

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: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Company NAIC Number: \_\_\_\_\_

BUILDING OWNER'S NAME: DOUG GARDNER - YOUTH FOR CHRIST

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 652 RED OAK ST.

CITY: CENTRAL POINT STATE: OR ZIP CODE: 97502

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): LOT 22 GRIFFIN OAKS

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.): RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##" or ##.###): \_\_\_\_\_ HORIZONTAL DATUM:  NAD 1927  NAD 1983 SOURCE:  GPS (Type): \_\_\_\_\_  USGS Quad Map  Other: \_\_\_\_\_

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: JACKSON COUNTY 45589 B2. COUNTY NAME: JACKSON B3. STATE: OREGON

B4. MAP AND PANEL NUMBER: <u>45589 0402</u>	B5. SUFFIX: <u>B</u>	B6. FIRM INDEX DATE: <u>4-1-82</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE: <u>4-1-82</u>	B8. FLOOD ZONE(S): <u>A-8</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): <u>1259.25</u>
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9:  
 FIS Profile  FIRM  Community Determined  Other (Describe): \_\_\_\_\_

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  No  
 Designation Date: \_\_\_\_\_

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
 \*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number: 2 (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-d 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.  
 Datum: NGVD 1929 Conversion/Comments: N/A

Elevation reference mark used: Rm 2 Does the elevation reference mark used appear on the FIRM?  Yes  No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>1258</u>	<u>.07</u>	ft. (m)
<input type="checkbox"/> b) Top of next higher floor	<u>1260</u>	<u>.82</u>	ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u>		ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>1260</u>	<u>.06</u>	ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>1260</u>	<u>.82</u>	ft. (m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>1259</u>	<u>.47</u>	ft. (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>1259</u>	<u>.57</u>	ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>12</u>		
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>1560</u>		sq. in. (sq. m)

REGISTERED PROFESSIONAL LAND SURVEYOR

*Herbert A. Farber*

OREGON  
MAY 24, 1989  
HERBERT A. FARBER

RENEWAL DATE 12-31-2003

**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.

CERTIFIER'S NAME: HERBERT A. FARBER LICENSE NUMBER: LS 2187

TITLE: PRESIDENT COMPANY NAME: FARBER & SONS, INC.

ADDRESS: 120 MISTLETOE CITY: MEDFORD STATE: OR ZIP CODE: 97501

SIGNATURE: \_\_\_\_\_ DATE: 2-7-02 TELEPHONE: 541-776-084

**IMPORTANT:** In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 652 RED OAK ST.	For Insurance Company Use
CITY: CENTRAL POINT STATE: OR ZIP CODE: 97502	Policy Number
	Company NAIC Number

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS: BOTTOM FLOOR PER C3A IS A CRAWLSPACE, THE NEXT HIGHER FLOOR IS THE INHABITED FLOOR OF STRUCTURE.

Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONES AO and A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete items E1 through E3. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number \_\_\_\_\_ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 4 and 5. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is  ft.(m)  in.(cm)  above or  below (check one) the highest adjacent grade.
- E3. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME \_\_\_\_\_

ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
SIGNATURE _____	DATE _____	TELEPHONE _____	
COMMENTS _____			

Check here if attachments

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Check the applicable box(es) and sign below.

- The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- The following information (Items G1-G6) is provided for community floodplain management purposes.

G1. PERMIT NUMBER B01-0376	G2. DATE PERMIT ISSUED 08/03/01	G3. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 02/08/02
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- G4. This permit has been issued for:  New Construction  Substantial Improvement
- G5. Elevation of as-built lowest floor (including basement) of the building is: 1258 . 07 (m) Datum: NGVD 1929
- G6. BFE or (in Zone AO) depth of flooding at the building site is: 1259 . 35 (m) Datum: NGVD 1929

LOCAL OFFICIAL'S NAME Matt Samitore	TITLE Community Planner
COMMUNITY NAME Community Planner	TELEPHONE (541) 664-3321, 291
SIGNATURE Matt Samitore	DATE 02/07/02
COMMENTS _____	