

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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 CASTLEBERRY ASSOCIATES LLC				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1600 N NATIONAL AVE				Company NAIC Number:	
City CHEHALIS WA		State Washington		ZIP Code 98596	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN: 005609005000 SECTION 29, TOWNSHIP 14N, RANGE 2W					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>COMMERCIAL</u>					
A5. Latitude/Longitude: Lat. <u>46°40'32.0231" N</u> Long. <u>122°57'57.2567" W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>1A</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____ sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9.b _____ sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number CHEHALIS, CITY OF 53104			B2. County Name LEWIS		B3. State Washington
B4. Map/Panel Number 1362	B5. Suffix C	B6. FIRM Index Date 06-07-1974	B7. FIRM Panel Effective/ Revised Date 07-17-2006	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 177.2'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input checked="" type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

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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–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: WSDOT CHAMBER WAY / #8799 Vertical Datum: NGVD 29

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

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

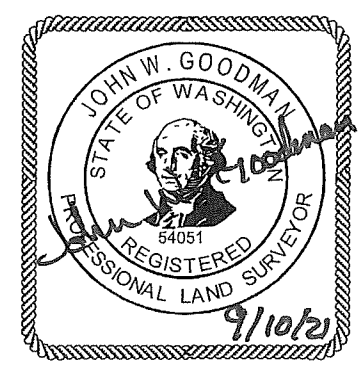
- | | | | |
|---|---------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____ | 180.29 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor _____ | | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____ | | <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 or equipment servicing the building
(Describe type of equipment and location in Comments) _____ | | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) _____ | 178.122 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) _____ | 179.832 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ | | <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 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.

Certifier's Name JOHN W GOODMAN	License Number 54051	
Title PLS		
Company Name GOODMAN LAND SURVEYING, INC.		
Address 696 N. MILITARY RD		
City WINLOCK	State Washington	ZIP Code 98596



Signature <i>John W Goodman</i>	Date 09-10-2021	Telephone (360) 785-3038	Ext.
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Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

OBSERVED WSDOT BENCHMARK PUBLISHED IN NAVD88, NGVD29 DATUM ELEVATION WAS CALCULATED TO BE 192.687 USFT USING NCAT PROCESS WITH A DATUM SHIFT OF -1.039 METERS / -3.408 USFT BETWEEN NAVD 88 TO NGVD 29. THE 0.2% CHANCE OF FLOODING OR 1% CHANCE OF ANNUAL FLOODING WITH AVERAGE DEPTHS LESS THAN 1 FOOT HAS AN ELEVATION OF 179.9' NGVD29 OR 183.3' NAVD88.

ONSITE TEMPORARY BENCHMARK: SET 40D NAIL IN A POWER SERVICE POLE AT EASTERLY MARGIN OF COAL CREEK APPROXIMATELY 112' SOUTH FROM THE SOUTH MARGIN OF N NATIONAL AVE @ ELEVATION OF 181.51' NGVD 29 OR 184.92' NAVD 88.

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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 1–2 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.

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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.

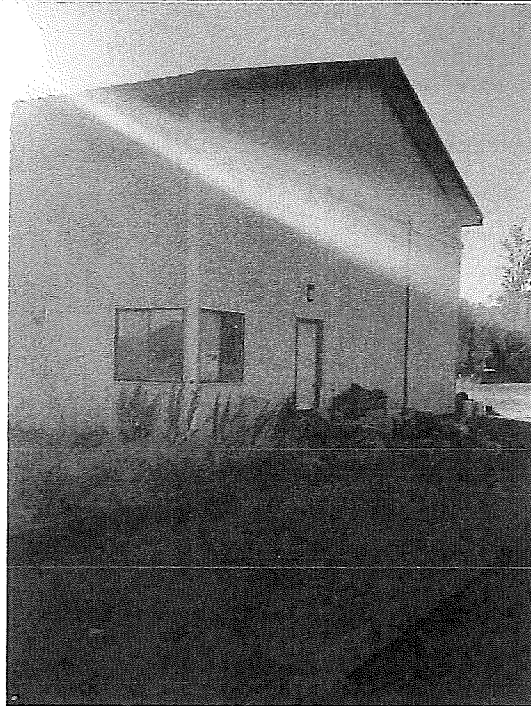


Photo One

Photo One Caption SIDE OF BUILDING, LOOKING EASTERLY

Clear Photo One

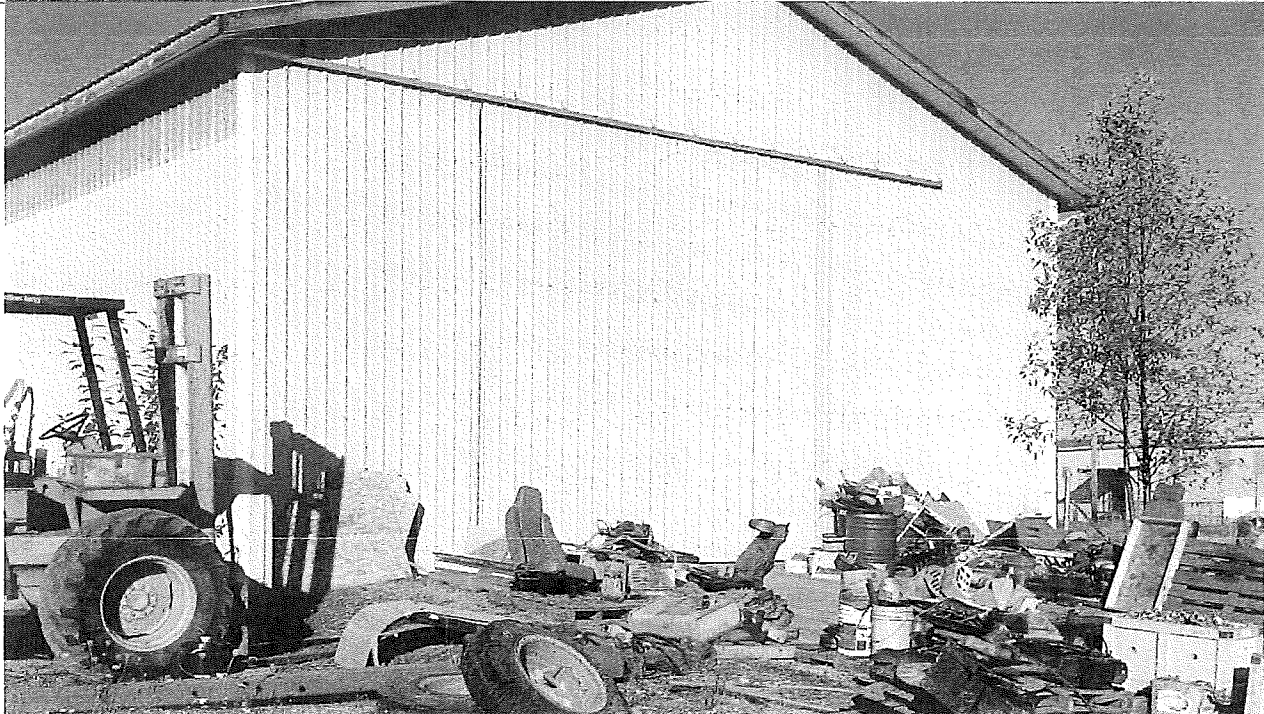


Photo Two

Photo Two Caption SIDE OF THE BUILDING, LOOKING WESTERLY

Clear Photo Two

BUILDING PHOTOGRAPHS

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Continuation Page

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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.

Photo Three

Photo Three

Photo Three Caption

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four