PARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008

al Emergency Management Agency nal Flood Insurance Program

Important: Read the instructions on pages 1-8

Expires February 28, 2009

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A1. Building Owner's Nam	e Marian Millar I	SEC*	TION A - PROPE	RTY INFORM	MATION	For insurance Company Use:
			Policy Number			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 436 Marian Drive					Company NAIC Number	
City Central Point S						
A3. Property Description (L Lot 63 Miller Estates Subdiv	ot and Block Nun vision, Phase 2, A	nbers, Tax Parcel N planned Communit	umber, Legal Desc y	ription, etc.)		
A4. Building Use (e.g., Res A5. Latitude/Longitude: Lat A6. Attach at least 2 photog A7. Building Diagram Numb A8. For a building with a cri a) Square footage of c b) No. of permanent fl enclosure(s) walls w c) Total net area of flo	223'07.94153' graphs of the build per 2 awl space or enclorawl space or enclored openings in the vithin 1.0 foot about openings in AS	"N Long. 122°55'3. ding if the Certificate cosure(s), provide closure(s) he crawl space or ove adjacent grade 3.b ON B - FLOOD II	2.54159"W e is being used to o 1642sq ft 17 551 sq in	A9. For a a) Sc b) No wa c) To	trance. building with an atta puare footage of atta of permanent floo tlls within 1.0 foot al tal net area of flood	d openings in the attached garage bove adjacent grade <u>0</u> d openings in A9.b <u>N/A</u> sq ir
1. NFIP Community Name tity of Central Point, 410092	& Community Nu		B2. County Name			B3. State
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index	Jackson	4.D1		OR
415589-0402	B B	Date 5-15-2002	B7. FIRM Effective/Re 4-1-1	vised Date	B8. Flood Zone(s) A-8	B9. Base Flood Elevation(s) (Zon AO, use base flood depth) 1240.5
 Indicate elevation datum Is the building located in Designation Date 	a Coastal Barrier	Item B9: 🛛 NG r Resources System	SVD 1929	AVD 1988 therwise Prote ☐ OPA	Other (Describe cted Area (OPA)?	e) ∐Yes ⊠No
	SECTION	C - BUILDING EI	EVATION INFO	RMATION (S	LIRVEY REQUIR	'ED'
Building elevations are bath A new Elevation Certificate Elevations – Zones A1-A3 below according to the bust Benchmark Utilized RM2 Conversion/Comments N	te will be required 30, AE, AH, A (wit ilding diagram spo Vertical Datum	h BFE), VE, V1-V3(ecified in Item A7.	of the building is co	, AR/A, AR/AE,		☑ Finished Construction H, AR/AO. Complete Items C2.a-g
Top of bottom floor (includ	ing basement cra	wi space or enclos	ure floor\ 434			
Top of bottom floor (including basement, crawl space, or enclose) Top of the next higher floor			124		t ☐ meters (Puertit ☐ meters (Puerti	
c) Bottom of the lowest horizontal structural member (V Zonesd) Attached garage (top of slab)				🔲 fee	t 🔲 meters (Puerto	o Rico only)
e) Lowest elevation of m	achinery or equip	ment servicing the	<u>124</u> building <u>124</u>		t ☐ meters (Puerto t ☐ meters (Puerto	
(Describe type of equf) Lowest adjacent (finis						•,
g) Highest adjacent (finis			<u>124</u> 124		: ☐ meters (Puerto : ☐ meters (Puerto	
	SECTION	D - SURVEYOR,	FNGINEER OR	APCHITECT	CERTIFICATION	Y
s certification is to be signe	d and sealed by a	land surveyor, end	ineer or architect	authorized by Is	w to cortify alexatio	on
ormation. I certify that the inderstand that any false stated	tement may be pu	unishable by fine or	nts my best efforts imprisonment unde	to interpret the er 18 U.S. Code	data available. e, Section 1001.	REGISTERED PROFESSIONAL LAND SURVEYOR
tifier's Name Herbert A. Fa	ırber			se Number 218	39	26-17.2
President		Company Name	Farber & Sons, In	С		
ress 431 Oak Street	? 7 Da	City Central Pointe 7/12/06	Telephone 541		de 97502	OREGON JULY 26, 1985 HERBERT A, FARBER 2189
12010	t		Telephone 341	-004-0033		
						RENEWAL DATE 12-31-0

IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number
436 Marian Dr. City Central Point State OR ZIP Code 97502	Company NAIC Number
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	ON (CONTINUED)
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) but	
ments C3a Manufactured home lowest floor is the ground under structure with concrete block foundation C3b Next highest floor is Finished Floor. C3e Lowest equipment is a heat pump. B10 BFE was provided per construction drawings by CEC Inc.	
Signature Date	☐ Check here if attachments
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZON	
For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, ee. E1. Provide elevation information for the following and check the appropriate boxes to show whether the elev grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawl space, or enclosure) is feet me b) Top of bottom floor (including basement, crawl space, or enclosure) is feet me E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see pa (elevation C2.b in the diagrams) of the building is feet meters above or b E3. Attached garage (top of slab) is feet meters above or below the HAG. E4. Top of platform of machinery and/or equipment servicing the building is feet meters E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance ordinance? Yes No Unknown. The local official must certify this information in Section G	enter meters. ation is above or below the highest adjacent enters above or below the HAG. enters above or below the LAG. ge 8 of Instructions), the next higher floor elow the HAG. s above or below the HAG.
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE)	CEPTIFICATION
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without	
or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge. Property Owner's or Owner's Authorized Representative's Name	
Address City	State ZIP Code
nature Date	Telephone
Comments	
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	☐ Check here if attachment
SECTION G - COMMUNITY INFORMATION (OPTIONAL	
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in the information in Section C was taken from other documentation that has been signed and sealed by a sauthorized by law to certify elevation information. (Indicate the source and date of the elevation data A community official completed Section E for a building located in Zone A (without a FEMA-issued or community official completed Section E for a building located in Zone A (without a FEMA-issued or community official completed Section E for a building located in Zone A (without a FEMA-issued or community official completed Section E for a building located in Zone A (without a FEMA-issued or community official completed Section E for a building located in Zone A (without a FEMA-issued or community official completed Section E for a building located in Zone A (without a FEMA-issued or community official completed Section E for a building located in Zone A (without a FEMA-issued or community official completed Section E for a building located in Zone A (without a FEMA-issued or community of located in Zone A (without a FEMA-issued or community of located in Zone A (without a FEMA-issued or community of located in Zone A (without a FEMA-issued or community of located in Zone A (without a FEMA-issued or community of located in Zone A (without a FEMA-issued or community of located in Zone A (without a FEMA-issued or community of located in Zone A (without a FEMA-issued or community of located in Zone A (without a FEMA-issued or community of located in Zone A (without a FEMA-issued or community of located in Zone A (without a FEMA-issued or community of located in Zone A (without a FEMA-issued or community of located in Zone A (without a FEMA-issued or community of located in Zone A (without a FEMA-issued or community of located in Zone A (without a FEMA-issued or community of located in Zone	ed in Items G8. and G9. a licensed surveyor, engineer, or architect who in the Comments area below.)
	Of Compliance/Occupancy Issued
67. This permit has been issued for: New Construction Substantial Improvement 68. Elevation of as-built lowest floor (including basement) of the building: feet meters (PR) 69. BFE or (in Zone AO) depth of flooding at the building site: feet meters (PR) Local Official's Name	
Community Name Telephone	
Signature Date	
Comments	
	☐ Check here if attachments

Building Photographs

See Instructions for Item A6.

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 436 Marian Dr.	Policy Number
City Central Point State OR ZIP Code 97502	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.





7/11/2006 Rear View

