

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name	Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2102 Rododendron Dr.	Company NAIC Number:	
City Woodland	State WA	ZIP Code 98674
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 6, Block 5, Meadowhurst 2 Subdivision		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>45° 55' 24.17"</u> Long. <u>-122° 43' 35.91"</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>4</u>		
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>1032</u> sq ft	b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>7</u>	a) Square footage of attached garage <u>NA</u> sq ft
c) Total net area of flood openings in A8.b <u>433</u> sq in	d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 A9.b <u>NA</u> 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 City of Woodland 530035		B2. County Name Cowlitz		B3. State WA	
B4. Map/Panel Number 0001	B5. Suffix C	B6. FIRM Index Date Sept 29, 1989	B7. FIRM Panel Effective/Revised Date Sept 4, 1985	B8. Flood Zone(s) A15	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 34.5'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" 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					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)		
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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: <u>RM4</u> Vertical Datum: <u>NGVD 1929</u> Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> 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>31.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>31.8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>NA</u>	<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)	<u>31.8</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>31.6</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>31.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>XX</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 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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name <u>Howard S. Richardson</u>	License Number <u>38485</u>		
Title <u>PLS</u>	Company Name <u>Olson Engineering, Inc.</u>		
Address <u>1111 Broadway</u>	City <u>Vancouver</u>	State <u>WA</u>	ZIP Code <u>98660</u>
Signature <u>[Signature]</u>	Date <u>1/16/14</u>	Telephone <u>360-695-1385</u>	



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. 2102 Rododendron Dr.	Policy Number:
City Woodland State WA ZIP Code 98674	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 A5 was taken from GoogleEarth and field verified. C2b is to the slab on grade section which was converted from the original garage. The area above the crawlspace it at 32.8'. C2e is to the water heater located on the slap portion of the structure. The finish floor of the detached garage is 32.3'

Signature _____

Date 1/16/14

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 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'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–G10. In Puerto Rico only, enter meters.

- 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–G10) is provided for community floodplain management purposes

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
-------------------------	------------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____

G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments.

Building Photographs

See Instructions for Item A6.

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.
2102 Rododendron Dr.

Policy Number:

City Woodland

State WA ZIP Code 98674

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 01-16-14



REAR VIEW 01-16-14



Quote #: NCIP305146
 Insured Copy

Subject of Insurance: 2162 RHODODENDRON DR WOODLAND, WA 98674

Mortgagees:

Loan Number:

Applicant:
 DAVID RICHTER
 2162 RHODODENDRON DR
 WOODLAND, WA 98674

Producer:
 Woodland Insurance Agency
 557 GEORIG STREET
 WOODLAND, WA 98674
 (P) 360-225-8217 (F) 360-225-7613

PERILS TO BE INSURED AND DEDUCTIBLES SELECTED ("X" indicates covered):

Flood Loss: \$5,000 each loss

\$1,000 deductible for Additional Living Expense shall apply to each loss separately regardless of which deductible option is chosen above.

Coverage Selected: Standard Specified

Personal Property Replacement at: Actual Cash Value (original price less depreciation)
 Replacement Cost Valuation ("New for Old")

Flood Zone as Declared by Producer: A

Is the Property under course of construction? No

Total Values at 100% Replacement Cost:

(Please Note: A Primary insurance policy in combination with an Excess insurance policy may be used to facilitate certain policy limits.)

Coverage A: Dwelling	\$179,000.00
Coverage B: Appurtenant Private Structures (not to exceed 10% of Coverage A or \$50,000, unless Specified coverage is selected)	\$17,900.00
Coverage C: Personal Property (not to exceed 20% of Coverage A or \$75,000, unless Specified coverage is selected)	\$35,800.00
Coverage D: Additional Living Expense (not to exceed 10% of Coverage A or \$25,000, in any case)	\$17,900.00
Coverage E: Increase Cost/Mat (not to exceed 100% of Coverage A)	\$0.00
Coverage F: Debris Removal (not to exceed 10% of Coverage A + B + C or \$25,000, in any case)	\$23,270.00

Total limit for any one event and in the annual aggregate, separately for each peril: \$250,600.00

Policy Cost:

	Total:
Premium (25% Min Earned)	\$554.90
Policy Fee (Fully Earned)	\$65.00
Stamping Fee	\$0.62
State Premium Tax	\$12.40
Other Required Fee	\$0.00
Total Annual Cost	\$632.92

This quote is valid for no more 30 days. Coverage will not go into effect until a completed electronic application has been submitted and approved by underwriting and the full Total Annual Cost has been received by Poulton Associates, Inc. The inception date of coverage may not predate payment of premium. Payment of premium does NOT automatically attach coverage. There are waiting periods, as described in the insurance contract that apply. Coverage is not in effect until confirmed by an authorized representative. The terms of this quote do not in any way alter the terms of any policy delivered. Your insurance producer may obtain a copy of the Terms & Conditions from our website at www.catcoverage.com.