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 USE			
A1. Building Owner's Name	Policy Number:			
Twin Creeks Development Co., LLC				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.1625 River Run Street	Company NAIC Number:			
City State Central Point Oregon	ZIP Code 97502			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 122, The North Village at Twin Creeks, Phase V; Assessor Map No 362W03BB-3655				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential				
A5. Latitude/Longitude: Lat. 42.386661 Long122.934038 Horizontal Datur	m: NAD 1927 NAD 1983			
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insur	rance.			
A7. Building Diagram Number 9				
A8. For a building with a crawlspace or enclosure(s):				
a) Square footage of crawlspace or enclosure(s) 2362 sq ft				
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above	e adjacent grade 18			
c) Total net area of flood openings in A8.b 2394 sq in				
d) Engineered flood openings?				
A9. For a building with an attached garage:				
a) Square footage of attached garage 1001 sq ft				
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent of	arade 0			
c) Total net area of flood openings in A9.b 0 sq in				
d) Engineered flood openings? Yes No				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMA	ATION			
B1. NFIP Community Name & Community Number B2. County Name	B3. State			
City of Central Point 410092 Jackson	Oregon			
	Base Flood Elevation(s) Zone AO, use Base Flood Depth)			
41029C1768 F 01-19-2018 09-14-2016 AE 1238	3.5			
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)? 🗌 Yes 🔀 No				
Designation Date: CBRS OPA				

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IMPORTANT: In these spaces, copy the corresponding information from Section A.	F	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box 1625 River Run Street		Policy Number:		
CityStateZIP CodeCentral PointOregon97502	С	ompany NAIC Number		
SECTION C - BUILDING ELEVATION INFORMATION (SUI	RVEY REQ	UIRED)		
C1. Building elevations are based on:				
g) Highest adjacent (finished) grade next to building (HAG) h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	1240 1240			
	1.4			
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?				
Certifier's Name License Number Philip J Drossos 90718	T	REGISTERED		
Title Surveyor Company Name Terrasurvey Inc Address 274 4th Street City Ashland State Oregon 97520		PROFESSIONAL LAND SURVEYOR OREGON JULY 12, 2016 PHILIP J. DROSSOS No. 90718 Renewal 12-31-23		
Signature Date Telephon		Ext.		
Copy all pages of this Flevation Certificate and all attachments for (1) community official (2) ins		nt/company and (3) huilding owner		
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 lowest equipment is a heat pump				

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, a 1625 River Run Street			Policy Number:	
City Central Point	State Oregon	ZIP Code 97502	Company NAIC Number	
SECTION E – BUILDING I FOR ZO	LEVATION INFOR NE AO AND ZONE	MATION (SURVEY NOT A (WITHOUT 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 adjacent grade (LAG). a) Top of bottom floor (including basement, 				
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet mete	rs above or below the HAG.	
crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent floor	onenings provided in	feet mete		
the next higher floor (elevation C2.b in the diagrams) of the building is		feet mete		
E3. Attached garage (top of slab) is		feet mete	rs above or below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is		feet mete	rs ☐ above or ☐ below the HAG.	
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance? Yes	ble, is the top of the l	pottom floor elevated in ac n. The local official must	ccordance with the community's certify this information in Section G.	
SECTION F - PROPERTY ON	WNER (OR OWNER'S	S REPRESENTATIVE) C	ERTIFICATION	
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 Zo	one A (without a FEMA-issued or	
Property Owner or Owner's Authorized Representative		, -,		
Address	Cit	y St	ate ZIP Code	
Signature	Da	te Te	elephone	
Comments				
			Check here if attachments.	

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1625 River Run Street			Policy Number:	
City Central Point	State Oregon	ZIP Code 97502		Company NAIC Number
SECTI	ON G - COMMUNI	TY 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 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 Sect or Zone AO.	ion E for a building	located in Zone A (without	a FEMA	A-issued or community-issued BFE)
G3. X The following information (Items G4-	-G10) is provided fo	or community floodplain ma	nageme	ent purposes.
G4. Permit Number	G5. Date Permit	Issued	G6. D	Pate Certificate of
175-22-000148-DWL	1 04/24/2022		ompliance/Occupancy Issued T.B.D.	
G7. This permit has been issued for:	New Construction	n Substantial Improvem	ent	
G8. Elevation of as-built lowest floor (including basement) of the building:		1240.9	X feet	meters Datum NAVD 88
G9. BFE or (in Zone AO) depth of flooding at the building site:		1238.5	x feet	meters Datum NAVD 88
G10. Community's design flood elevation:		1239.5	x feet	meters Datum NAVD 88
Local Official's Name Justin Gindlesperger, CFM	Title Community Planner II			
Community Name City of Central Point		Telephone 541.664.3321, x 245		
Signature Justin P Lindles	perger	Date 09/28/2022		
Comments (including type of equipment and loa	cation, per C2(e), if	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 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 9-27-2022

Clear Photo One



Photo Two Caption Back 9-27-2022

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
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1625 River Run Street			Policy Number:
City	State	ZIP Code	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 Caption Left side 9-27-2022

Clear Photo Three



Photo Four

Photo Four Caption Right side 9-27-2022

Clear Photo Four