# **ELEVATION CERTIFICATE** Important: Follow the instructions on pages 1–9.

Conversion and this Flowetian Contificate and all attachments for	- 14					
Copy all pages of this Elevation Certificate and all attachments for	) ( [	) community onicial	, (Z) insurance a	gent/company,	anu (s	) building owner.

	SEC	TION A - PROPERTY	INFOR	MATION		FOR INSUF	RANCE COMPANY USE	
A1. Building Owner's Name Policy Nu COPPER GATE APARTMENTS, LLC						Policy Num	ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4750 AUBURN WAY NORTH, BUILDING D						AIC Number:		
City     State     ZIP Code       AUBURN     Washington     98002								
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL A, CITY OF AUBURN BLA# BLA19-0008, KING COUNTY RECORDING NUMBER 20191104900007							
A4. Building Use (	e.g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) RESIDEN	TIAL		
A5. Latitude/Longi	tude: Lat. 4	7.35091	Long1	22.22479	Horizonta	Datum: 🗌 NAD 1	927 🗙 NAD 1983	
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being ι	used to obtain flood	d insurance.		
A7. Building Diagra	am Number	1B						
A8. For a building	with a crawls	pace or enclosure(s):						
a) Square foo	tage of crawl	space or enclosure(s)			N/A sq ft			
b) Number of	permanent 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 ar	ea of flood o	penings in A8.b		N/A sq ir	1			
d) Engineered	flood openir	ngs? 🗌 Yes 🗵 M	No					
A9. For a building v	vith an attach	ned garage:						
a) Square foot	age of attach	ned garage		N/A sq ft				
b) Number of p	permanent flo	ood openings in the at	tached g	arage within	1.0 foot above adj	acent grade N/A		
c) Total net ar	ea of flood op	penings in A9.b		N/A sq	in			
d) Engineered	flood openin	lgs? □Yes 🖂 N	No					
	SE	ECTION B – FLOOD	INSURA		MAP (FIRM) INF	ORMATION		
B1. NFIP Commun		Community Number		B2. County	. ,		B3. State	
CITY OF AUBURN	(530073)			KING			Washington	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)	
1251	G	09-29-1989	08-19-2		x	51.07'		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:								
B11. Indicate elevation datum used for BFE in Item B9: 🗌 NGVD 1929 🛛 NAVD 1988 🔲 Other/Source:								
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🔀 No								
Designation I	-		CBRS		,		,,,	

ELEVATION CERTIFICATE			OMB No. 1660-0008 Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, S 4750 AUBURN WAY NORTH, BUILDING D	Policy Number:		
City	State	ZIP Code	Company NAIC Number
AUBURN	Washington	98002	
SECTION C – BUI	LDING ELEVATION INFO	ORMATION (SURVEY R	REQUIRED)
<ul> <li>C1. Building elevations are based on: *A new Elevation Certificate will be requi</li> <li>C2. Elevations – Zones A1–A30, AE, AH, A Complete Items C2.a–h below according Benchmark Utilized: CITY OF AUBURN</li> </ul>	red when construction of th (with BFE), VE, V1–V30, V ) to the building diagram sp	(with BFE), AR, AR/A, AF	R/AE, AR/A1–A30, AR/AH, AR/AO.
Indicate elevation datum used for the ele			
□ NGVD 1929  NAVD 1988	, -		
Datum used for building elevations must		or the BFE.	
		<b>.</b> .	Check the measurement used.
a) Top of bottom floor (including baseme	ent, crawlspace, or enclosu	re floor)	52.9 $\times$ feet $\square$ meters
b) Top of the next higher floor			61.9 × feet meters
c) Bottom of the lowest horizontal struct	ural member (V Zones only	)	N/A feet meters
d) Attached garage (top of slab)			N/A feet meters
<ul> <li>e) Lowest elevation of machinery or equ (Describe type of equipment and location)</li> </ul>	uipment servicing the buildir ation in Comments)	ng	52.9 🗙 feet 🗌 meters
f) Lowest adjacent (finished) grade nex	t to building (LAG)		52.0 X feet meters
g) Highest adjacent (finished) grade nex	t to building (HAG)		52.5 X feet meters
<ul> <li>h) Lowest adjacent grade at lowest elev structural support</li> </ul>	ation of deck or stairs, inclu	uding	52.3 🗙 feet 🗌 meters
SECTION D - SU	JRVEYOR, ENGINEER, C	R ARCHITECT CERTI	FICATION
This certification is to be signed and sealed b I certify that the information on this Certificate statement may be punishable by fine or impri	represents my best efforts	to interpret the data avai	by law to certify elevation information. lable. I understand that any false
Were latitude and longitude in Section A prov	ided by a licensed land sur	veyor? 🛛 Yes 🗌 No	Check here if attachments.
Certifier's Name GLENN SPRAGUE, PLS	License Numl 41299	ber	A CHILD STREET STREET STREET
Title PRINCIPAL, SENIOR PROJECT SURVEYO Company Name			CILENNI R. SPRACO
CORE DESIGN INC.			To see the second
Address 12100 NE 195TH PLACE, SUITE 300			CHERCE CITY CONTRACTOR
City BOTHELL	State Washington	ZIP Code 98011	05, 61 ST FR. 50 01/29/21 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) comm	nunity official, (2) insurance	e agent/company, and (3) building owner.
Comments (including type of equipment and HIGH VOLTAGE POWER BOX	ocation, per C2(e), if applic	able)	

