## ((2 2(82 FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

**ELEVATION CERTIFICATE** 

Important: Read the Instructions on pages 1 - 7.	
BUILDING OWNER'S NAME  SECTION A - PROPERTY OWNER INFORMATION	For Insurance Company Use:
Robert Fellows Construction	Policy Number
DUILDING STREET AUDRESS (Indialing Ant Tier Butte and to mid- All and	The state of the s
	Company NAIC Number
CITY	
Central Point,	ZIP CODE
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  Lot 17 Lindsey Meadows Subdivision	97502
Lot 17 Lindsey Meadows Subdivision 373.00	1014.502
Residential	10111 / 500
LATITUDE/LONGITUDE (OPTIONAL)	
[NAD 1007   INAD 1000   1   1   1   1   1   1   1   1	
[_] oses dada wab	Other:
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
If Aberral Asassa I I I I I I I I I I I I I I I I I	B, STATE
BA MAR AND CANE	OR
NUMBER 87. FIRM PANEL 88. FLOOD	B9. BASE FLOOD ELEVATION(S)
410092 0001   C   01-10-92   C   C   C   C   C   C   C   C   C	(Zone AO, use depth of flooding)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.	1281.8
B11. Indicate the elevation datum used for the REE in Roy IV Large Page 1 VI Along	
B12. Is the building located in a Coastal Parriet Resource System (CDDO)	orlbe);
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area  Designation Date:	(OPA)? LIYes XINO
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED	))
Construction Distriction of the state of the	X Finished Construction
THE THE PROPERTY OF THE PROPER	Emily with a delight deficit
The second of the state of the	dificate is being completed - coa
pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)	and a partial and the protect of a sep
	30, AR/AH, AR/AO
Complete Items C3a-i below according to the building diagram specified in Item C2, State the datum used the datum used for the BFE in Section B, convert the datum to that used for the BFE in Section B.	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 measurer calculation. Use the space provided or the Comments area of Section B as Section B.	nents and datum conversion
calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to discuss in the Conversion/Comments area of Section D or Section G, as appropriate, to discuss in the Conversion/Comments area of Section D or Section G, as appropriate, to discuss in the Conversion/Comments area of Section D or Section G.	ocument the datum conversion.
Planette de la company de la c	
O of Ton of Late at the state of the state o	n the FIRM?   X  Yes   I No
D b) Top of markets and the state of the sta	
(20) 4 ft/m) (9)	REGISTERED PROFESSIONAL
I 58 William Today Today (Inc. 1905) All Section (Inc.	LAND SURVEYOR
D e) Lowest elevation of machinery and/or equipment	
servicing the building	me 3. Wells
Of 1 Lowest adjacent grade // AG)	
O g) Highest adjacent grade (HAG)	OREGON
1 D) NO C/ DAZONANIA	JULY 17, 1986
O i) Total area of all personnel analysis of the door Bolacent grade 14	JAMES E. HIBBS
	RENEWAL DATE 6-30-01
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	
THE COMMON IS TO BE SIGNED AND SARIES BY A LONG PURIOUS AND INC.	V elevation information
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the I understand that any false statement may be punishable by the or improvement.	data availeble.
CERTIFIER'S NAME 22 F-Institute by line of imprisonment under 18 U.S. Code, Section	1001,
James E. Hibbs, pro	
Professional Land Surveyor COMPANY NAME	
DDRESS L. J. Friar & Associate	s, P.C.
816 W. 8th Street CITY STATE SIGNATURED Medford OR	ZIP CODE
SIGNATURE OF TELEPHONE TELEPHONE	9.7501
541-772	~2782

114 4104

	py the corresponding Information from Section A.	For Insurance Company Use:
CITY CITY	py the corresponding information from Section A. g Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO.	Policy Number
Central Point	STATE ZIP COD	E Company NAIC Number
SECTION D	- SURVEYOR, FNGINEER OR ADAM 97502	
Copy both sides of this Elevation Cert	tifloate for (1) community official, (2) Insurance agent/company, and	ONTINUED)
COMMENTS	and to (1) within unity official, (2) Insurance agent/company, and	(3) building owner.
SECTION E - BUILDING ELEVAT	ION INCODMATION OF	L   Check here if attachme
For Zone AO and Zone A (without BFE)	ION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO ), complete items E1 through E4. If the Elevation Certificate is interection C must be completed.	AND ZONE A (WITHOUT BEE)
""Y" Y		
E2. The top of the bottom #	relect the building diagram most similar to the building for which this securately represents the building, provide a sketch or photograph,) by basement or enclosure) of the building.	s certificate is being completed -
(Check one) the highest add-	g pasement or enclosure) of the building is	
E3. For Building Disgrams & State Co.	ade.	in.(cm)     above or   belo
L   Oft. (m)       Inc. (cm) above the	ade.  nings (see page 7), the next higher floor or elevated floor (elevation he highest adjacent grade.	h) of the heilding :-
floodplain management ordinance? I	he highest adjacent grade.  number is available, is the top of the bottom floor elevated in according to the local official must certify the PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION.	dance with the communitude
accione		IS IDIOITISTION IN CASSIA
The property owner or owner's authorize	PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFIED red representative who completes Sections A, B, and E for Zone A (set sign here.	ICATION
community-issued BFE) or Zone AO mu	ust sign here	Without a FEMA-issued or
PPORCOTO AL MILIO		
PROPERTY OWNER'S OR OWNER'S AUTH	HORIZED REPRESENTATIVE'S NAME	
ADDRESS		
SIGNATURE	GITY STATE	ZIP CODE
· · · · · · · · · · · · · · · · · · ·	DATE TELEBU	
OUNTAIN	TELEPH	ONE
OMMENTS	DATE TELEPH	ONE
OMMENTS	TELEPH	ONE
	SECTION C. CO.	Check here if attachment
e local official who is sutherly at his	SECTION G - COMMUNITY INFORMATION (OPTIONAL)	Check here if attachment
e local official who is authorized by law of	SECTION G - COMMUNITY INFORMATION (OPTIONAL) or ordinance to administer the community's floodplain management	Check here if attachments
e local official who is authorized by law octions A, B, C (or E), and G of this Eleva	SECTION G - COMMUNITY INFORMATION (OPTIONAL) or ordinance to administer the community's floodplain management ation Certificate. Complete the applicable item(s) and sign below	Check here if attachments
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