

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

| | | | |
|---|--------------------|--|--|
| BUILDING OWNER'S NAME <u>DALLAS PAGE</u> | | For Insurance Company Use: | |
| BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or P.O. No.) OR P.O. ROUTE AND BOX NO. <u>231 ROSEWOOD LANE</u> | | Policy Number | |
| CITY <u>CENTRAL POINT</u> | STATE <u>OR</u> | Company NAIC Number | |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 7, ROSEWOOD ESTATES, PHASE 1</u> | | ZIP CODE <u>97504</u> | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <u>RESIDENTIAL</u> | | | |
| LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.#####) | | HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input checked="" type="checkbox"/> Other: <u>CITY</u> | |
| | | <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 | |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | | | |
|--|------------------------|---------------------------------------|--|-------------------------------|---|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>415589 Jackson County</u> | | B2. COUNTY NAME <u>JACKSON</u> | | B3. STATE <u>OR</u> | |
| B4. MAP AND PANEL NUMBER <u>402</u> | B5. SUFFIX <u>B</u> | B6. FIRM INDEX DATE <u>9/15/93</u> | B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>04/01/92</u> | B8. FLOOD ZONE(S) <u>A</u> | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>1287.0</u> |

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): CITY

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 B (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.)

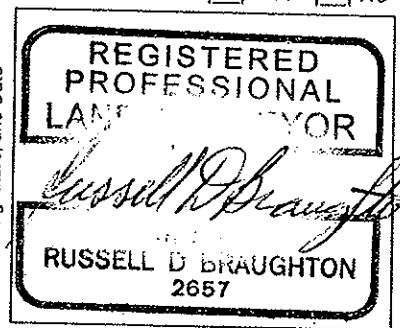
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert 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.

Datum NAVD Conversion/Comments CITY CENTRAL POINT BRASS CAP

Elevation reference mark used C11 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>MS 12 87 .65</u> ft.(m) |
| <input type="checkbox"/> b) Top of next higher floor | <u>TJ 12 89 .50</u> ft.(m) |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | <u>FTG 12 85 .80</u> ft.(m) |
| <input type="checkbox"/> d) Attached garage (top of slab) | <u>87.3</u> ft.(m) |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building | <u>12 85 .8</u> ft.(m) |
| <input type="checkbox"/> f) Lowest adjacent grade (LAG) | <u>12 86 .1</u> ft.(m) |
| <input type="checkbox"/> g) Highest adjacent grade (HAG) | <u>24</u> sq. in. (sq. cm) |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade | |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h | |

License Number, Embossed Seal, Signature, and Date



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
RUSSELL D. BRAUGHTON

TITLE
LAND SURVEYOR

ADDRESS
27 N. IVY

SIGNATURE
Russell D. Braughton

LICENSE NUMBER
LS 2657

COMPANY NAME
EGG-EYE SURVEYING CORP

CITY
MEDFORD

STATE
OR

DATE
10/9/01

ZIP CODE
97501

TELEPHONE
776-2313

| | | | |
|--|-------------|-------------------|---------------------------|
| 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. 231 ROSEWOOD LANE | | | Policy Number |
| CITY CENTRAL POINT | STATE OR | ZIP CODE 97504 | 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
MS = MUD SILL, FTG = FOOTING, TJ = TOP OF JOINT

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. 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 8 (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.)
- 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 Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ft.(m) in.(cm) above the highest adjacent grade.
- E4. 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
RUSSELL D BEAUGHTON

ADDRESS
231 N 114

CITY
MEDFORD

STATE
OR

ZIP CODE
97501

SIGNATURE
Russell D Beaughton

DATE
10/9/01

TELEPHONE
776-2313

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. Complete the applicable item(s) and sign below.

- G1. 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.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

| | | |
|-------------------------------|----------------------------------|---|
| G4. PERMIT NUMBER B01-0440 | G5. DATE PERMIT ISSUED 9/7/01 | G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED |
|-------------------------------|----------------------------------|---|

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: 1287 50 ft.(m) Datum: _____
- G9. BFE or (in Zone AO) depth of flooding at the building site is: 1287 ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME
Matt Samitole

TITLE
Community Planner

COMMUNITY NAME
Central Point

TELEPHONE
541-664-3321, 291

SIGNATURE
Matt Samitole

DATE
10/9/01

COMMENTS

Check here if attachments