FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires December 31, 2005

DA

		Important: Re	ad the instructions on pages 1	- 7.			
	For Insurance Company Use:						
BUILDING OWNER'S N. Brad Miller, Trustee	Policy Number						
BUILDING STREET ADD 425 MARIAN DRIVE	Company NAIC Number						
CITY Central Point	DDE						
PROPERTY DESCRIPTI	ON (Lot and Blod division, Phase 2,	k Numbers, Tax Parcel N A Planned Community	umber, Legal Description, etc.)				
			ory, etc. Use a Comments area, if	necessary.)			
LATITUDE/LONGITUDE (##°-##'-##.##" or ##			TAL DATUM: S □ NAD 1983	SOURCE: 🔲 GPS (Typ 🔲 USGS Qu			
		SECTION B - FLOOD IN	SURANCE RATE MAP (FIRM) II	NFORMATION			
B1. NFIP COMMUNITY NAME Jackson County 415589	& COMMUNITY NUM	Į.	. COUNTY NAME Ason		33. STATE Or		
B4. MAP AND PANEL NUMBER 415589-0402	B5. SUFFIX B	86. FIRM INDEX DATE 4-1-1982	B7. FIRM PANEL EFFECTIVE/REVISED DATE 4-1-1982	88. FLOOD ZONE(S) A-8	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 1239.7		
B11. Indicate the elevation dat	☐ FIRM um used for the BFI a Coastal Barrier Re	☑ Community Determ E in B9: ☑ NGVD 1929 scources System (CBRS) a	nined Other (Descr NAVD 1988 rea or Otherwise Protected Area (OP/	☐ Other (Describe): A)? ☐ Yes ☒ No	Designation Date		
	SEC	TION C - BUILDING EL	EVATION INFORMATION (SUR	VEY REQUIRED)			
C2. Building Diagram Number accurately represents the C3. Elevations – Zones A1-A3 Complete Items C3a-i be Section B, convert the data Section D or Section G, as Datum 1929 Conversion. Elevation reference mark it	2 (Select the building building, provide a s 0, AE, AH, A (with E elow according to the um to that used for the appropriate, to doc Comments used RM2 Does the	sketch or photograph.) BFE), VE, V1-V30, V (with B e building diagram specified the BFE. Show field measur current the datum conversion elevation reference mark u	ne building for which this certificate is to FE), AR, AR/A, AR/AE, AR/A1-A30, A in Item C2. State the datum used. If to rements and datum conversion calculars.	AR/AH, AR/AO he datum is different from ation. Use the space provi	the datum used for the BFE in		
a) Top of bottom floor (including basement or enclosure) b) Top of next higher floor			<u>1239</u> , <u>2</u> ft.(m) <u>1241</u> , <u>9</u> ft.(m)	ed Seal,	LAND SURVEYOR		
o c) Bottom of lowest horizontal structural member (V zones only)			<u>n/a</u> ft.(m)	ssed	71 47 7		
o d) Attached garage (top of slab)			<u>1240</u> . <u>9</u> ft.(m)	od Da	maria		
 e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) o f) Lowest adjacent (finished) grade (LAG) o g) Highest adjacent (finished) grade (HAG) o h) No. of permanent openings (flood vents) within 1 ft. above adjacent 			<u>1241</u> . <u>0</u> ft.(m) <u>1240</u> . <u>4</u> ft.(m) <u>1240</u> . <u>5</u> ft.(m) grade 19	License Number, Embossed Signature, and Date	OREGON ALLY 26, 1963 HERBERT A. FARBER 2189 THE WAL DATE 12-31-21		
o i) Total area of all perma	nent openings (floo	d vents) in C3.h <u>1235</u> sq. in	. (sq. cm)	* No.			
	SEC	CTION D - SURVEYOR,	ENGINEER, OR ARCHITECT C	ERTIFICATION			
I certify that the information I understand that any false	in Sections A, B, statement may be	and C on this certificate i	eer, or architect authorized by law represents my best efforts to interp prisonment under 18 U.S. Code, S	oret the data available. Section 1001.			
CERTIFIER'S NAME Herber	i n Faillel			LICENSE NUMBER LS	Y109		
TITLE President	E President COMPANY NAME Farber & Sons inc						
ADDRESS 431 Oak Street			CITY Central Point	STATE Or	ZIP CODE 97502		
SIGNATURE /	ng a	こと	DATE 07-06-05	TELEPH(541-664-5	DNE		
							

