

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Important: Read the Instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: Robert Fellows Construction

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 1209 LINDSEY COURT

CITY: Central Point, STATE: OR ZIP CODE: 97502

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): Lot 14, Lindsey Meadows Subdivision

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.): Residential 372 W 10DA, 700

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

HORIZONTAL DATUM: NAD 1927 NAD 1983 SOURCE: GPS (Type); USGS Quad Map Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: Central Point 410092

B2. COUNTY NAME: Jackson

B3. STATE: OR

B4. MAP AND PANEL NUMBER: <u>410092 0001</u>	B5. SUFFIX: <u>C</u>	B6. FIRM INDEX DATE: <u>01-19-82</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE: _____	B8. FLOOD ZONE(S): <u>A</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): <u>1283.2</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 1986 Other (Describe): _____

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

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 8 (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 C3a-i 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 n/a

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

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>1289.2</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>1289.2 N/A</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>1287.2</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>1287.2</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>1287.0</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>1289.0</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>9</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>1315</u> sq. in. (sq. ft.)

REGISTERED PROFESSIONAL LAND SURVEYOR

James E. Hibbs

OREGON
JULY 17, 1986
JAMES E. HIBBS
2234
RENEWAL DATE 6-30-01

License Number, Embossed Seal, Signature, and Date

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: James E. Hibbs, PLS LICENSE NUMBER: 2234

TITLE: Professional Land Surveyor COMPANY NAME: L. J. Friar & Associates, P.C.

ADDRESS: 6 W. 8th Street CITY: Medford STATE: OR ZIP CODE: 97501

SIGNATURE: *James E. Hibbs* DATE: 10/01 TELEPHONE: 541-772-2782

CONTAIN: In these spaces, copy the corresponding information from Section A.
 BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
 1209 LINDSEY COURT

For Insurance Company Use:
 Policy Number
 Company NAIC Number

CITY STATE ZIP CODE
 Central Point OR 97502

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

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 LOMR-F, Section C must be completed.

- E1. Building Diagram Number 8 (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 10 ft.(m) 2 in.(cm) above or below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is 10 ft.(m) 2 in.(cm) above the highest adjacent grade.
- E4. 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, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

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 applicable item(s) and sign below.

- 31. 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 or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- 32. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- 33. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER 0501-0118 G5. DATE PERMIT ISSUED 03/14/01 G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 7/16/2001
 7. This permit has been issued for: New Construction Substantial Improvement

8. Elevation of as-built lowest floor (including basement) of the building is: 1289 ft.(m) Datum: _____
 9. BFE or (in Zone AO) depth of flooding at the building site is: 1283 ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME Matt Samitar TITLE Planning Technician
 COMMUNITY NAME Central Point TELEPHONE (541) 604-3321, 291
 SIGNATURE Matt Samitar DATE 7/26/2001
 COMMENTS Using Diagram 8, B must be higher than A.

A = 1286.6
B = 1289.2

Check here if attachments