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

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

ELEVATION CERTIFICATEImportant: 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 INSUF	RANCE COMPANY USE
A1. Building Owner's Name COPPER GATE APARTMENTS, LLC Policy Number:						ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 4750 AUBURN WAY NORTH, BUILDING G							IAIC Number:
City							
AUBURN				Washing	ton	98002	
' '		nd Block Numbers, Ta BLA# BLA19-0008, K			•	,	
A4. Building Use (A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longit	ude: Lat. <u>4</u> 7	7.35066	Long1	22.22280	Horizontal	Datum: NAD 1	1927 ⊠ NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being ι	sed to obtain floo	d insurance.	
A7. Building Diagra	ım Number	1B					
A8. For a building \	with a crawls	pace or enclosure(s):					
a) Square foot	age of crawl	space or enclosure(s)			N/A sq ft		
b) Number of p	ermanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade N/A
c) Total net are	ea of flood op	penings in A8.b		N/A sqin	i i		
d) Engineered	flood openir	ngs?	No.				
A9. For a building w			•				
a) Square foot	age of attach	ied garage		N/A sq ft			
, .		ood openings in the at	tached o	arage within	1.0 foot above adia	acent grade N/A	
		penings in A9.b	3	N/A sq	_	<u> </u>	
•	-		1-				
a) Engineered	d) Engineered flood openings? ☐ Yes ☒ No						
	SE	CTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1. NFIP Community Name & Community Number B2. County Name B3. State CITY OF AUBURN (530073) B3. State Washington					B3. State Washington		
		Γ	I		Ι	T	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date		RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	llevation(s) e Base Flood Depth)
1251	G	09-29-1989	Re ¹	vised Date 2020	X	51.06'	
125. 05-25-1505 05-15-2525 A 01.00							
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ☐ FIRM ☐ Community Determined ☒ Other/Source: Flo2D model by Atkins Global, 6-06-18 per T Perkins							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building	g located in a	Coastal Barrier Resc	ources S	ystem (CBRS) area or Otherwis	e Protected Area (0	DPA)? ☐ Yes ⊠ No
Designation [Date:		CBRS	☐ OPA			

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IMPORTANT: In these spaces, copy the corresponding information from Sect	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route 4750 AUBURN WAY NORTH, BUILDING G	Policy Number:						
City State ZIP C AUBURN Washington 98002		Company NAIC Number					
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
 C1. Building elevations are based on: Construction Drawings* Building Under Construction* X 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: CITY OF AUBURN MON 209-002 Vertical Datum: NAVD 1988 							
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 BF	:E						
 a) Top of bottom floor (including basement, crawlspace, or enclosure floor) b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) 		Check the measurement used. 52.7					
d) Attached garage (top of slab)		N/A feet meters					
 e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 		52.6 X feet meters					
f) Lowest adjacent (finished) grade next to building (LAG)		51.5 × feet meters					
g) Highest adjacent (finished) grade next to building (HAG)		51.9 X feet meters					
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 		52.0 🗵 feet 🗌 meters					
SECTION D – SURVEYOR, ENGINEER, OR ARCI	HITECT CERTIFI	CATION					
This certification is to be signed and sealed by a land surveyor, engineer, or arch I certify that the information on this Certificate represents my best efforts to interp statement may be punishable by fine or imprisonment under 18 U.S. Code, Secti	oret the data availa on 1001. —	law to certify elevation information. Solution is the stand that any false					
Were latitude and longitude in Section A provided by a licensed land surveyor?	⊻Yes □No	Check here if attachments.					
Certifier's Name License Number GLENN SPRAGUE, PLS 41299		i R SD					
Title PRINCIPAL, SENIOR PROJECT SURVEYOR Company Name		SIRING WASHINGTON					
CORE DESIGN INC. Address 12100 NE 195TH PLACE, SUITE 300	ZIP Code	PRO 1/299 PO 1/4 PO 1/29/21					
BOTHELL Washington	98011	01/29/21					
Signature Date January 29, 2021	Telephone (425) 885-7877	Ext.					
Copy all pages of this Elevation Certificate and all attachments for (1) community office	cial, (2) insurance a	agent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2(e), if applicable) HIGH VOLTAGE POWER BOX							

