

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name KIMBERLY BURNS		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 114 GLENN WAY		Policy Number
City CENTRAL POINT State OR ZIP Code 97502		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) JACKSON COUNTY ASSESSOR'S MAP NO: 37 2W 10AB TAX LOT 6100		

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**

A5. Latitude/Longitude: Lat. **42°22'16.80" N** Long. **122°55'15.01" W** Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number **0**

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) **1462** sq ft

b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **0**

c) Total net area of flood openings in A8.b **N/A** sq in

d) Engineered flood openings? Yes No

A9. For a building with an attached garage:

a) Square footage of attached garage **308** sq ft

b) No. 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 **N/A** sq in

d) Engineered flood openings? Yes No

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 OR	
B4. Map/Panel Number 41029C 1956	B5. Suffix F	B6. FIRM Index Date MAY 3, 2011	B7. FIRM Panel Effective/Revised Date MAY 3, 2011	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1275.1

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 (Describe) _____

B11. Indicate elevation datum used for BFE in Item 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)?
Designation Date **N/A** CBRS OPA Yes No

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. 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 C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.
Benchmark Utilized **P549 Vertical Datum NAVD88**
Conversion/Comments **NONE**

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) **1274.4** feet meters (Puerto Rico only)

b) Top of the next higher floor **1276.8** feet meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V Zones only) **N/A** feet meters (Puerto Rico only)

d) Attached garage (top of slab) **1275.0** feet meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) **1276.8** feet meters (Puerto Rico only)

f) Lowest adjacent (finished) grade next to building (LAG) **1274.5** feet meters (Puerto Rico only)

g) Highest adjacent (finished) grade next to building (HAG) **1274.8** feet meters (Puerto Rico only)

h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support **N/A** feet meters (Puerto Rico only)

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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name CAEL E. NEATHAMER		License Number LS 56545	
Title VICE PRESIDENT	Company Name NEATHAMER SURVEYING, INC.		
Address 3126 STATE ST, SUITE 100	City MEDFORD	State OR	ZIP Code 97504
Signature Caël E. Neatham	Date 03-09-2011	Telephone (541) 732-2869	



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. 114 GLENN 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 [A5] COORDINATES UTILIZING GOOGLE EARTH (LAG AT SOUTHEAST CORNER OF HOME). [A8.b] 5 VENTS (14-1/2" X 6"), WITH LOUVERS. ALL VENTS ARE ABOVE 1 FOOT FROM ADJACENT GRADE (TOTAL NET AREA OF VENTS IS 435 SQ IN). [C2.e] LOCATION AT BOTTOM OF WATER HEATER LYING ON FINISH FLOOR OF HOME. **ALL ELEVATIONS MEASURED HEREON BASED ON THE NAVD88 VERTICAL DATUM, REFERENCED TO CITY OF CENTRAL POINT PUBLISHED BENCHMARKS (BM-1 IS ALSO NGS CONTROL P549).**

Signature Carl E. Neathans Date 03-09-2011 Check here if attachments

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

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 meters above or below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. 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, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, 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			

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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 and G9.

- 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 E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number N/A	G5. Date Permit Issued N/A	G6. Date Certificate Of Compliance/Occupancy Issued N/A
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: 1274.4 feet meters (PR) Datum NAVD88
- G9. BFE or (in Zone AO) depth of flooding at the building site: 1275.1 feet meters (PR) Datum NAVD88
- G10. Community's design flood elevation 1276.1 feet meters (PR) Datum NAVD88

Local Official's Name Stephanie Holtey, CFM	Title Floodplain Coordinator
Community Name City of Central Point	Telephone 541.664.7602
Signature <u>Stephanie Holtey</u>	Date 3/24/2011
Comments Structure is Pre-FIRM (built in 1959).	

Check here if attachments

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 114 GLENN WAY	For Insurance Company Use: Policy Number
City CENTRAL POINT State OR ZIP Code 97502	Company NAIC Number
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.	

EAST FACE OF HOME



Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 114 GLENN WAY	For Insurance Company Use: Policy Number
City CENTRAL POINT State OR 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."

WEST FACE OF HOME



TYPICAL FOUNDATION VENT

