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

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

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					RANCE COMPANY USE		
A1. Building Owner's Name W L MOORE CONSTRUCTION Policy Number:						per:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 402 CASTLE ROCK DRIVE Company NAIC Number:							AIC Number:
City	City State ZIP Code						
CENTRAL POI		nd Block Numbers, Ta	v Dorool	Oregon	aal Description of	97502	
		VILLAGE AT TWIN C			gai Description, e		
A4. Building Use (e	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						4
A5. Latitude/Longit	ude: Lat. 42	2.383817 N	Long. 12	22.932019 W	Horizonta	ıl Datum: 🔲 NAD 1	927 🔀 NAD 1983
A6. Attach at least	2 photograp	ns of the building if the	e Certific	ate is being u	ised to obtain floo	d insurance.	
A7. Building Diagra	m Number	9					
A8. For a building v	vith a crawls	pace or enclosure(s):					
a) Square foot	age of crawl	space or enclosure(s)		1	1179 sq ft		
b) Number of p	ermanent flo	od openings in the cra	awlspace	or enclosure	e(s) within 1.0 foo	t above adjacent gra	ide 9
c) Total net are	ea of flood op	enings in A8.b	1	197 sq in			
d) Engineered	flood openin	gs? 🗌 Yes 🗵 N	lo				
A9. For a building w	rith an attach	ed garage:					
a) Square foots	age of attach	ed garage		707 sq ft			
b) Number of p	ermanent flo	od openings in the at	ached g	arage within	1.0 foot above ad	jacent grade 0	
c) Total net are	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0 c) Total net area of flood openings in A9.b 0 sq in						
d) Engineered	flood openin	gs? ☐ Yes 🔀 N	lo				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number CITY OF CENTRAL POINT 410092 B2. County Name JACKSON B3. State Oregon							
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, use	levation(s) e Base Flood Depth)
41029C1768 F 01-19-2018 09-14-2016 AE 1238.6							
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 Date: CBRS DPA							
P) 						

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IMPORTANT: In these spaces, copy the co	rresponding information from Sec	tion A.	FOR INS	SURANC	E COMPANY USE	
Building Street Address (including Apt., Unit, 402 CASTLE ROCK DRIVE	Suite, and/or Bldg. No.) or P.O. Rout	e and Box No.	Policy No	umber:		
City	State ZIP (Code	Company NAIC Number			
CENTRAL POINT Oregon 97502		2				
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
*A new Elevation Certificate will be req C2. Elevations – Zones A1–A30, AE, AH, A	juired when construction of the buildir A (with BFE), VE, V1–V30, V (with BF	E), AR, AR/A, AR/	AE, AR/A	 1–A30, A	ned Construction	
Complete Items C2.a-h below accordi Benchmark Utilized: P-549	ng to the building diagram specified in Vertical Datum:	item A7. In Puerto	o Rico onl	y, enter r	meters.	
Indicate elevation datum used for the € ☐ NGVD 1929 ☐ NAVD 198		v.				
Datum used for building elevations mu		FE.				
			Chec	k the me	asurement used.	
 a) Top of bottom floor (including base 	ment, crawlspace, or enclosure floor)		237.7	✓ feet	meters meters	
b) Top of the next higher floor		1	240.4	✓ feet	meters meters	
c) Bottom of the lowest horizontal stru	ctural member (V Zones only)		N/A	✓ feet	meters	
d) Attached garage (top of slab)	,,	1	240.1	⊠ feet	meters meters	
 e) Lowest elevation of machinery or e (Describe type of equipment and lo 	quipment servicing the building cation in Comments)	1	239.9 [✓ feet	meters meters	
f) Lowest adjacent (finished) grade no	ext to building (LAG)		239.3	✓ feet	meters meters	
g) Highest adjacent (finished) grade n	ext to building (HAG)	1	239.5	✓ feet	meters meters	
 h) Lowest adjacent grade at lowest el structural support 	evation of deck or stairs, including	k ananan an	N/A [meters	
SECTION D -	SURVEYOR, ENGINEER, OR ARC	HITECT CERTIF	CATION			
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 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.						
Were latitude and longitude in Section A pr	ovided by a licensed land surveyor?	☑ Yes ☐ No		neck ner	e if attachments.	
Certifier's Name	License Number			REGI	STERED	
FRED A FRANTZ	50077				SSIONAL	
Title SURVEYOR			11		SURVEYOR	
Company Name			7	NA	7-2	
TERRASURVEY INC					EGON	
Address 274 FOURTH STREET		4		FRED	7 12, 2005 A. FRANTZ 50077	
City ASHLAND	State Oregon	ZIP Code 97520	Ren	ewal_	12-31-21	
Signature AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Date 06-04-2020	Telephone (541) 482-6474	Ext.			
Copy all pages of this Elevation Certificate an	nd all attachments for (1) community of	ficial, (2) insurance	agent/con	npany, ar	nd (3) building owner.	
Comments (including type of equipment an C2e IS A HEAT PUMP	nd location, per C2(e), if applicable)					

