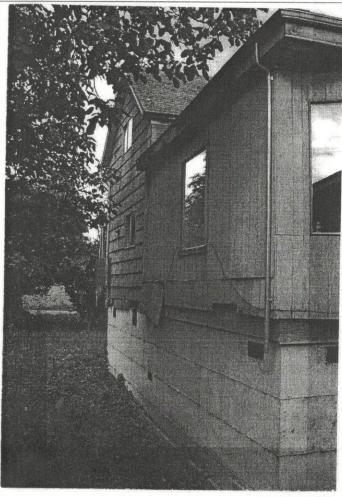


REAR VIEW

## Building Photographs Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number	
425 SW Riverside Dr.		
City Chehalis State WA ZIP Code 98532	Company NAIC Number	

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."



RIGHT SIDE VIEW



LEFT SIDE VIEW