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.

		A - PROPERTY OWNER					
SHI DING OWNEDIS MANE	For Insurance Company Use:						
OutDING OWNER'S NAME David and Kimberly Arkens					Policy Number		
JUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 648 Malabar Drive					Company NAIC Number		
CITY Central Point		STATE Or		ZIP COD 97502			
PROPERTY DESCRIPTION (Lot and E Lot 10, Block 4, Stonecreek No 1, Asses	Block Numbers, Tax Parc	el Number, Legal Description,	etc.)	01002			
BUILDING USE (e.g., Residential, Non-			area, if necessary.)				
Residential		,,					
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##.##" or ##.#####")		ZONTAL DATUM:	SOURCE:		-		
n/a	LI MAD 13	927 NAD 1983	L	USGS Quad	Map Other:		
	SECTION B - FLOOI	INSURANCE RATE MAP	(FIRM) INFORMAT	ON			
B1. NFIP COMMUNITY NAME & COMMUNITY	NUMBER	B2. COUNTY NAME	············	B3.	STATE		
Central Point 410092		Jackson County		Or			
B4. MAP AND PANEL B5. SUFFIX NUMBER 410092-0001 C	B6. FIRM INDEX DA 1-19-82	1-19-82	DATE B8. FLOOI) ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 1291.5		
B10. Indicate the source of the Base Flood I							
☐ FIS Profile ☐ FIRM	Community E	etermined 🔯 Ot	er (Describe): <u>see con</u>				
B11. Indicate the elevation datum used for the B12. Is the building located in a Coastal Ban			VD 1988 Other (I				
				~~~~	esignation Date		
		ELEVATION INFORMATI					
C1. Building elevations are based on: C Cc *A new Elevation Certificate will be requ		Building Under Construction	n* 🔯 Finished Co	istruction			
C2. Building Diagram Number 2 (Select the t			acrificata in baing acro	nlatad ass ne	area Cand 7 If no efformen		
accurately represents the building, provi			restriction to nearly contri	preceu - see pe	ngestano. Il no diagram		
C3. Elevations – Zones A1-A30, AE, AH, A		•	AR/A1.A30 AR/AH A	R/AO			
Complete Items C3a-i below according					m the datum used for the BEE in		
Section B, convert the datum to that use							
Section D or Section G, as appropriate,				<b>, ,</b> -			
Datum 1929 Conversion/Comments_	<del></del>				The state of the s		
Elevation reference mark used <u>RM 1</u> Do	es the elevation reference	mark used appear on the FIRM	1? ⊠ Yes □ No		REGISTERED		
o a) Top of bottom floor (including base	<u>1288</u> . <u>3 ft.(m)</u>			PROFESSIONAL AND SURVEYOR			
o b) Top of next higher floor	1280 9 Julin)						
o c) Bottom of lowest horizontal structu	lý) <u>n/a</u> ft(m) 🖁 🖁 🦟			hunta Z			
o d) Attached garage (top of slab)	<u>1290</u> . <u>1</u> ft(m)		聖				
o e) Lowest elevation of machinery and/or equipment 표표 이 OREGON							
servicing the building (Describe in		<u>1289</u> . <u>8</u> ft.(m)		e Number, Signature,	MERBERT A. FARBER		
o f) Lowest adjacent (finished) grade (LA	1289 . 6 ft.(m)		Ž Š	2189			
o g) Highest adjacent (finished) grade (f	,	<u>1289</u> . <u>9</u> ft.(m)		EREWE	WAL DATE 12-31-2003		
<ul> <li>o h) No. of permanent openings (flood volume)</li> <li>o i) Total area of all permanent opening</li> </ul>				Ĭ			
		OR, ENGINEER, OR ARCI					
This certification is to be signed and sea	aled by a land surveyor,	engineer, or architect authoriz	ed by law to certify e	levation infon	nation.		
I certify that the information in Sections I understand that any false statement m	A, B, and C on this cent are be punishable by fin	mcate represents my best effi or imprisonment under 1911	orts to interpret the da	ta available.			
CERTIFIER'S NAME Herbert A Farber	ay be pullishable by his	s or imprisorment under 16 o		<i>II.</i> UMBER LS 2	189		
			LIOLITOLIT	OWDEN EOZ	160		
TITLE President COMPANY NAME Fairber & Sons, Inc							
4DDRESS		CITY		STATE	ZIP CODE		
20 Mistletoe Street	•	Medford		OR	97501		
SIGNATURE 7	71-2-	DATE		TELEPHO			
	<i>c</i> , <i>c</i> _	10-16-02		514-776-0	346		

IMPORTANT: In these spaces, co	py the corresponding information fro	m Section A		For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt	., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE A	ND BOX NO.	<del>"</del>	Policy Number
648 Malabar Drive				
Central Point	ST.A Or	VIE.	ZIP CODE 97501	Company NAIC Number
SECTION	ON D - SURVEYOR, ENGINEER, OR A	ARCHITECT CERTIFIC		<u>1</u>
	ite for (1) community official, (2) insurance a			7
COMMENTS	te io (1) continuity official, (2) fish after a	geni/company, and (3) buil	ding owner.	