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.						CE COMPANY USE		
	lding Street Address (including Apt., Unit, Suite, a 50 AUBURN WAY NORTH, BUILDING G	and/or Bldg. No.) or	P.O. Route and Box	No. P	olicy Number:			
City	/ BURN	State Washington	ZIP Code 98002	С	ompany NAIC	Number		
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)								
con	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.	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 b) Top of bottom floor (including basement, crawlspace, or enclosure) is			meters	_	below the HAG. below the LAG.		
E2.	For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in the diagrams) of the building is	d openings provided	in Section A Items 8		see pages 1–			
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 avail floodplain management ordinance? Yes		e bottom floor elevate wn. The local officia					
	SECTION F - PROPERTY O	WNER (OR OWNE	R'S REPRESENTAT	ΓΙVE) CER	TIFICATION			
The	e property owner or owner's authorized represent nmunity-issued BFE) or Zone AO must sign here	ative who completes . The statements in	s Sections A, B, and Sections A, B, and E	E for Zone are correc	A (without a left to the best of	EMA-issued or f my knowledge.		
	perty Owner or Owner's Authorized Representat ENT PARRISH	ive's Name						
	dress		City	State		ZIP Code		
) W CATALDO AVE, STE 100 Inature		SPOKANE Date	vvasr Telep	nington hone	99201		
		-	5410		321-3228			
Cor	mments							
					Check ł	nere if attachments.		

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MPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, St 4750 AUBURN WAY NORTH, BUILDING G	Policy Number:							
City AUBURN	State Washington	ZIP Code 98002		Company N	ber			
SECTIO	N G – COMMUNI	TY INFORMATION (OPT	IONAL)					
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Comple							
G1. The information in Section C was take engineer, or architect who is authorized that in the Comments area below.)	en from other docu ed by law to certify	mentation that has been elevation information. (Ir	signed ar idicate the	nd sealed by e source and	a licensed date of th	d surveyor, ne elevation		
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 fo	or community floodplain n	nanageme	ent purposes				
G4. Permit Number				Date Certificate of Compliance/Occupancy Issued				
BLD19-0070	12/20/2019			Compliance/Occupancy Issued				
G7. This permit has been issued for:] New Construction	n 🗌 Substantial Improve	ment					
G8. Elevation of as-built lowest floor (including of the building:	g basement) -	52.70	X feet	meters	Datum ₋	NAVD 88		
G9. BFE or (in Zone AO) depth of flooding at t	he building site: _	51.06	X feet	meters	Datum ₋	NAVD 88		
G10. Community's design flood elevation:	-	52.06	X feet	meters	Datum ₋	NAVD 88		
Local Official's Name		Title						
Jason Krum		Building Officia						
Community Name		Telephone						
City of Auburn		(253) 804-5069						
Signature		Date						
Comments (including type of equipment and loc	ation, per C2(e), if	applicable)						
				☐ Ch	eck here i	f attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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Building Street Address (including Ap 4750 AUBURN WAY NORTH, BUILD	Policy Number:		
City AUBURN	State Washington	ZIP Code 98002	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.



Photo One

EAST SIDE Photo One Caption

Clear Photo One



Photo Two

WEST SIDE Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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			<u> </u>
IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 4750 AUBURN WAY NORTH, BUILD	Policy Number:		
City	State	ZIP Code	Company NAIC Number
AUBURN	Washington	98002	

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 Caption NORTH SIDE

Clear Photo Three



Photo Four

Photo Four Caption SOUTH SIDE

Clear Photo Four Form Page 6 of 6