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.

SECTION A - PROPERTY OWNER INFORMATION For insurance Company Use: BUILDING OWNER'S NAME Policy Number ALBENTSON S GALPIN A BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number BLVD. 1360 PLALA R7 1074143 Freeman ROSTATE CITY ZIP CODE POINT CUMTRAL 97502 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) T 375, P 2 w. 2 D TL3 1100 1200 1300 4 1400 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) 1300 41400 NO RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: [GPS (Type): (##° - ##' - ##.##" or ##.####") NAD 1927 | NAD 1983 USGS Quad Map 1 Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** B3. STATE JAUSON 01 CEHTLAL POINT OR A10092 **B4. MAP AND PANEL** B5. SUFFIX **B7. FIRM PANEL B6. FIRM INDEX** B8. FLOOD B9. BASE FLOOD ELEVATION(S) **EFFECTIVE/REVISED DATE** NUMBER DATE ZONE(S) (Zone AO, use depth of flooding) 6001 1261 JAH M. MEL JAH M. MEL B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. 1 NOther (Describe): MARINES & + ASSOC FLOUD STUZ | | Community Determined I I FIRM B11. Indicate the elevation datum used for the BFE in B9: 📈 NGVD 1929 💹 NAVD 1988 🔛 Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? | | Yes **Designation Date:** SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) I IBuilding Under Construction* Building elevations are based on: I | IConstruction Drawings* *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number _____ (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. Conversion/Comments Does the elevation reference mark used appear on the FIRM?- 1 Elevation reference mark used CP+4 1262 a) Top of bottom floor (including basement or enclosure) *5* ft.(m) PROFESSIO D b) Top of next higher floor ft.(m) AND SURVEYOR a c) Bottom of lowest horizontal structural member (V zones only) ft.(m) ☐ d) Attached garage (top of slab) ft.(m) Pue ☐ e) Lowest elevation of machinery and/or equipment servicing the building / TRASH COMPACTER ☐ f) Lowest adjacent grade (LAG) Z_ ft.(m) a) Highest adjacent grade (HAG) ft.(m) ☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _ NA Liv Certificate Expires Doc. 31, 100 000 i) Total area of all permanent openings (flood vents) in C3h sq. in. (sq. cm) 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. LICENSE NUMBER ERTIFIER'S NAME 02 TEMPUN ICHAND COMPANY NAME Suevegine RICHURAS DIMNRA Punplin ZIP CODE **ADDRESS** STATE 97530 POONUAN 40 SIGNATURE TELEPHONE 341) 09