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 Twin Creeks Development Co LLC					Policy Numl	ber:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 421 Castle Rock Drive					Company N	AIC Number:		
City Central Point	•				ZIP Code 97502			
		nd Block Numbers, Ta in Creeks, Phase V; A				etc.)		
A4. Building Use (e.g., Resider	ntial, Non-Residential,	Addition	, Accessory, e	etc.) Residen	tial		
A5. Latitude/Longit	ude: Lat. 4	2.386062	Long1	22.932724	Horizon	tal Datur	m:	927 × NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	sed to obtain flo	od insur	ance.	
A7. Building Diagra	am Number	9						
A8. For a building	with a crawls	space or enclosure(s):						
a) Square foot	tage of crawl	space or enclosure(s)		1	1667 sq ft			
b) Number of p	ermanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 fo	ot above	e adjacent gra	nde 15
c) Total net are	ea of flood o	penings in A8.b	1	995 sq in	1			
d) Engineered	flood openir	ngs? 🗌 Yes 🗵 N	No					
A9. For a building with an attached garage:								
a) Square footage of attached garage 552 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	d) Engineered flood openings?							
a) Engineered nood 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 B8. Flood Effective/ Zone(s)		B9. I	Base Flood Elevation(s) (Zone AO, use Base Flood Depth)		
410291768	F	01-16-2018	09-14-2		AE	1239	9.0	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: X 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)? 🗌 Yes 🗵 No								
Designation Date: CBRS OPA								

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IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and 421 Castle Rock Drive	Policy Number:					
Control Daint		ZIP Code 97502	Company NAIC Number			
SECTION C – BUILDING	ELEVATION INFORM	MATION (SURVEY RI	EQUIRED)			
	ction Drawings*	Building Under Construilding is complete. th BFE), AR, AR/A, AR/ed in Item A7. In Puertum: NAVD 1988 telow. The BFE. The poor of the p	uction*			
g) Highest adjacent (finished) grade next to build						
h) Lowest adjacent grade at lowest elevation of c structural support	leck or stairs, including	1:	242.1			
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.						
Philip J Drossos	License Number 90718		REGISTERED			
Title Surveyor Company Name Terrasurvey Inc Address 274 4th Street			OREGON JULY 12, 2016 PHILIP J. DROSSOS No. 90718			
City Ashland	State Oregon	ZIP Code 97502	Renewal <u>12-31-23</u>			
Signature	Date 04-11-2022	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, p C2e Lowest equipment is a heat pump	er C2(e), if applicable)					

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IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., L	Policy Number:					
421 Castle Rock Drive						
City Central Point	State Oregon	ZIP Code 97502	Company NAIC Number			
	UILDING ELEVATION INFO		OT RECHIRED)			
SECTION E - B	FOR ZONE AO AND ZON		71 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 adjacent grade (LAG). a) Top of bottom floor (including basement,						
crawlspace, or enclosure) is		feet me	ters 🗌 above or 🗌 below the HAG.			
 Top of bottom floor (including bas crawlspace, or enclosure) is 	sement, —————	feet me	ters 🔲 above or 🗌 below the LAG.			
E2. For Building Diagrams 6–9 with pern the next higher floor (elevation C2.b the diagrams) of the building is			for 9 (see pages 1–2 of Instructions), ters □ above or □ below the HAG.			
E3. Attached garage (top of slab) is			ters above or below the HAG.			
E4. Top of platform of machinery and/or servicing the building is	equipment	feet me	ters above or below the HAG.			
E5. Zone AO only: If no flood depth num floodplain management ordinance?			accordance with the community's st certify this information in Section G.			
SECTION F - PRO	OPERTY OWNER (OR OWNE	R'S REPRESENTATIVE)	CERTIFICATION			
The property owner or owner's authorized community-issued BFE) or Zone AO mus	d representative who complete tt sign here. The statements in	es Sections A, B, and E for 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 R	epresentative's Name					
Address		City	State ZIP Code			
Signature		Date	Telephone			
Comments						
			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 421 Castle Rock Drive	No. Policy Number:				
City Control Reint	State	ZIP Code	Company NAIC Number		
Central Point	Oregon	97502			
SECTIO	ON G – COMMUNI	TY INFORMATION (OPTIC	JNAL)		
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	located in Zone A (without	a FEMA-issued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided fo	or community floodplain ma	anagement purposes.		
G4. Permit Number	G5. Date Permit	Issued	G6. Date Certificate of Compliance/Occupancy Issued		
175-21-000515-DWL	09/14/2021		T.B.D.		
G7. This permit has been issued for:] New Construction	n 🗌 Substantial Improven	nent		
G8. Elevation of as-built lowest floor (including of the building:	g basement) -	1234.0	x feet ☐ meters Datum NAVD 88		
G9. BFE or (in Zone AO) depth of flooding at t	he building site: _	1239.0	x feet ☐ meters Datum NAVD 88		
G10. Community's design flood elevation:	-	12340.0	x feet ☐ meters Datum NAVD 88		
Local Official's Name Justin Gindlesperger, CFM		Title Community Planner II			
Community Name		Telephone			
City of Central Point		541.664.3321, x 245			
Signature		Date			
Justin P Lindlespe	rger	04/12/2022			
Comments (including type of equipment and loc					
The structure complies with the requirement	nts of CPMC 8.2	4 - Flood Damage Preve	ention.		
☐ 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 front 04-11-2022

Clear Photo One



Photo Two

Photo Two Caption back 04-11-2022

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

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IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt. 421 Castle Rock Drive	Policy Number:		
City Central Point	State Oregon	ZIP Code 97502	Company NAIC Number
Contrain ont	Orogon	01002	

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 04-11-2022

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption Clear Photo Four