BUILDING STREET ADDRESS (Indication	Ant Unit Suite and or Plete No. O. D. O. Dourse	m Section A.		For Insurance Company Use:
425 MARIAN Drive	Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE A	NU BOX NO.		Policy Number
CTTY Central Point		TATE	ZIP CODE	Company NAIC Number
	O ECTION D - SURVEYOR, ENGINEER, OF	<u>.</u>	97502 PTIEICATION (CONTINU	ED)
Copy both sides of this Elevation Certi	ficate for (1) community official, (2) insurance ag	ontonnani and 2	KHEICATION (CONTINU	בטן
COMMENTS	made for (1) constituting unical, (2) insufance agr	envoumpany, and (3	ouliding owner.	
C3a Manufactured Home lowest floor	is the ground under structure has concrete block	foundation		
3Ce Lowest equipment is a heat pump				
B10 BFE was provided per construction	n drawings by CEC Inc.	· · · · · · · · · · · · · · · · · · ·		
				Check here if attachments
SECTION E - BUILDIN	G ELEVATION INFORMATION (SURVE)	NOT REQUIRED	FOR ZONE AO AND ZO	ONE A (WITHOUT REE)
-or∠one AO and∠one A (without BFE),	complete Items E1 through E4. If the Elevation	Certificate is intende	for use as supporting inform	ation for a LOMA or LOMR-F
section of titust be completed.				
 Building Diagram Number _(Select t represents the building, provide a sk 	he building diagram most similar to the building t	for which this certifica	te is being completed – see p	ages 6 and 7. If no diagram accurately
2. The top of the bottom floor (including	basement or enclosure) of the building isft.	(m) in (cm) [ab	ove or D below (check one	a) the highest ediscent and a // les
riatoral grade, il avallable).				
3. For Building Diagrams 6-8 with openi	ngs (see page 7), the next higher floor or elevate	ed floor (elevation b)	of the building is ft.(m)	in.(cm) above the highest adjacent
grade. Complete items Co.ii alio Co	al official of torm,			
 The top of the platform of machinery a natural grade, if available). 	and/or equipment servicing the building isft.	(m)in.(cm) 🔲 ab	ove or 🔲 below (check one) the highest adjacent grade. (Use
	number is available, is the top of the bottom floor	alayatad in accordan	and the state of t	
☐ Yes ☐ No ☐ Unknown. Ti	he local official must certify this information in Se	elevated in accordan ction G	ce with the community's 11000	ipiain management ordinance?
SEC	CTION F - PROPERTY OWNER (OR OW	NER'S REPRESE	NTATIVE) CERTIFICATION	N.
he property owner or owner's authorize	ed representative who completes Sections A. B.	C (Items C3 b and C	3 ion(v) and E for Zone Δ (w)	thout a FEMA-issued or community.
Source Dr. L.) Or Zorie AO must sign here	e. The statements in Sections A, B, C, and E are	correct to the best o	f my knowledge.	bloat a 1 EWASSUES OF COMMUNITY
PROPERTY OWNER'S OR OWNER'S	AUTHORIZED REPRESENTATIVE'S NAME			····
ADDRESS		CITY	OT 17	
		CITY	STAT	E ZIP CODE
SIGNATURE		DATE	TELE	PHONE
COMMENTS			····	
				······
				Chook horn if all a house
	SECTION G - COMMUNITY I	NFORMATION (C	PTIONAL)	Check here if attachments
e local official who is authorized by law o	or ordinance to administer the community's flood	plain management o	dinance can complete Section	ns A. B. C (or E), and G of this Elevation
annobies combiese me abbilicanie lienilia	i) aru sign delow,			
A I he information in Section C was t	aken from other documentation that has been si	gned and embossed	by a licensed surveyor, engir	neer, or architect who is authorized by st
OF TOOCH TONY TO DOUBLY CICADION INTO	ormation. (Indicate the source and date of the election E for a building located in Zone A (without	austion data in the Co	mmonte oron holour)	
The following information (Items G	4-G9) is provided for community floodplain mana	a remailsued of co	mmunity-issued BFE) or Zon	e AO.
4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		DATE OF STENANTS OF SOLIS	
304-0192	5-21-200 A	G6.	DATE CERTIFICATE OF COMP	PLIANCE/OCCUPANCY ISSUED
. This permit has been issued for. 🖂 N	ew Construction Substantial Improvement			
Elevation of as-built lowest floor (includi	ing basement) of the building is:		12 <u>39.Zft(m)</u>	Datum: NGVD
BFE or (in Zone AO) depth of flooding a	at the building site is:		1239 Zft(m)	Datum: MGVD
OCAL OFFICIAL'S NAME	AV. 5 M 1: -55	TITLE	1	
OMMUNITY NAME /	AVID M. ALVORD	TELEPHO	/ OMMUNITY	3321ex7.291
3NATURE (ITYOF	LENTRAL BINT		541-661	3321ex7.291
	MP >>	DATE .	7-6-2005	_
OMMENTS				
	1			
A Form 81-31 January 2002			······	Check here if attachments