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 COMPANY US						ANCE COMPANY USE
A1. Building Owner's Name W L MOORE CONSTRUCTION Policy Number:						
A2. Building Street Address (in Box No. 405 CASTLE ROCK DRIVE	cluding Apt., Unit, Suite	e, and/or	r Bldg. No.) oi	P.O. Route and	Company N.	AIC Number:
City CENTRAL POINT			State Oregon		ZIP Code 97502	
1 ' ' ' ' '	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 372W03BB-3628; LOT 87 THE NORTH VILLAGE AT TWIN CREEKS, PHASE V					
A4. Building Use (e.g., Resider	ntial, Non-Residential, /	Addition,	, Accessory, e	etc.) RESIDEN	ΓIAL	
A5. Latitude/Longitude: Lat. 42.386469 N Long. 122.931948 W Horizontal Datum: NAD 1927 X 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 9						
A8. For a building with a crawls	space or enclosure(s):					
a) Square footage of craw	space or enclosure(s)		1	306 sq ft		
b) Number of permanent fl	ood openings in the cra	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ide 10
c) Total net area of flood o	penings in A8.b		1330 sq in			
d) Engineered flood opening	ngs? 🗌 Yes 🗵 N	lo				
A9. For a building with an attacl	A9. For a building with an attached garage:					
a) Square footage of attacl	a) Square footage of attached garage 785sq ft					
b) Number of permanent fl	ood openings in the att	ached g	arage within	1.0 foot above adja	acent grade 0	_
c) Total net area of flood o	penings in A9.b		0 sq	in		
d) Engineered flood openings?						
Si	ECTION B - FLOOD I	NSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number B2. County Name B3. State						B3. State
CITY OF CENTRAL POINT 410	0092		JACKSON			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	Revised Date 1029C1768 F 01-19-2018 09-14-2016 AE 1238.8					
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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MPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/o	Policy Number:				
l	ate ZIP regon 975	Code 502	Company NAIC Number		
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. 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 C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: P-549 Vertical Datum: NAVD 1988 					
Indicate elevation datum used for the elevations in NGVD 1929 NAVD 1988 Other Datum used for building elevations must be the sai	/Source: me as that used for the	BFE.	Check the measurement used.		
a) Top of bottom floor (including basement, crawls	space, or enclosure floor	/	238.6		
b) Top of the next higher floor	(1/ 7		N/A feet meters		
 c) Bottom of the lowest horizontal structural memb d) Attached garage (top of slab) 	per (v Zones only)	1	241.3 Seet meters		
e) Lowest elevation of machinery or equipment se (Describe type of equipment and location in Co	ervicing the building mments)		241.7 feet meters		
f) Lowest adjacent (finished) grade next to buildin	g (LAG)	1	240.4 🔀 feet 🗌 meters		
g) Highest adjacent (finished) grade next to buildir	ng (HAG)	1	240.8 🛛 feet 🗌 meters		
 h) Lowest adjacent grade at lowest elevation of de structural support 	eck or stairs, including	1	241.2		
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?					
•		≥ res □ No	Check here if attachments.		
Certifier's Name FRED A FRANTZ	License Number 50077		REGISTERED PROFESSIONAL		
Title SURVEYOR			LAND SURVEYOR		
Company Name TERRASURVEY INC			ZW A ZZ		
Address 274 FOURTH STREET			JULY 12, 2005 FRED A. FRANTZ No. 50077		
City ASHLAND	State Oregon	ZIP Code 97520	Renewal 12-31-21		
Signature Zun A Z	Date 10-07-2021	Telephone (541) 482-6474	Ext.		
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2e is a heat pump	er C2(e), if applicable)				

