

PRELIMINARY

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name Twin Creeks Development CO. LLC

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
650 Golden Peak

Company NAIC Number:

City of Central Point State Or ZIP Code 97502

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
372W03CA-705

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

A5. Latitude/Longitude: Lat. 42.3815N Long. 122.9289W 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 9

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

- a) Square footage of crawlspace or enclosure(s) N/A sq ft
- b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____
- c) Total net area of flood openings in A8.b _____ sq in
- d) Engineered flood openings? Yes No

A9. For a building with an attached garage:

- a) Square footage of attached garage N/A sq ft
- b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A
- c) Total net area of flood openings in A9.b _____ 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 41029C1766	B5. Suffix F	B6. FIRM Index Date 05-03-11	B7. FIRM Panel Effective/Revised Date 05-03-11	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 1249.3

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

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. In Puerto Rico only, enter meters.

Benchmark Utilized: P 549 Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in Items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____
Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) n/a feet meters
- b) Top of the next higher floor 1251.6 feet meters
- c) Bottom of the lowest horizontal structural member (V Zones only) n/a feet meters
- d) Attached garage (top of slab) n/a feet meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) n/a feet meters
- f) Lowest adjacent (finished) grade next to building (LAG) n/a feet meters
- g) Highest adjacent (finished) grade next to building (HAG) n/a feet meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support n/a feet meters

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. Check here if attachments. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name Herbert A Farber

License Number 2189

Title President

Company Name Farber & Sons Inc

Address 431 Oak

City Central Point

State Or ZIP Code 97502

Signature

Date 07-10-2014

Telephone 541-664-5599

REGISTERED
PROFESSIONAL
LAND SURVEYOR

OREGON
JULY 26, 1985
HERBERT A. FARBER
2189

RENEWS: DEC. 31, 2015

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
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 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
658 Golden Peak
 City of Central Point State Or ZIP Code 97502
 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
372W03CA-704
 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential
 A5. Latitude/Longitude: Lat. 42.3814N Long. 122.9291W Horizontal Datum: NAD 1927 NAD 1983
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 A7. Building Diagram Number 9
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 a) Square footage of crawlspace or enclosure(s) N/A sq ft
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B1. NFIP Community Name & Community Number
City of Central Point 410092
 B2. County Name
Jackson
 B3. State
Or
 B4. Map/Panel Number
41029C1768
 B5. Suffix
F
 B6. FIRM Index Date
05-03-11
 B7. FIRM Panel Effective/Revised Date
05-03-11
 B8. Flood Zone(s)
AE
 B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
1249.3
 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
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 CBRS OPA

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 *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, A/RA, A/RAE, A/RA1-A30, A/RAH, A/RAO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
 Benchmark Utilized: P 549 Vertical Datum: NAVD 1988
 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____
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 Check the measurement used.
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No 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
 Check here if attachments.

Certifier's Name Herbert A Farber License Number 2189
 Title President Company Name Farber & Sons Inc
 Address 431 Oak City Central Point State Or ZIP Code 97502
 Signature [Signature] Date 07-10-2014 Telephone 541-664-5599

REGISTERED PROFESSIONAL LAND SURVEYOR
 OREGON
 JULY 26, 1985
 HERBERT A. FARBER
 2189

RENEW DEC 31, 2015