

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

OMB Control No. 1660-0008  
Expiration Date: 06/30/2026

**ELEVATION CERTIFICATE**

**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**

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	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Washington State Employees Credit Union</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>1725NW Louisiana Ave</u>	Company NAIC Number: _____
City: <u>Chehalis</u> State: <u>WA</u> ZIP Code: <u>98532</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Tract 15 Twin City Center BSP, AFN 3413160</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>GENERAL COMMERCIAL</u>	
A5. Latitude/Longitude: Lat. <u>46.679909N</u> Long. <u>122.975903 W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>1B</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): _____ sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: _____ d) Total net open area of non-engineered flood openings in A8.c: _____ sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: _____ sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: _____ d) Total net open area of non-engineered flood openings in A9.c: _____ sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.	
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1.a. NFIP Community Name: <u>CITY OF CHEHALIS</u> B1.b. NFIP Community Identification Number: <u>530104</u>	
B2. County Name: <u>LEWIS COUNTY</u> B3. State: <u>WA</u> B4. Map/Panel No.: <u>5301041361</u> B5. Suffix: <u>C</u>	
B6. FIRM Index Date: <u>07/17/2006</u> B7. FIRM Panel Effective/Revised Date: <u>07/17/2006</u>	
B8. Flood Zone(s): <u>AE</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>176.5</u>	
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____	
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA	
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>1725 NW Louisiana Ave</u>	<b>FOR INSURANCE COMPANY USE</b>
City: <u>Chehalis</u> State: <u>WA</u> ZIP Code: <u>98532</u>	Policy Number: _____ Company NAIC Number: _____

## 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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.  
 Benchmark Utilized: \_\_\_\_\_ Vertical Datum: \_\_\_\_\_

Indicate elevation datum used for the elevations in items a) through h) below.

- NGVD 1929  NAVD 1988  Other: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?  Yes  No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

- |   |               |  |                                 |
|---|---------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor):  | <u>178.50</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions):   | _____         | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions):  | _____         | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| d) Attached garage (top of slab):   | _____         | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | <u>177.90</u> | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished              | <u>177.40</u> | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished             | <u>178.40</u> | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:   | <u>177.40</u> | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |

## SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state 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?  Yes  No

Check here if attachments and describe in the Comments area.

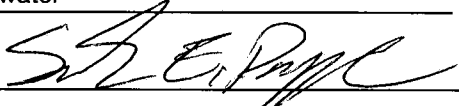
Certifier's Name: SETH PRIGGE License Number: 21013244

Title: LAND SURVEYOR

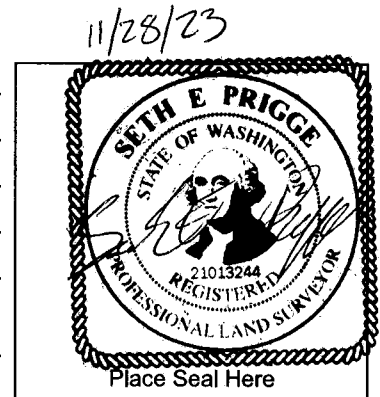
Company Name: MTN2COAST, LLC

Address: 2320 Mottman Rd SW

City: Tumwater State: WA ZIP Code: 98512

Signature:  Date: 11/28/23

Telephone: (360) 688-1949 Ext.: \_\_\_\_\_ Email: seth@mntn2coast.com



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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):  
**USED CONVERSION FACTOR OF -3.4 TO CONVERT COORDINATES FROM NAVD88 TO NGVD 29 BASED ON INFORMATION OBTAINED THROUGH NOAA "NCAT" TRANSFORMATION TOOL. ELEVATION OF FINISHED FLOOR FROM AS-BUILT 9/2023. DRIVE UP TELLER LOCATIONS IS THE LOWEST ELEVATION OF STRUCTURAL SUPPORT, MEASURED ON TOP OF CURB ISLAND AND HAS CONCRETE BASE ±0.6-1.0 FEET HIGHER THEN ELEVATION GIVEN. PAVEMENT ELEVATION IS 0.5' LOWER. ELEVATIONS ESTABLISHED IN 2020 USING WSRN.**

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**  
**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.:  
 1820 NW Louisiana Ave

City: Chehalis State: WA ZIP Code: 98532

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: North End of building

Clear Photo One



Photo Two

Photo Two Caption: Northeast corner

Clear Photo Two



**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**  
**BUILDING PHOTOGRAPHS**

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
1820 NW Louisiana Ave

City: Chehalis State: WA ZIP Code: 98532

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: South end

Clear Photo Three



Photo Four

Photo Four Caption: West side of building

Clear Photo Four