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 405 CASTLE ROCK DRIVE City State ZIP Code CENTRAL POINT Oregon 97502 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,						
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,						
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,						
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,						
a) Top of bottom floor (including basement,	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					
crawlspace, or enclosure) is feet _ meters _ above or _ below the HA	AG.					
b) Top of bottom floor (including basement, crawlspace, or enclosure) is feet meters above or below the LAC						
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 feetmetersabove orbelow the HAI						
E3. Attached garage (top of slab) is feet meters above or below the HAI E4. Top of platform of machinery and/or equipment						
servicing the building is feet meters above or below the HAI	۱G.					
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	78					
7000						
Address City State ZIP Code						
Address City State ZIP Code Signature Date Telephone						
Address Sty State						
Signature Date Telephone						
Signature Date Telephone						
Signature Date Telephone						
Signature Date Telephone						
Signature Date Telephone						
Signature Date Telephone						
Signature Date Telephone						
Signature Date Telephone						

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, St 405 CASTLE ROCK DRIVE	uite, and/or Bldg. I	No.) or P.O. Route and Box No.		Policy Number:		
City CENTRAL POINT	ZIP Code 97502		Company NAIC Number			
SECTION G - COMMUNITY INFORMATION (OPTIONAL)						
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Comp	ster the community's flood plete the applicable item(s)	plain mar and sign	nagement ordinance can complete below. Check 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.)						
G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.						
G3. The following information (Items G4–G10) is provided for community floodplain management purposes.						
G4. Permit Number	G5. Date Permi	t Issued		Date Certificate of		
175-21-000109-DWL 03/05/2		2021	Compliance/Occupancy Issued T.B.D.			
G7. This permit has been issued for:	New Construction	on 🗌 Substantial Improve	ment			
G8. Elevation of as-built lowest floor (including of the building:	g basement)	1241.3	X feet	meters Datum NAVD 88		
G9. BFE or (in Zone AO) depth of flooding at t	the building site:	1238.8	X feet	meters Datum NAVD 88		
G10. Community's design flood elevation:		1239.8	X feet	meters Datum NAVD 88		
Local Official's Name		Title				
Justin Gindlesperger, CFM		Community Planner II				
Community Name City of Central Point		Telephone				
Signature		541.664.3321, x 245 Date				
Sint of Sinder		10/08/2021				
Comments (including type of equipment and loc	ation, per C2(e), i	f applicable)				
The structure complies with the requirements of CPMC 8.24 - Flood Damage Prevention.						
*						
				Check here if attachments.		

BUILDING PHOTOGRAPHS

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See Instructions for Item A6.

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City	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.

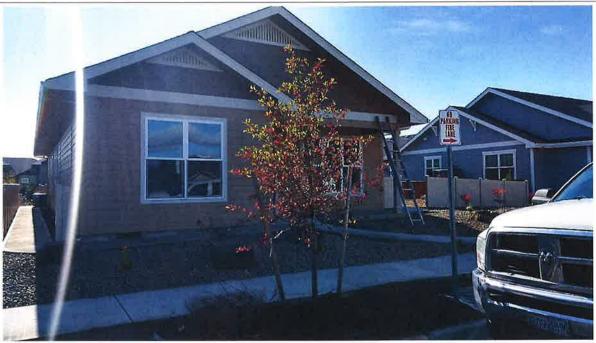
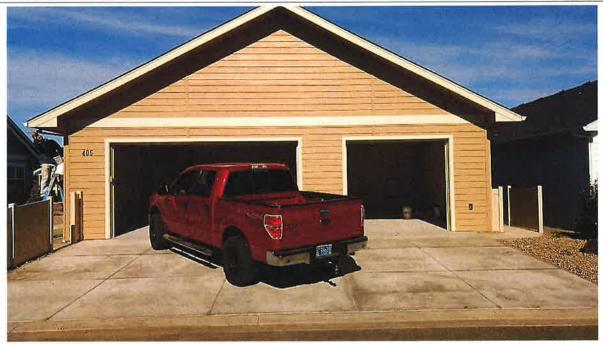


Photo One

Photo One Caption Front and left side 10-07-2021

Clear Photo One



Pholo Two

Photo Two Caption Back 10-07-2021

Clear Photo Two

BUILDING PHOTOGRAPHS

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Continuation Page

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IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 405 CASTLE ROCK DRIVE	Policy Number:		
City	Company NAIC Number		
CENTRAL POINT	Oregon	97502	

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 right side 10-07-2021

Clear Photo Three

Photo Four

Photo Four Caption

Clear Photo Four