

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 LORI MAGEL		For Insurance Company Use	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 640 VALLEY OAK BLVD.		Policy Number	Company NAIC Number
CITY CENTRAL POINT	STATE OR	ZIP CODE 97502	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 17 GRIFFIN OAKS			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##" or ###.####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input checked="" type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	
N/A			

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER JACKSON COUNTY 415589		B2. COUNTY NAME JACKSON		B3. STATE OREGON	
B4. MAP AND PANEL NUMBER 415589-0402	B5. SUFFIX B	B6. FIRM INDEX DATE 4-1-82	B7. FIRM PANEL EFFECTIVE/REVISED DATE 4-1-82	B8. FLOOD ZONE(S) A-8	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 1259.5

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 **2** (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 **1929** Conversion/Comments **N/A**
 Elevation reference mark used **RM-1** Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	1259	2	ft.(m)
<input type="checkbox"/> b) Top of next higher floor	1261	8	ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	N/A		ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	1261	1	ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	1261	4	ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	1260	2	ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	1260	5	ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	17		
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	2380	sq. in. (sq. m)	

License Number, Embroider Seal, Signature, and Date

REGISTERED PROFESSIONAL LAND SURVEYOR

Herbert A. Farber

OREGON
JULY 26, 1988
HERBERT A. FARBER
789

RENEWAL DATE 12-31-2003

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 **HERBERT A. FARBER** LICENSE NUMBER **LS 2189**

TITLE **PRESIDENT** COMPANY NAME **FARBER - SONS INC.**

ADDRESS **120 MISTLETOE** CITY **MEDFORD** STATE **OR** ZIP CODE **97501**

SIGNATURE *Herbert A. Farber* DATE **3-6-02** TELEPHONE **541-776-0846**

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. <u>640 VALLEY OAK BLVD.</u>	For Insurance Company Use Policy Number
CITY <u>CENTRAL POINT</u> STATE <u>OR</u> ZIP CODE <u>97502</u>	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 BOTTOM FLOOR PER C3A IS A CRAWLSPACE
THE NEXT HIGHER FLOOR IS THE INHABITED FLOOR
OF STRUCTURE.

Check here if attachments

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

For Zones AO and 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 4 and 5. 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. Check the applicable box(es) and sign below.

- 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.)
- A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- The following information (Items G1-G6) is provided for community floodplain management purposes.

G1. PERMIT NUMBER <u>524</u> <u>301-0800</u>	G2. DATE PERMIT ISSUED <u>11/2/01</u>	G3. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
G4. This permit has been issued for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G5. Elevation of as-built lowest floor (including basement) of the building is: <u>1259</u> <u>2</u> ft.(m) Datum: <u>NGVD1929</u>		
G6. BFE or (in Zone AO) depth of flooding at the building site is: <u>1259</u> <u>5</u> ft.(m) Datum: <u>NGVD1929</u>		

LOCAL OFFICIAL'S NAME <u>Matt Samitore</u>	TITLE <u>Community Planner</u>
COMMUNITY NAME <u>Central Point</u>	TELEPHONE <u>(541) 664-3321, 291</u>
SIGNATURE <u>Matt Samitore</u>	DATE <u>03/8/02</u>
COMMENTS _____	