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Tracking Number: **9407803699300029458200**

Signed for By: J MITCHELL // TENINO, WA 98589 // 9:52 am

Product & Tracking Information

Postal Product:
Priority Mail™

Features:
Insured

Signature Confirmation™

Proof of Delivery

DATE/TIME

STATUS/DESCRIPTION

LOCATION

January 23, 2017 , 9:52 am

Delivered

TENINO, WA 98589

For more information on the services and features available for this product, visit [usps.com/track](#)

January 20, 2017 , 2:52 pm

Available for Pickup

TENINO, WA 98589

January 20, 2017 , 8:55 am

Arrived at Post Office

TENINO, WA 98589

January 20, 2017 , 7:44 am

Available at PO Box

TENINO, WA 98589

January 20, 2017 , 7:34 am

Sorting Complete

TENINO, WA 98589

January 20, 2017 , 3:51 am

Departed USPS Facility

TACOMA, WA 98413

January 19, 2017 , 9:00 pm

Arrived at USPS Facility

TACOMA, WA 98413

January 19, 2017 , 4:57 pm

Departed Post Office

SEABECK, WA 98380

January 19, 2017 , 4:06 pm

Acceptance

SEABECK, WA 98380

December 16, 2016

Pre-Shipment Info Sent to USPS, USPS Awaiting Item

Available Actions

Track Another Package

Tracking (or receipt) number

[Track It](#)

Manage Incoming Packages

Track all your packages from a dashboard. No tracking numbers necessary.

[Sign up for My USPS](#)



ELEVATION CERTIFICATE

Important: 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 INSURANCE COMPANY USE	
A1. Building Owner's Name Jonathan Mitchell				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 104 S. Market Street				Company NAIC Number:	
City Bucoda		State Washington		ZIP Code 98530	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TPN 64110800500 & 64110800600 - Lots 5 & 6, Block 8, Plat of McElroy & Williams, Bk 3, Pg. 4, Records of Thurston Co., WA.					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential (house)</u>					
A5. Latitude/Longitude: Lat. <u>46°47'54" N</u> Long. <u>122°52'00" W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>8</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>862</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>5</u>					
c) Total net area of flood openings in A8.b <u>1,000</u> sq in					
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____ sq ft					
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 A9.b _____ sq in					
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 Town of Bucoda - 530189			B2. County Name Thurston		B3. State Washington
B4. Map/Panel Number 53067C 0486	B5. Suffix E	B6. FIRM Index Date 10/16/2012	B7. FIRM Panel Effective/ Revised Date 10/16/2012	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 252.4
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input checked="" type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 104 S. Market Street			Policy Number:
City Bucoda	State Washington	ZIP Code 98530	Company NAIC Number

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 _____ . _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ . _____ feet meters above or below the HAG.
- 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 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. 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

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008
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ELEVATION CERTIFICATE

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City Bucoda	State Washington	ZIP Code 98530	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

Photo One Caption Front view

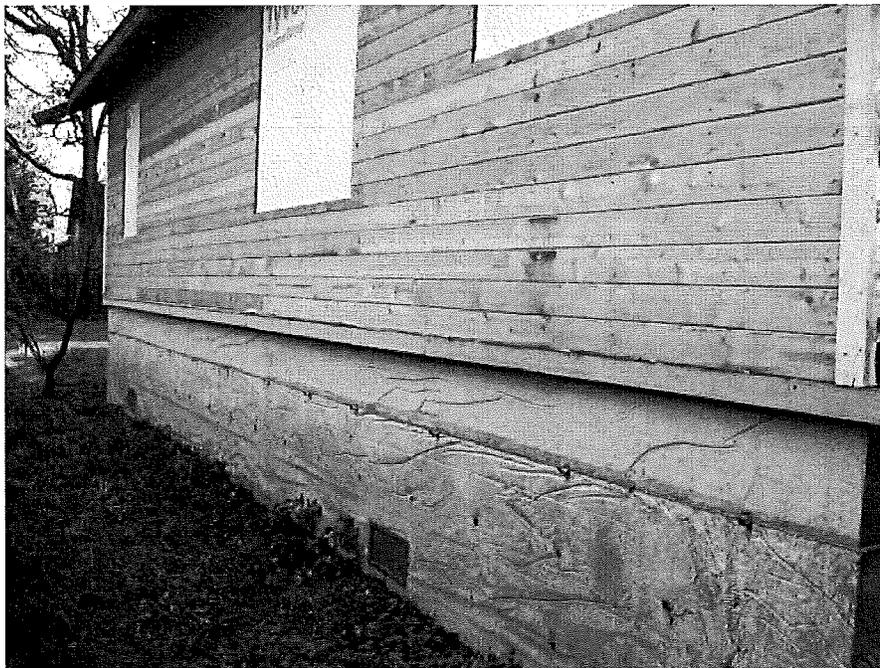


Photo Two

Photo Two Caption Right view

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 104 S. Market Street			Policy Number:
City Bucoda	State Washington	ZIP Code 98530	Company NAIC Number

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.

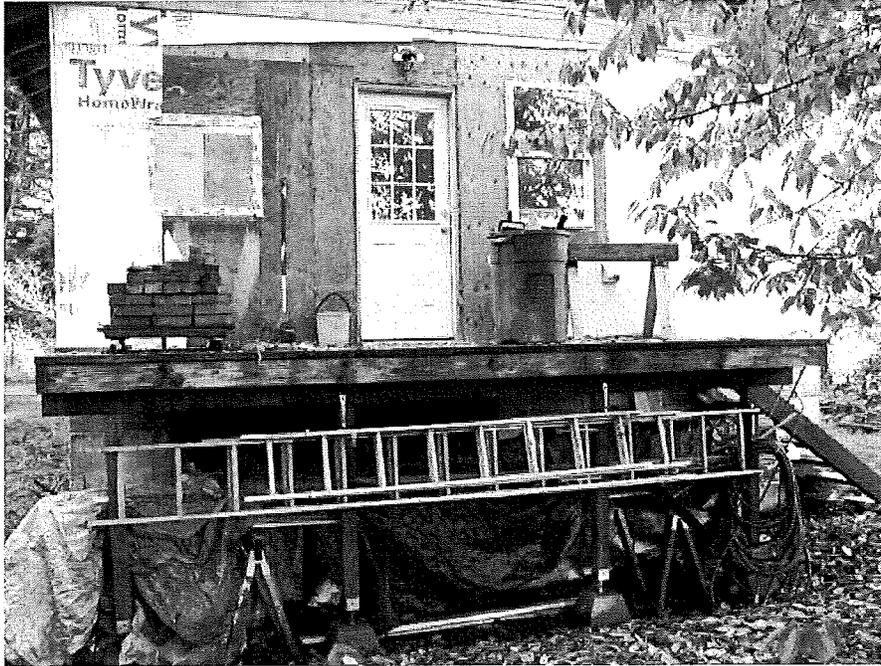


Photo One

Photo One Caption Rear view



Photo Two

Photo Two Caption Left view