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 INSUR	ANCE COMPANY USE	
A1. Building Owner's Name VISION HOMES INC				per:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 410 CASTLE ROCK DRIVE				AIC Number:	
City CENTRAL POINT	State Oregon		ZIP Code 97502		
A3. Property Description (Lot and Block Number LOT 101 THE NORTH VILLAGE AT TWIN CRE			3B-3624		
A4. Building Use (e.g., Residential, Non-Reside	ential, Addition, Accessory, etc) RESIDENTIA	L		
A5. Latitude/Longitude: Lat. 42.386735	Long122.932334	Horizontal Da	atum: NAD 19	927 🛛 NAD 1983	
A6. Attach at least 2 photographs of the buildin	ng if the Certificate is being use	d to obtain flood in:	surance.		
A7. Building Diagram Number 9					
A8. For a building with a crawlspace or enclosu	ure(s):				
a) Square footage of crawlspace or enclos	sure(s) 178	0 sq ft			
b) Number of permanent flood openings in	the crawlspace or enclosure(s	within 1.0 foot abo	ove adjacent grad	de 20	
c) Total net area of flood openings in A8.b	1920 sq in			**	
d) Engineered flood openings?	× No				
A9. For a building with an attached garage:					
a) Square footage of attached garage419 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?					
d) Engineered flood openings: Tes 🔀 No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number B2. County Name			1	B3. State	
CITY OF CENTRAL POINT 410092	JACKSON			Oregon	
B4. Map/Panel B5. Suffix B6. FIRM Inde		3. Flood B9 one(s)	9. Base Flood Ele (Zone AO, use	evation(s) Base Flood Depth)	
41029C1768 F 01-19-2018	09-14-2016 A	≣ 12	238.6		
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 NAVD 1988 Other/Source:					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Types No					
Designation Date: CBRS DPA					

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NAVD 1988

Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. 1238.8 X feet ☐ meters a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 1241.7 X feet b) Top of the next higher floor meters N/A X feet meters c) Bottom of the lowest horizontal structural member (V Zones only) 1240.5 X feet ☐ meters d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 1240.4 X feet ☐ meters 1240.2 meters Lowest adjacent (finished) grade next to building (LAG) g) Highest adjacent (finished) grade next to building (HAG) 1240.6 × feet meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including 1241.0 X feet meters 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 License Number REGISTERED PHILIP J DROSSOS 50077 PROFESSIONAL Title AND SURVEYOR **SURVEYOR** Company Name TERRASURVEY INC GREGON JULY 12, 2016 PHILIP J. DROSSOS 274 4TH STREET No. 90718 City ZIP Code State Renewal <u>12-31-21</u> **ASHLAND** Oregon 97520 Signature Date Telephone Ext. 11-22-2021 (541) 482-6474 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 C2(e), if applicable) C2e HEAT PUMP LEFT SIDE OF HOUSE

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the correspon	iding information from	om Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, at 410 CASTLE ROCK DRIVE	Policy Number:		
City CENTRAL POINT	State Oregon	ZIP Code 97502	Company NAIC Number
SECTION E – BUILDING E FOR ZOI	LEVATION INFORI NE AO AND ZONE	MATION (SURVEY NO A (WITHOUT BFE)	OT REQUIRED)
For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use enter meters.	e natural grade, if avai	ilable. Check the measu	urement used. In Puerto Rico only,
E1. Provide elevation information for the following an the highest adjacent grade (HAG) and the lowes:a) Top of bottom floor (including basement,	d check the appropriet adjacent grade (LAC	ate boxes to snow when 3).	
crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is			
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in	openings provided ir		
the diagrams) of the building is E3. Attached garage (top of slab) is		feet met	
E4. Top of platform of machinery and/or equipment servicing the building is	-		
E5. Zone AO only: If no flood depth number is availal floodplain management ordinance? Yes	ble, is the top of the b	——	
SECTION F - PROPERTY OV	VNER (OR OWNER"	S REPRESENTATIVE)	CERTIFICATION
The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.	tive who completes S The statements in Se	Sections A, B, and E for 2 sections A, B, and E are c	Zone A (without a FEMA-issued or correct to the best of my knowledge.
Property Owner or Owner's Authorized Representativ	e's Name		
Address	City	y	State ZIP Code
Signature	Dat	te 7	Telephone
Comments			
			Check here if attachments.

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Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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City CENTRAL POINT	State Oregon	ZIP Code 97502	Company NAIC Number

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 LEFT SIDE YARD 11-22-2021

Clear Photo One



Photo Two Caption BACK 11-22-2021

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
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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 FRONT 11-22-2021

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four