

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

ELEVATION CERTIFICATE

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

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

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 TANNER HALLEY			Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1732 SW. BASIN ST. PO BOX 135B			Company NAIC Number:		
City EPHRATA. WASH 98823		State		Zip Code	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL # 140153001					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)					
A5. Latitude/Longitude: Lat. 47.302931 Long. -119.56273 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 8					
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) 528 sq ft			a) Square footage of attached garage _____ sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 6			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 A8.b 786 sq in			c) Total net area of flood openings in A9.b _____ sq in		
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No NSK			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 EPHRATA # 530051			B2. County Name GRANT		B3. State WASH
B4. Map/Panel Number 53025C0758C	B5. Suffix C	B6. FIRM Index Date 2/18/2009	B7. FIRM Panel Effective/Revised Date 2/18/2009	B8. Flood Zone(s) A0	B9. Base Flood Elevation(s) (Zone A0, use base flood depth) 1'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in item B9: <input type="radio"/> FIS Profile <input checked="" 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 * A new Elevation Certificate will be required when construction of the building is complete. 6-2-16 6-22-16					
C2. Elevations: Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIAE, ARIA1-A30, ARIA/H, ARIA/O. Complete items C2.a-h below according to the building diagram specified in item A7. In Puerto Rico only, enter meters. Benchmark Utilized: EPHRATA 6605 Vertical Datum: NAVD 1988					
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)	1242	60	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
b) Top of the next higher floor	1246	00	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
c) Bottom of the lowest horizontal structural member (V Zones only)	NA		<input type="radio"/> feet	<input type="radio"/> meters	
d) Attached garage (top of slab)	NA		<input 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)	1246	10	<input type="radio"/> feet	<input type="radio"/> meters	
f) Lowest adjacent (finished) grade next to building (LAG)	1242	40	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
g) Highest adjacent (finished) grade next to building (HAG)	1242	70	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	1242	60	<input checked="" type="radio"/> feet	<input type="radio"/> meters	

ELEVATION CERTIFICATE, page 2

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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. 1732 SW BASIN ST		Policy Number:	
City EPHRATA	State WA	Zip Code 99023	Company NAIC Number:
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 type="checkbox"/> Check here if attachments.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Certifier's Name K.S. KNUDSEN		License Number 8538	
Title OWNER		Company Name KNUDSEN LAND SURVEY	
Address PO. BOX 505		City EPHRATA	State WA
Signature <i>K. Knudsen</i>		Date 6-2-16	Zip Code 99023
Telephone 754-4376			
Copy all pages 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) BOTTOM REF AIR = 1249.10 } LOCATED ON EAST WALL BOTTOM EL PANEL = 1246.10			
Signature <i>K. Knudsen</i>		Date 6-2-16	
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 <u>0 . 10</u> feet meters <input type="checkbox"/> above or <input checked="" type="checkbox"/> below the HAG.			
b) Top of bottom floor (including basement, crawlspace, or enclosure) is <u>0 . 0</u> feet meters <input type="checkbox"/> above or <input checked="" type="checkbox"/> below the LAG.			
E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is <u>3 . 30</u> feet meters <input checked="" type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
E3. Attached garage (top of slab) is <u>NA</u> feet meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is <u>NA</u> feet meters <input type="checkbox"/> above or <input type="checkbox"/> 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? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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 K.S. KNUDSEN			
Address PO. BOX 505		City EPHRATA	State WASH
Signature <i>K. Knudsen</i>		Date 6-2-16	ZIP Code 99023
Telephone 1-509-754-4376			
Comments AS OF 6-2-16 BUILDING HAS NOT BEEN SET IN PLACE. F.F. BUILDING SET IN PLACE 6-22-16			
<input type="checkbox"/> Check here if attachments.			

ELEVATION CERTIFICATE, page 3

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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. <u>1732 SW BASIN ST</u>		Policy Number:	
City <u>EPHRATA</u>	State <u>WA</u>	Zip Code <u>98923</u>	Company NAIC Number:
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. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> The following information (Items G4-G10) is provided for community floodplain management purposes.			
G4. Permit Number <u>16-114</u>	G5. Date Permit Issued <u>06/02/2016</u>	G6. Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement			
G8. Elevation of as-built lowest floor (including basement) of the building:	<u>1242.60</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	Datum <u>NAVD83</u>
G9. BFE or (in Zone AO) depth of flooding at the building site:	<u>1.00</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	Datum _____
G10. Community's design flood elevation:	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters	Datum _____
Local Official's Name <u>Ron Sell</u>	Title <u>Community Development Director</u>		
Community Name <u>CITY OF EPHRATA</u>	Telephone <u>(509) 754-4601 x124</u>		
Signature <u>[Signature]</u>	Date <u>9/7/2016</u>		
Comments (including type of equipment and location, per C2(e), if applicable) <u>X8d) corrected to indicate flood openings not engineered.</u> <u>A9 Not applicable</u> <u>C2(e) should indicate measurement is in feet</u> <u>E2 measurement is in feet</u> <u>E4 shall be changed from N/A to 1246.10 feet above HAG</u> <u>G6 C of O not issued as of 9/7/2016</u>			
<input type="checkbox"/> Check here if attachments.			



