

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
 Expires July 31, 2002

Important: Read the Instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

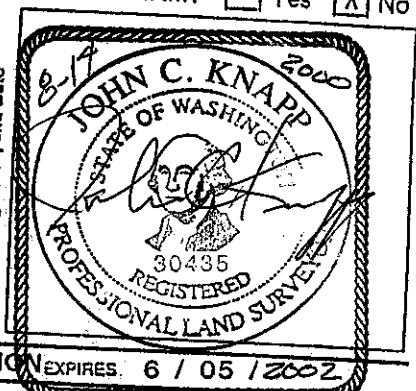
BUILDING OWNER'S NAME: B.E.E., Limited For Insurance Company Use:
 BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 14281 1426 - 169th Avenue SE Policy Number:
 CITY: Monroe STATE: WA ZIP CODE: 98272
 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): See Attached Company NAIC Number:
 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.): Light Manufacturing/Warehouse
 LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.#####) HORIZONTAL DATUM: NAD 1927 NAD 1983 SOURCE: GPS (Type):
 USGS Quad Map Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: City of Monroe B2. COUNTY NAME: Snohomish County, Independent City B3. STATE: Washington
 B4. MAP AND PANEL NUMBER: 53061C1357 B5. SUFFIX: E B6. FIRM INDEX DATE: Nov. 08, 1999 B7. FIRM PANEL EFFECTIVE/REVISED DATE: Nov. 08, 1999 B8. FLOOD ZONE(S): AE B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): 30.0'
 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. FIS Profile FIRM Community Determined Other (Describe):
 B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):
 B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
 C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum NGVD 29 Conversion/Comments US Coast & Geodetic Survey Benchmark
 Elevation reference mark used M-59/1934 Does the elevation reference mark used appear on the FIRM? Yes No
 a) Top of bottom floor (including basement or enclosure) _____ 33.92 ft.(m)
 b) Top of next higher floor _____ 46.10 ft.(m)
 c) Bottom of lowest horizontal structural member (V zones only) _____ n/a ft.(m)
 d) Attached garage (top of slab) _____ n/a ft.(m)
 e) Lowest elevation of machinery and/or equipment servicing the building _____ 33.87 ft.(m)
 f) Lowest adjacent grade (LAG) _____ 29.87 ft.(m)
 g) Highest adjacent grade (HAG) _____ 33.87 ft.(m)
 h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____ 0
 i) Total area of all permanent openings (flood vents) in C3h _____ n/a sq. in. (sq. cm)



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 in Sections A, B, and C 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.

CERTIFIER'S NAME: John C. Knapp LICENSE NUMBER: 30435
 ADDRESS: Professional Land Surveyor COMPANY NAME: Group Four, Inc.
16030 Juanita-Woodinville Way NE CITY: Bothell STATE: WA ZIP CODE: 98011
 SIGNATURE: [Signature] DATE: 8-14-00 TELEPHONE: (425) 775-4581

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. 14286 - 169th Avenue SE		Policy Number	
CITY Monroe	STATE WA	ZIP CODE 98272	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

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E3. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is ft.(m) in.(cm) above or below (check one) the highest adjacent grade.

E3. For 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.

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.

G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments

POLK-MONROE

LEGAL DESCRIPTION

LOT 13, PLAT OF FRYELANDS COMMERCIAL/INDUSTRIAL PARK DIV. 1, RECORDED IN
VOLUME 63, PAGE 32-38 (AS ALTERED PER PLAT AMENDMENT TO LOTS 12 AND 13
FRYELANDS COMMERCIAL INDUSTRIAL PARK DIV. NO. 1 PROPOSED)

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>B.E.E., Limited</u>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>429 81426 - 169th Avenue SE</u>		Policy Number	
CITY <u>Monroe</u>	STATE <u>WA</u>	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>See Attached</u>		ZIP CODE <u>98272</u>	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>Light Manufacturing Warehouse</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.#####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>City of Monroe</u>		B2. COUNTY NAME <u>Snohomish County, Independent City</u>		B3. STATE <u>Washington</u>	
B4. MAP AND PANEL NUMBER <u>53061C1357</u>	B5. SUFFIX <u>E</u>	B6. FIRM INDEX DATE <u>Nov. 08, 1999</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>Nov. 08, 1999</u>	B8. FLOOD ZONE(S) <u>AE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>30.0'</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date:

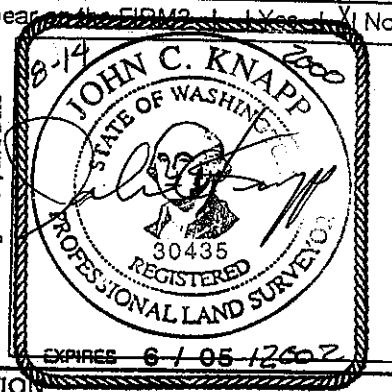
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

1. 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. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum NGVD 29 Conversion/Comments US Coast & Geodetic Survey Benchmark
Elevation reference mark used M-59/1934 Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>33.81</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>n/a</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>n/a</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>n/a</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>33.82</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>29.82</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>33.75</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>0</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>n/a</u> sq. in. (sq. cm)



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 in Sections A, B, and C 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.