OMB No.	1660-0	8000		
Expiration	Date:	November	30,	2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.				NCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4750 AUBURN WAY NORTH, BUILDING D				r:		
- 5	State Washington	ZIP Code 98002	Company NA	C Number		
SECTION E – BUILDING EL FOR ZONI	EVATION INFORM E AO AND ZONE A	ATION (SURVEY (WITHOUT BFE)	NOT REQUIRED)			
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 a a) Top of bottom floor (including basement,		).				
crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is			_	or $\square$ below the HAG.		
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in the diagrams) of the building is	penings provided in S		and/or 9 (see pages 1			
E3. Attached garage (top of slab) is			meters above of			
E4. Top of platform of machinery and/or equipment servicing the building is			_	or $\square$ below the HAG.		
E5. Zone AO only: If no flood depth number is availabl floodplain management ordinance?			l in accordance with t must certify this infor			
SECTION F – PROPERTY OW	NER (OR OWNER'S	REPRESENTATIV	(E) CERTIFICATION			
The property owner or owner's authorized representation community-issued BFE) or Zone AO must sign here. T	ve who completes Se he statements in Sec	ections A, B, and E tions A, B, and E a	for Zone A (without a re correct to the best	FEMA-issued or of my knowledge.		
Property Owner or Owner's Authorized Representative BRENT PARRISH	's Name					
Address 120 W CATALDO AVE, STE 100	City SPC	KANE	State Washington	ZIP Code 99201		
Signature	Date	<b>;</b>	Telephone (509) 321-3228			
Comments						
			Check	there if attachments.		

**ELEVATION CERTIFICATE** 

# **ELEVATION CERTIFICATE**

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

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. 4750 AUBURN WAY NORTH, BUILDING D				Policy Number:		
City AUBURN	State Washington	ZIP Code 98002		Company N	IAIC Number	
	•					
SECTIC	DN G – COMMUNI	TY INFORMATION (OPT	IONAL)			
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. X 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 or Zone AO.	on E for a building	located in Zone A (withou	it a FEM/	A-issued or c	ommunity-issued BFE)	
G3. The following information (Items G4–	G10) is provided fo	or community floodplain m	nanageme	ent purposes		
G4. Permit Number	G5. Date Permit	Issued		)ate Certifica	te of Occupancy Issued	
BLD19-0079	12/20/2019			6/29/2021		
G7. This permit has been issued for:	] New Constructior	n 🗌 Substantial Improve	ment			
G8. Elevation of as-built lowest floor (including of the building:	g basement) –	52.90	X feet	meters	Datum NAVD 88	
G9. BFE or (in Zone AO) depth of flooding at	the building site: _	51.07	X feet	meters	Datum NAVD 88	
G10. Community's design flood elevation:	-	52.07	X feet	meters	Datum NAVD 88	
Local Official's Name		Title				
Jason Krum		Building Official				
Community Name		Telephone				
City of Auburn		(253) 804-5069				
Signature		Date				
Comments (including type of equipment and loo	cation, per C2(e), if	applicable)				
				🗌 Ch	eck here if attachments.	

# Photo Two

NORTH SIDE Photo Two Caption

Clear Photo Two

# **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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

		-	
IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A 4750 AUBURN WAY NORTH, BUIL	Policy Number:		
City	State	ZIP Code	Company NAIC Number
AUBURN	Washington	98002	

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







## **ELEVATION CERTIFICATE**

### BUILDING PHOTOGRAPHS Continuation Page

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

		8	) -
IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., U 4750 AUBURN WAY NORTH, BUILDING	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 Caption WEST SIDE

<image>

Photo Four

Photo Four Caption SOUTH SIDE

Clear Photo Four

Replaces all previous editions.

Clear Photo Three