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the correspondir	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/o	Policy Number:					
	ate ZIP regon 9750	Code 02	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 b) Top of bottom floor (including basement,	1	feet meter	s			
crawlspace, or enclosure) is		feet meter				
E2. For Building Diagrams 6–9 with permanent flood oper the next higher floor (elevation C2.b in the diagrams) of the building is	enings provided in Sectio	n A items 8 and/or ☐ feet ☐ meter				
E3. Attached garage (top of slab) is		feet meter	s above or below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is	 ,	☐ feet ☐ meter	s 🔲 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?						
SECTION F - PROPERTY OWNI	ER (OR OWNER'S REP	RESENTATIVE) CE	ERTIFICATION			
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Sections statements in Sections	A, B, and E for Zo A, B, and E are con	ne A (without a FEMA-issued or rect to the best of my knowledge.			
Property Owner or Owner's Authorized Representative's	Name		9			
Address	City	Sta	ate ZIP Code			
Signature	Date	Те	lephone			
Comments						
			2			
			7.			
			☐ Check here if attachments.			

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corre		FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, St. 402 CASTLE ROCK DRIVE	x No. F	Policy Number:					
City CENTRAL POINT	ZIP Code 97502	(Company NAIC Number				
CENTRAL POINT Oregon 97502 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. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.							
G1. 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 I	located in Zone A (withou	ıt a FEMA-	issued or community-issued BFE)			
G3. The following information (Items G4-	G10) is provided fo	r community floodplain m	nanagemer	t purposes.			
G4. Permit Number	G5. Date Permit	Issued		te Certificate of mpliance/Occupancy Issued			
175-19-0000433-DWL	11/25/2019			B.D.			
G7. This permit has been issued for:	New Construction	a Substantial Improve	ment				
G8. Elevation of as-built lowest floor (including of the building:	g basement) -	1240.4	feet [meters Datum NAVD 88			
G9. BFE or (in Zone AO) depth of flooding at	the building site:	1238.6	⊠ feet [meters Datum NAVD 88			
G10. Community's design flood elevation:	.=	1239.6	🔀 feet [meters Datum NAVD 88			
Local Official's Name		Title					
Justin Gindlesperger, CFM Community Planner II							
Community Name City of Central Point		Telephone 541.664.3321	, ext. 24	5			
Signature Date							
06/15/2020							
Comments (including type of equipment and location, per C2(e), if applicable)							
The structure complies with the requirements of CPMC 8.24, Flood Damage Prevention.							
☐ Check here if attachmen							

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., I 402 CASTLE ROCK DRIVE	Policy Number:		
City	State	ZIP Code	Company NAIC Number
CENTRAL POINT	Oregon	97502	

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

FRONT 06/03/2020 Photo One Caption

Clear Photo One



Photo Two Caption BACK 09/03/2020

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, copy t	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 402 CASTLE ROCK DRIVE	Policy Number:		
City	State Oregon	ZIP Code 97502	Company NAIC Number
CENTRAL POINT			

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.

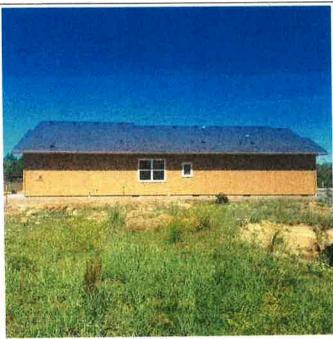


Photo Three

Photo Three Caption LEFT SIDE 03/03/2020

Clear Photo Three



Photo Four

Photo Four Caption RIGHT SIDE 06/03/2020

Clear Photo Four