

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

For Insurance Company Use:

BUILDING OWNER'S NAME
John & Sallie Teutsch, John & Sharon Walker, Steve & Susie Marglin T.I.C.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
14341 Fryelands Boulevard S.E.

Policy Number
Company NAIC Number

CITY STATE ZIP CODE
Monroe, WA 98272

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 21, Fryelands Commercial / Industrial Park Div. No. 1, Snohomish Co., Wa

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
Non - Residential (Commercial)

LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type):
(##° - ##' - ##.##" or ##.#####) NAD 1927 NAD 1983 USGS Quad Map Other: **NGS 1974**

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Monroe 530169		B2. COUNTY NAME Snohomish	B3. STATE WA	
B4. MAP AND PANEL NUMBER 53061C1357	B5. SUFFIX E	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE Nov. 8 1999	B8. FLOOD ZONE(S) AE
			B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 30	

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 pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

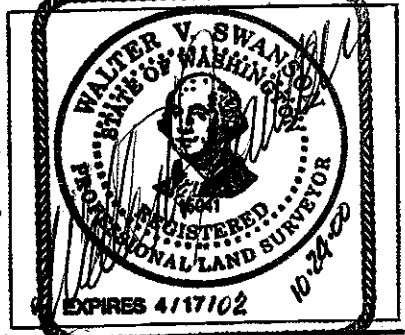
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert 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

Elevation reference mark used **NGSLs M-59** Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) **32.90** ft. (m)
- b) Top of next higher floor **---** ft. (m)
- c) Bottom of lowest horizontal structural member (V zones only) **---** ft. (m)
- d) Attached garage (top of slab) **---** ft. (m)
- e) Lowest elevation of machinery and/or equipment servicing the building **()** ft. (m)
- f) Lowest adjacent grade (LAG) **29.06** ft. (m)
- g) Highest adjacent grade (HAG) **32.96** ft. (m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade **N/A**
- i) Total area of all permanent openings (flood vents) in C3h **N/A** sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



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 **WALTER V. SWANSON** LICENSE NUMBER **15041**

TITLE **PROJECT SURVEYOR** COMPANY NAME **TRIAD ASSOCIATES**

ADDRESS **1814 N. 5th Ave. NE** CITY **KIRKLAND** STATE **WA** ZIP CODE **98034**

SIGNATURE *Walter Swanson* DATE **10-24-00** TELEPHONE **425-821-8448**

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.		Policy Number	
41 Fryelands Boulevard S.E.		ZIP CODE	Company NAIC Number
CITY	STATE		
Monroe	WA	98272	

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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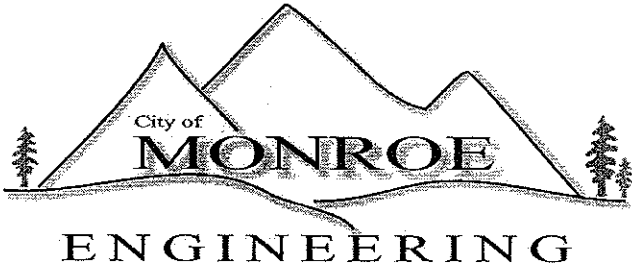
- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____
- G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

Check here if attachments

FAX

City of Monroe
806 W. Main Street
Monroe, WA 98272



Date: 5/17/06
Number of pages including cover sheet: 3

To: Shelly Funk

Company: _____

Fax: (425) 233-6179

From: Joan Cook
Administrative Coordinator
Engineering Department

Phone: 360.863.4513

Fax: 360.794.4007

E-mail: jcook@ci.monroe.wa.us

REMARKS: Urgent For your review Reply ASAP Please comment

RE: Elevation certificate for 14341 Fryelands Blvd.

The revised FIRM maps dated September 16, 2005 still show this building to be in the "AE" zone.

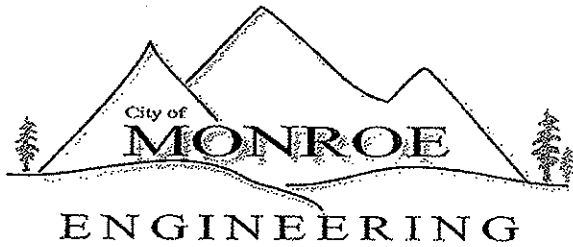
Joan Cook

*** TX REPORT ***

JOB NO. 1428
DEPT. ID 6
ST. TIME 05/17 16:08
PGS. 3
SEND DOCUMENT NAME
TX/RX INCOMPLETE -----
TRANSACTION OK 14252336179
ERROR -----

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