## 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 INFO	RMATION		FOR INSURANCE COMPANY USE	
A1. Building Owner's Name			Policy Number:	
Twin Creeks Development Co., LLC		File.	-	
<ul> <li>A2. Building Street Address (including Apt., Unit, Suite, and Box No.</li> <li>1717 River Run Street</li> </ul>	/or Bldg. No.) or P.O	. Route and	Company NAIC Number:	
City	01-1-	Nitream		
Central Point	State Oregon		ZIP Code 97502	
A3. Property Description (Lot and Block Numbers, Tax Parc Lot 120-121, The North Village at Twin Creeks, Phase V; As	el Number, Legal De sessor Map No 362	escription, etc.) W03BB-3606		
A4. Building Use (e.g., Residential, Non-Residential, Additio				
	-122.934066	Horizontal Datum	m: NAD 1927 X NAD 1983	
A6. Attach at least 2 photographs of the building if the Certif	ficate is being used t	to obtain flood insur	***************************************	
A7. Building Diagram Number9				
A8. For a building with a crawlspace or enclosure(s):				
a) Square footage of crawlspace or enclosure(s)	3806	sq ft		
b) Number of permanent flood openings in the crawlspace	ce or enclosure(s) w	ithin 1.0 foot above	adjacent grade 29	
-	3857 sq in		The state of the s	
d) Engineered flood openings?				
A9. For a building with an attached garage:				
a) Square footage of attached garage	1920 sq ft			
b) Number of permanent flood openings in the attached	garage within 1.0 for	ot above adjacent g	urade 0	
c) Total net area of flood openings in A9.b	0 sq in	And the second s		
d) Engineered flood openings?   Yes   No	PARCE   1			
SECTION B – FLOOD INSURA	The second secon		TION	
B1. NFIP Community Name & Community Number City of Central Point 410092	B2. County Name	,	B3. State	
	Jackson		Oregon	
Number Date Eff	IRM Panel B8. F fective/ Zone	Flood B9. Ba	lase Flood Elevation(s) Zone AO, use Base Flood Depth)	
41029C1768 F 01-19-2018 09-14-		1238.4	4	
B10. Indicate the source of the Base Flood Elevation (BFE) d		epth entered in Item	B9:	
B11. Indicate elevation datum used for BFE in Item B9:   N	√GVD 1929 ⊠ NA	√D 1988	ner/Source:	
B12. Is the building located in a Coastal Barrier Resources S	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? [ Yes No			
Designation Date: CBRS OPA				
		45 B		

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
uilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  17 River Run Street			Policy Number:	
Control Daint		ZIP Code 97502	Company NAIC Number	
SECTION C – BUILDING E	LEVATION INFORM	MATION (SURVEY R	EQUIRED)	
	ction Drawings*  construction of the building diagram specification of the building diagram specification items a) through h) bur/Source:  In the same as that used for the space, or enclosure flower (V Zones only)  Dervicing the building imments)	Building Under Construilding is complete.  In BFE), AR, AR/A, AR/ In Puert um: NAVD 1988  Delow.  Delow.  1 1	uction* Finished Construction	
g) Highest adjacent (finished) grade next to buildi	- '			
Lowest adjacent grade at lowest elevation of destructural support	7.1		240.6	
SECTION D - SURVEYOR				
This certification is to be signed and sealed by a land s I certify that the information on this Certificate represen statement may be punishable by fine or imprisonment under Were latitude and longitude in Section A provided by a	inder 18 U.S. Code, S	nerpret the data avallal Section 1001.	law to certify elevation information.  ble. I understand that any false  Check here if attachments.	
Certifier's Name Phillip J Drossos	License Number 90718			
Title Surveyor Company Name Terrasurvey Inc Address 274 4th Street City	State	ZIP Code	PROFESSIONAL LAND SURVEYOR  OREGON JULY 12, 2016 PHILIP J. DROSSOS No. 90718	
Ashland	Oregon	97520	Renewal12-31-23	
Signature	Date 04-03-2023	Telephone (541) 482-6474	Ext.	
Copy all pages of this Elevation Certificate and all attachm	ents for (1) community	official, (2) insurance aç	gent/company, and (3) building owner.	
Comments (including type of equipment and location, per C2e lowest equipment is a heat pump	r C2(e), if applicable)			