CERTIFIER'S NAME <u>John C. Knapp</u>	LICENSE NUMBER <u>30435</u>
TITLE <u>Professional Land Surveyor</u>	COMPANY NAME <u>Group Four, Inc.</u>
ADDRESS <u>16030 Juanita-Woodinville Way NE</u>	CITY <u>Bothell</u> STATE <u>WA</u> ZIP CODE <u>98011</u>
SIGNATURE <i>John C. Knapp</i>	DATE <u>B-14-00</u> TELEPHONE <u>(425) 775-4581</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. 14298 - 169th Avenue SE			Policy Number	
CITY Monroe	STATE WA	ZIP CODE 98272	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

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E3. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft.(m) _____ in.(cm) _____ above or _____ below (check one) the highest adjacent grade.

E3. For 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.

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.

G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME _____ TITLE _____

COMMUNITY NAME _____ TELEPHONE _____

SIGNATURE _____ DATE _____

COMMENTS _____

Check here if attachments

POLK-MONROE

LEGAL DESCRIPTION

LOT 13, PLAT OF FRYELANDS COMMERCIAL/INDUSTRIAL PARK DIV. 1, RECORDED IN
VOLUME 63, PAGE 32-38 (AS ALTERED PER PLAT AMENDMENT TO LOTS 12 AND 13
FRYELANDS COMMERCIAL INDUSTRIAL PARK DIV. NO. 1 PROPOSED)

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Rudeen Development		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 14253 169 Dr		Company NAIC Number	
CITY Monroe	STATE WA	ZIP CODE 98272	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 8654-000-012-000X			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Non-residential			
LATITUDE/LONGITUDE (OPTIONAL) (## - ## - ##.### or ##.#####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

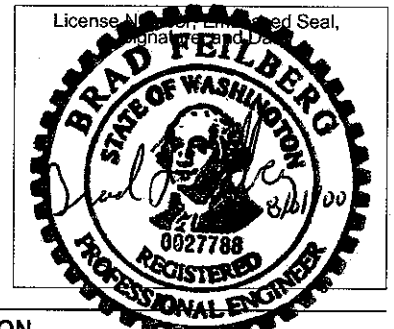
SECTION B - INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Monroe 530169		B2. COUNTY NAME Snohomish independent city		B3. STATE WA	
B4. MAP AND PANEL NUMBER 53061C1357	B5. SUFFIX E	B6. FIRM INDEX DATE 11/8/99	B7. FIRM PANEL EFFECTIVE/REVISED DATE 11/8/99	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD (Zone AO, use depth of flooding) 30.00

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____
- B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____
- B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

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. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see instruction pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum NGVD 1929 Conversion/Comments None needed
 Elevation reference mark used N/A. Does the elevation reference mark used appear on the FIRM? Yes No
- a) Top of bottom floor (including basement or enclosure) _____ 33.50 ft.(m)
 - b) Top of next higher floor _____ ft.(m)
 - c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)
 - d) Attach garage (top of slab) _____ ft.(m)
 - e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m)
 - f) Lowest adjacent grade (LAG) _____ 29.50 ft.(m)
 - g) Highest adjacent grade (HAG) _____ 33.50 ft.(m)
 - h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____
 - i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)



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. **EXPIRES 10/05/01**
 I certify that the information in Sections A, B, and C 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.

CERTIFIER'S NAME Brad F. Feilberg	LICENSE NUMBER 27788
TITLE Engineer	COMPANY NAME City of Monroe
ADDRESS 806 W Main St	CITY Monroe
SIGNATURE <i>Brad F. Feilberg</i>	STATE WA
DATE 8/1/00	ZIP CODE 98272
	TELEPHONE (360) 512-4047

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

169

CITY

Monroe

STATE

WA

ZIP CODE

98272

For Insurance Company Use:

Policy Number

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

 Check here if attachments**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number - (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the floor (including basement or enclosure) of the building is _____ ft.(m) _____ in.(cm) above or below the highest adjacent grade.

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft.(m) _____ in.(cm) above the highest adjacent grade.

E4. For 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 Section A, B, and E for Zone A (without FEMA -issued or community-issued BFE) or Zone AO must sign here.

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.

G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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-G9) 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 is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS

 Check here if attachments