## 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 INSUF	FOR INSURANCE COMPANY USE		
A1. Building Owner's Name	-				Policy Num	ber:	
Vision Homes							
<ul> <li>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</li> <li>418 Waterside Drive</li> </ul>				Company N	AIC Number:		
City							
Central Point			Oregon		97502		
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 81, The North Village at Twin Creeks, Phase V; 372W03BB-3639						
A4. Building Use (e.g., Resider	itial, Non-Residential,	Addition,	Accessory, e	etc.) Residentia	ľ		
A5. Latitude/Longitude: Lat. 4	2.385860	Long1	22.932200	Horizontal	Datum: NAD 1	927 X NAD 1983	
A6. Attach at least 2 photograp	hs of the building if the	Certifica	ate is being u	sed to obtain flood	l insurance.		
A7. Building Diagram Number	9						
A8. For a building with a crawls	pace or enclosure(s):						
a) Square footage of crawl	space or enclosure(s)		1	655 sq ft			
b) Number of permanent flo	ood openings in the cra	awlspace	or enclosure	(s) within 1.0 foot	above adjacent gra	ade <u>14</u>	
c) Total net area of flood o	penings in A8.b	1	862 sq in			<del></del>	
d) Engineered flood openir	ngs? 🗌 Yes 🗵 N	lo					
A9. For a building with an attach	ned garage:						
a) Square footage of attach	ed garage		517 sq ft				
b) Number of permanent flo	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0						
c) Total net area of flood or	penings in A9.b		0 sq	in	-		
d) Engineered flood openings?							
OCCUPANT ELOOP INCUPANCE DATE MAD (FIDAN INFORMATION							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number City of Central Point 410092			B2. County Jackson	Name		B3. State Oregon	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)	
41029C1768 F	01-19-2018	Revised Date   09-14-2016   AE		1239.4	239.4		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:    FIS Profile   FIRM   Community Determined   Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X 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							

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Building Street Address (including Apt., Unit, Suite, and 418 Waterside Drive	Policy Number:				
City State ZIP Code Central Point Oregon 97502			Company NAIC Number		
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: Construit A new Elevation Certificate will be required when C2. Elevations – Zones A1–A30, AE, AH, A (with BF Complete Items C2.a—h below according to the Benchmark Utilized: P-549  Indicate elevation datum used for the elevations	uction Drawings* Building construction of the building. E), VE, V1–V30, V (with E building diagram specified Vertical Datum in items a) through h) beloner/Source: same as that used for the wispace, or enclosure floomber (V Zones only)  servicing the building Comments) ding (LAG) Iding (HAG)	Iding Under Construing is complete.  IFE), AR, AR/A, AR/ in Item A7. In Puert : NAVD 1988  DW.  BFE.	action*   Finished Construction    AE, AR/A1-A30, AR/AH, AR/AO.		
structural support					
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 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 provided by a licensed land surveyor?  Yes No Check here if attachments.					
Certifier's Name Fred A Frantz  Title Surveyor  Company Name Terrasurvey Inc  Address 274 4th Street	50077		REGISTERED PROFESSIONAL LAND SURVEYOR  OREGON JULY 12, 2005 FRED A. FRANTZ No. 50077		
City	State Oregon	ZIP Code 97520	Renewal 12-31-21		
Signature  Copy all pages of this Elevation Certificate and all atta  Comments (including type of equipment and location C2.e) Is a heat pump.		Telephone (541) 482-6474 official, (2) insurance	Ext.  agent/company, and (3) building owner.		

## **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces copy the corresp	onding information from 5	Section A	FOR INCURANCE COMPANY LIGH			
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.			FOR INSURANCE COMPANY USE			
418 Waterside Drive			Policy Number:			
City Central Point		ZIP Code	Company NAIC Number			
		7502				
SECTION E - BUILDING FOR 2	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.						
the highest adjacent grade (HAG) and the low a) Top of bottom floor (including basement,	<ul><li>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).</li><li>a) Top of bottom floor (including basement.</li></ul>					
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		_	s above or below the HAG.			
crawlspace, or enclosure) is		feet meter	s above or below the LAG.			
E2. For Building Diagrams 6–9 with permanent flo the next higher floor (elevation C2.b in	od openings provided in Se					
the diagrams) of the building is  E3. Attached garage (top of slab) is	***************************************	feet meter				
E4. Top of platform of machinery and/or equipmer	at .	feet meter	s above or below the HAG.			
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?  Yes No Unknown. The local official must certify this information in Section G.						
SECTION F - PROPERTY	OWNER (OR OWNER'S RE	EPRESENTATIVE) CE	RTIFICATION			
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	St	ate ZIP Code			
Signature	Date	Te	lephone			
Comments	II	2				
			Check here if attachments.			

## **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. 418 Waterside Drive				Policy Number:		
City	ZIP Code		Company NAIC Number			
City State Central Point Oregon		97502		Citipani, in		
SECTIO	N G - COMMUNIT	TY INFORMATION (OPTIO	NAL)			
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.					nance can complete the measurement	
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.)					licensed surveyor, date of the elevation	
G2. A community official completed Section or Zone AO.	on E for a building	located in Zone A (without	a FEMA-is	ssued or co	mmunity-issued BFE)	
G3. X The following information (Items G4-	G10) is provided fo	or community floodplain ma	ınagement	purposes.		
G4. Permit Number	G5. Date Permit	Issued		Date Certificate of		
175-20-000029-DWL	02/20/2020		1	Compliance/Occupancy Issued T.B.D.		
G7. This permit has been issued for:	] New Construction	n 🗌 Substantial Improvem	nent			
G8. Elevation of as-built lowest floor (including basement) of the building:		1243.1	X feet	meters	Datum NAVD 88	
G9. BFE or (in Zone AO) depth of flooding at t	the building site:	1239.4	X feet	meters	Datum NAVD 88	
G10. Community's design flood elevation:	¥	1240.4	X feet	meters	Datum NAVD 88	
Local Official's Name		Title				
Justin Gindlesperger, CFM		Community Planner II				
Community Name		Telephone	ovt 24E			
City of Central Point Signature		541.664.3321, ext 245				
Signature 1	_	09/04/2020			,	
Comments (including type of equipment and loa	cation per C2(e), i			-		
Comments and longituding type of equipment and longituding	cation, per oztoj, i	тарриозысу				
The structure complies with the requirements of CPMC 8.24 - Flood Damage Prevention.						
-						
				☐ Ch	eck here if attachments.	

### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

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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

Photo One Caption Front 09-02-2020

Clear Photo One



Pholo Two

Photo Two Caption East side 09-02-2020

Clear Photo Two

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

Continuation Page

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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.

418 Waterside Drive

City State ZIP Code Central Point Oregon 97502

FOR INSURANCE COMPANY USE

FOR INSURANCE COMPANY USE

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.

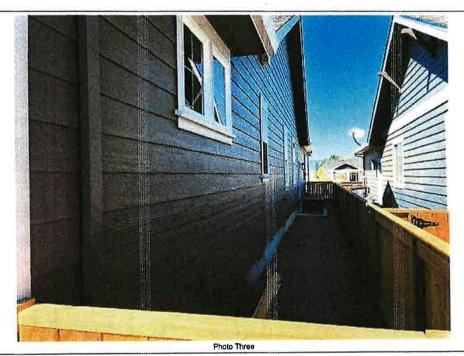


Photo Three Caption West side 09-02-2020

Clear Photo Three



Photo Four

Photo Four Caption Back 09-02-2020

Clear Photo Four