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	RANCE COMPANY USE		
A1. Building Owner's Name VISION HOMES INC					Policy Num	ber:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 409 CASTLE ROCK DRIVE						IAIC Number:		
City CENTRAL PC	City State ZIP Code CENTRAL POINT Oregon 97502							
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 88 THE NORTH VILLAGE AT TWIN CREEKS PHASE IV, ASSESSOR MAP No 372W03BB-3629								
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL								
A5. Latitude/Long	itude: Lat. 4	2.386356	Long	122.932211		Horizontal Da	atum: 🔲 NAD 1	1927 🛛 NAD 1983
A6. Attach at leas	t 2 photograp	ohs of the building if th	e Certific	ate is being ι	ised to d	obtain flood in	surance.	
A7. Building Diag	ram Number	9						
A8. For a building	with a crawls	space or enclosure(s):						
a) Square for	otage of craw	Ispace or enclosure(s)			1780	sq ft		
b) Number of	permanent fl	ood openings in the cr	awlspac	e or enclosur	∍(s) with	in 1.0 foot ab	ove adjacent gra	ade 18
c) Total net a	rea of flood o	penings in A8.b	1	1728 sq ir	1			
d) Engineere	d flood openii	ngs? 🗌 Yes 🗵 N	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 0								
c) Total net area of flood openings in A9.b 0 sq in								
d) Engineered flood openings?								
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	B7. FIRM Panel Effective/ Revised Date B8. Flood Zone(s)		. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)			
41029C1768 F 01-19-2018 09-14-2016 AE 1238.9								
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								

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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 409 CASTLE ROCK DRIVE	Box No. Policy Number:				
City State ZIP Code CENTRAL POINT Oregon 97502	Company NAIC Number				
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
State CIP Code CENTRAL POINT State Oregon 97502	Company NAIC Number SURVEY REQUIRED) Inder Construction*				
ASHLAND Oregon 97520	Renewal 12-31-21				
Signature Date 06-11-2021 Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2)	482-6474				
Comments (including type of equipment and location, per C2(e), if applicable) C2e HEAT PUMP	, modiance agenivolitipany, and (3) building owner.				

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 409 CASTLE ROCK DRIVE			Policy Number:		
	tate ZIP regon 975	Code 02	Company NAIC Number		
SECTION E – BUILDING ELE FOR ZONE	VATION INFORMATIO AO AND ZONE A (WIT	N (SURVEY NOT THOUT BFE)	REQUIRED)		
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 ad a) Top of bottom floor (including basement,	djacent grade (LAG).	ces to show whethe	The elevation is above of below		
crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is		☐ feet ☐ meter			
E2. For Building Diagrams 6–9 with permanent flood op the next higher floor (elevation C2.b in	enings provided in Section				
the diagrams) of the building is E3. Attached garage (top of slab) is		☐ feet ☐ meter			
E4. Top of platform of machinery and/or equipment servicing the building is		feet meter			
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	, is the top of the bottom No Unknown. The	feet meter floor elevated in ace local official must o	cordance with the community's		
SECTION F - PROPERTY OWN	ER (OR OWNER'S REPI	RESENTATIVE) 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	Sta	ate ZIP Code		
Signature	Date	Те	lephone		
Comments					
ж					
			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, S	Policy Number:						
409 CASTLE ROCK DRIVE							
City CENTRAL POINT	State Oregon	ZIP Code 97502		Company NAIC Number			
SECTION		ITY INFORMATION (OPTIC	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.							
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation						
G2. A community official completed Section or Zone AO.	on E for a building	g located in Zone A (without	a FEMA	A-issued or community-issued BFE)			
G3. X The following information (Items G4-	G10) is provided	for community floodplain ma	nageme	ent purposes.			
G4. Permit Number	G5. Date Permi	t Issued		Pate Certificate of Compliance/Occupancy Issued			
175-20-000519-DWL	12/18/20	020		T.B.D.			
G7. This permit has been issued for:	New Construction	on 🗌 Substantial Improvem	ent				
G8. Elevation of as-built lowest floor (including of the building:	g basement)	1241.7	X feet	meters Datum NAVD 88			
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	1238.9	X feet	meters Datum NAVD 88			
G10. Community's design flood elevation:		1241.9	X feet	meters Datum NAVD 88			
Local Official's Name		Title					
	Justin Gindlesperger, CFM Community Planner II						
Community Name		Telephone					
	City of Central Point 541.664.3321, x. 245						
Signature Date 06/11/2021							
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 attachments.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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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 06-11-2021

Clear Photo One



Photo Two Caption BACK 06-11-2021

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 409 CASTLE ROCK DRIVE			Policy Number:
City CENTRAL POINT	State Oregon	ZIP Code 97502	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

Photo Three Caption LEFT SIDE 06-11-2021

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four