

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

**SECTION A - PROPERTY OWNER INFORMATION**

BUILDING OWNER'S NAME: PACTREND, INC.

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 313 DONNA WAY

CITY: CENTRAL POINT STATE: OREGON ZIP CODE: 97502

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): LOT 40 BROOKFIELD ESTATES #2 / TAX LOT 113 (372W 10BB)

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.): RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###" or ##.####): N/A

HORIZONTAL DATUM:  NAD 1927  NAD 1983

SOURCE:  GPS (Type):  USGS Quad Map  Other:

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER: JACKSON COUNTY 415589 0402B

B2. COUNTY NAME: JACKSON

B3. STATE: OREGON

B4. MAP AND PANEL NUMBER: <u>415589 0402</u>	B5. SUFFIX: <u>B</u>	B6. FIRM INDEX DATE: <u>April 11, 1978</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE: <u>April 1, 1982</u>	B8. FLOOD ZONE(S): <u>A</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, see depth of flooding): <u>1270</u>
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9:  
 FIS Profile  FIRM  Community Determined  Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No Designation Date: N/A

**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. Building Diagram Number: 2 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

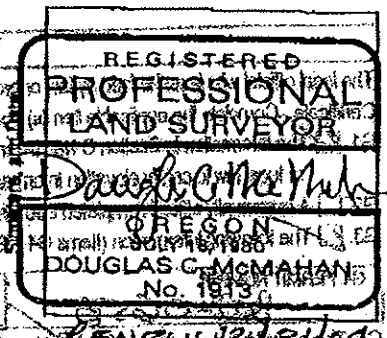
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO

Complete Items C3. a-l below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum: NGVD 1929 Conversion/Comments: NONE

Elevation reference mark used: RML Does the elevation reference mark used appear on the FIRM?  Yes  No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure) (CRAWL)	<u>1269.4 ft (m)</u>
<input type="checkbox"/> b) Top of next higher floor	<u>1272.1 ft (m)</u>
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u>
<input type="checkbox"/> d) Attached garage (top of slab)	<u>1270.9 ft (m)</u>
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	<u>1271.2 ft (m)</u>
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>1270.9 ft (m)</u>
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>1271.1 ft (m)</u>
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>17</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3. h	<u>2261 sq. ft. (sq. m)</u>



**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 in Sections A, B, and C 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.

CERTIFIER'S NAME: DOUGLAS C. McMAHAN LICENSE NUMBER: LA 1912

TITLE: LAND SURVEYOR COMPANY NAME: HOFFBUNKER & ASSOC., INC.

ADDRESS: 3155 ALAMEDA ST #201 CITY: Medford STATE: OR ZIP CODE: 97504

SIGNATURE: Douglas C. McMahan DATE: 5/9/03 TELEPHONE: (541) 779-4691

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 313 DOWNING WAY Policy Number \_\_\_\_\_  
 CITY CENTRAL POINT STATE OR ZIP CODE 97502 Company NAIC Number \_\_\_\_\_

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS BASE FLOOD ELEVATION PROVIDED BY CITY OF CENTRAL POINT.

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

Check here if attachments

For Zone AO and Zone A (without BFE), complete items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMRF, Section C must be completed.

- E1. Building Diagram Number 9 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is 1.8 (m) / 6 (ft)  above or  below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation h) of the building is      ft (m)      in (cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is 1.8 (m) / 6 (ft)  above or  below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) of Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

COMMENTS \_\_\_\_\_

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments

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 permit information and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state law to provide elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A permit has been completed for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The permit information (Items G4-G5) is provided for community floodplain management purposes.

G4. PERMIT NUMBER 062-2005-06 YES. DATE PERMIT ISSUED 1-23-03 G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 5/7/05

G5. This permit has been issued for  New Construction  Substantial Improvement  
 G8. Elevation of as-built lowest floor (including basement) of the building 1209.4 (m) / 1270 @ ft (m) Datum: 16001929  
 G9. BFE (or in Zone AO) depth of flooding at the building      Datum: 16001929

LOCAL OFFICIAL'S NAME Matt Spore TITLE Community Planner  
 COMMUNITY NAME Central Point TELEPHONE 541-664-3321  
 SIGNATURE Matt Spore DATE 5-9-05

COMMENTS POSS - Spore's construction

Check here if attachments