C 1. Base Flood established by Construct	ion Drawinos Stonecreek No.4			
C3a, the lowest floor is a dirt crawl space	with the inhabited floor being the next higher	floor		
C3e. Heat Pump				
				Check here if attachment
SECTION E - BUILDING EL	EVATION INFORMATION (SURVEY)	NOT REQUIRED) FOR	ZONE AO AND ZON	IF A MITHOUT REF)
or Zone AO and Zone A (without BFE), co	mplete Items E1 through E4. If the Elevation	Certificate is intended for	use as supporting inform	ration for a LOMA or LOMB E
ection of must be completed.				
<ol><li>Building Diagram Number \( \) (Select the b</li></ol>	uilding diagram most similar to the building fo	r which this certificate is be	ing completed – see page	s 6 and 7. If no diagram accurately
PERFECTION OF CHIRCH CONTROL OF CONTROL A SKETCH	n or nhosographi			
<ol> <li>The top of the bottom floor (including ba natural grade, if available).</li> </ol>	sement or enclosure) of the building is $\sqrt{fL(r)}$	n)/_in.(cm) 🔲 above or	below (check one)	he highest adjacent grade. (Use
nawai grace, ii avaliable).				
grade. Complete items C3.h and C3.i o	s (see page 7), the next higher floor or elevat in front of form	ea noor (elevation b) of the	building isft(m)	in.(cm) above the highest adjacer
4. For Zone AO only: If no flood depth num	nber is available, is the top of the bottom floo	r elevated in accordance	till the rooms within the	othlain managementt
Yes No Unknown. The	local official must certify this information in S	ection G.	mus uno constituenty S NOC	чран тнападетел ordinance?
SECTIO	N F - PROPERTY OWNER (OR OWN	ER'S REPRESENTAT	IVE) CERTIFICATION	J
The property owner or owner's authorized n	epresentative who completes Sections A. B.	C (Items C3 h and C3 i on)	v) and E for Zone A (with	out a FEMA-issued or community
ssued BFE) of Zone AU must sign here.	The statements in Sections A, B, C, and E a	re correct to the best of m	y knowledge.	The Constant Control of the Control
PROPERTY OWNER'S OR OWNER'S AL	JTHORIZED REPRESENTATIVE'S NAME			
ADDRESS		OID/		
		CITY	STATE	ZIP CODE
SIGNATURE		DATE	TELEPH	IONE
COMMENTS				
				Check here if attachments
	SECTION G - COMMUNITY I	FORMATION (OPTIO	NAL)	ORON ROLL BURNING IN
e local official who is authorized by law or or	dinance to administer the community's flood	plain management ordinan	ce can complete Section	s A. B. C. (or E), and G of this Flam
a unicate. Complete the applicable item(s) a	and sign below.			
.  X  The information in Section C was tak	en from other documentation that has been :	signed and embossed by a	licensed surveyor, engir	eer, or architect who is authorized
Signe of local law to certify elevation	information. (Indicate the source and date o	if the elevation data in the i	Commonto aroa holasu l	
The following information (Items CA)	ion E for a building located in Zone A (withough) is provided for community floodplain ma	it a FEMA-issued or comm	nunity-issued BFE) or Zo	ne AO.
34. PERMIT NUMBER				
3510 4880	6. DATE PERMIT ISSUED 6/26/80 AAD 4/19/92	G6. DATE	CERTIFICATE OF COMPL	ANCE/OCCUPANCY ISSUED
	Construction Substantial Improvement	asitha (81	untrown	
3. Elevation of as-built lowest floor (including	basement) of the building is:	12:	<u>&amp; .3</u> ft(m)	Data Millin 19)
D. BFE or (in Zone AO) depth of flooding at	the building site is:	129		Datum: <u>176 UD 143 (</u> Datum: <u>176 UD 1</u> 43
OCAL OFFICIAL'S NAME A	0			Dawii. 27000 191
TL0[1]	Samitore	TITLE	-ommunity	Planner
CITY OF	Central Point	TELEPHONE	541-664-3	
BIGNATURE ON A	+ ( - +	DATE		1-1/071
COMMENTS [/	1) Jam 11 me	17	10/17/02	
Elevation Cer	tilicate revone for.	flood plans	managemen	of parposes.
	0	, ,		
				Check here if attachments