## **ELEVATION CERTIFICATE**

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IMPORTANT: In these spaces, copy the corresponding information from	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.C 1717 River Run Street	Policy Number:			
City State Central Point Oregon	ZIP Code 97502	Company NAIC Number		
SECTION E – BUILDING ELEVATION INFORM FOR ZONE AO AND ZONE A	ATION (SURVEY NOT (WITHOUT BFE)	REQUIRED)		
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate complete Sections A, B,and C. For Items E1–E4, use natural grade, if availanter meters.	is intended to support	LOMA or LOMR-F request, ment used. In Puerto Rico only,		
<ul><li>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).</li><li>a) Top of bottom floor (including basement,</li></ul>				
crawlspace, or enclosure) is  b) Top of bottom floor (including basement, crawlspace, or enclosure) is				
E2. For Building Diagrams 6–9 with permanent flood openings provided in State of the next higher floor (elevation C2.b in	Gection A Items 8 and/or	9 (see pages 1–2 of Instructions),		
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				
E5. Zone AO only: If no flood depth number is available, is the top of the borfloodplain management ordinance? Yes No Unknown.	ttom floor elevated in acc			
SECTION F - PROPERTY OWNER (OR OWNER'S	REPRESENTATIVE) CE	RTIFICATION		
The property owner or owner's authorized representative who completes Secommunity-issued BFE) or Zone AO must sign here. The statements in Sect	ctions A, B, and E for Zo ions A, B, and E are corr	ne A (without a FEMA-issued or ect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative's Name				
Address City	Sta	te ZIP Code		
Signature Date	Tel	ephone		
Comments				
		Check here if attachments.		

## **ELEVATION CERTIFICATE**

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IMPODIANT I (I				- att. 11010/1001 00, 2022	
IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSU	JRANCE COMPANY USE	
Building Street Address (including Apt., Unit, S 1717 River Run Street	uite, and/or Bldg.	No.) or P.O. Route and Box	k No. Policy Nu	mber:	
City Central Point	State	ZIP Code	Company	NAIC Number	
	Oregon	97502			
		ITY INFORMATION (OPTI			
The local official who is authorized by law or o Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, er	i Cermicale. Com	ister the community's flood plete the applicable item(s)	olain management o and sign below. Che	rdinance can complete eck 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.)				y a licensed surveyor, d date of the elevation	
G2. A community official completed Sect or Zone AO.	ion E for a building	g located in Zone A (withou	t a FEMA-issued or	community-issued BFE)	
G3. The following information (Items G4-	-G10) is provided	for community floodplain ma	anagement purpose	S.	
G4. Permit Number	G5. Date Permi	it Issued		Date Certificate of	
175-20-000195-DWL	04/28/202	2	T.B.D.	Occupancy Issued	
G7. This permit has been issued for:	New Construction	on 🔲 Substantial Improven	nent		
G8. Elevation of as-built lowest floor (including of the building:	g basement)	1240.6	X feet meters	Datum NAVD 88	
G9. BFE or (in Zone AO) depth of flooding at t	the building site:	1238.4	∏ feet	Datum NAVD 88	
G10. Community's design flood elevation:		1239.4	∏ feet	Datum NAVD 88	
Local Official's Name		Title			
Justin Gindlesperger, CFM		Community Pla	anner II		
Community Name City of Central Point		Telephone 541.664.3321,	x 245		
Signature		Date			
Justin P Gindlesp	erger	04/07/2023			
Comments (including type of equipment and loo					
The structure complies with requirements in CPMC 8.24 - Flood Damage Prevention.					
			☐ Ch	eck here if attachments.	

### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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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. Policy Number: 1717 River Run Street 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 left side 04-03-2023

Clear Photo One



Photo Two

Photo Two Caption Back left side 04-03-2023

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. 1717 River Run Street			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 Back right side 04-03-2023

Clear Photo Three

Photo Four

Photo Four Caption

Clear Photo Four

Photo Four