

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:
 Policy Number: _____
 Company NAIC Number: _____

BUILDING OWNER'S NAME: TIMOTHY HOGUE

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 220 TRENT TERRACE

CITY: CENTRAL POINT STATE: OREGON ZIP CODE: 97502

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): LOT 4 JACKSON WOODS ADDITION/TAX LOT 5922 (37 2W 10CA)

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

LATITUDE/LONGITUDE (OPTIONAL) (###-##-### or ###.###): N/A

HORIZONTAL DATUM: SOURCE: GPS (Type): _____
 NAD 1983 NAD 1983 USGS Quad Map Other _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER: CENTRAL POINT 410092

B2. COUNTY NAME: JACKSON

B3. STATE: OREGON

B4. MAP AND PANEL NUMBER: <u>415 589 402</u>	B5. SUFFIX: <u>B</u>	B6. FIRM INDEX DATE: <u>April 11, 1978</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE: <u>April 1, 1982</u>	B8. FLOOD ZONE(S): <u>A</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): <u>1284.4</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): SEE COMMENTS

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: N/A

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

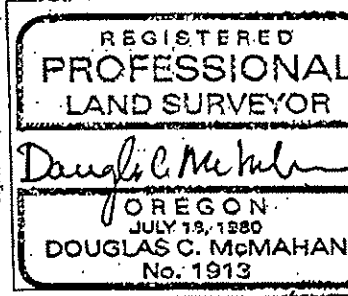
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
 *A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number: 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.)

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 C3.a-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: NGVD 1929 Conversion/Comments: NONE

Elevation reference mark used: RM-1 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>(CRAWL)</u>	<u>1289.0</u>	<u>ft. (m)</u>
<input type="checkbox"/> b) Top of next higher floor		<u>1291.9</u>	<u>ft. (m)</u>
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)		<u>N/A</u>	<u>ft. (m)</u>
<input type="checkbox"/> d) Attached garage (top of slab)		<u>1291.1</u>	<u>ft. (m)</u>
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)		<u>1291.1</u>	<u>ft. (m)</u>
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)		<u>1289.3</u>	<u>ft. (m)</u>
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)		<u>1290.4</u>	<u>ft. (m)</u>
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>9</u>		
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>882</u>	<u>sq. in. (sq. cm)</u>	



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION RENEWS 12/31/06

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: Douglas C. McMahen LICENSE NUMBER: LS 1913

TITLE: LAND SURVEYOR COMPANY NAME: HOFFBUHR & Assoc., INC.

ADDRESS: 880 GOLFVIEW DRIVE #201 CITY: MEDFORD STATE: OREGON ZIP CODE: 97504

SIGNATURE: _____ DATE: 9/23/05 TELEPHONE: (541) 779-4641

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.
220 TRENT TERRACE

CITY **CENTRAL POINT** STATE **OREGON** ZIP CODE **97502**

For Insurance Company Use:
 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 **ELEVATION FOR BFE PER INFORMATION PROVIDED BY CITY OF CENTRAL POINT PUBLIC WORKS DEPT.**

Check here if attachments

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 E5. 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 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. (Use natural grade, if available.)
- 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. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is _____ ft. (m) _____ in. (cm) _____ above or _____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, 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 _____

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. 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 BOS-0097	G5. DATE PERMIT ISSUED 03-31-2005	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED 09-22-2005
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: **1289** 0 ft. (m) Datum: **NGVD 29**

G9. BFE or (in Zone AO) depth of flooding at the building site is: **1284** 4 ft. (m) Datum: **NGVD 29**

LOCAL OFFICIAL'S NAME _____ TITLE **FLOODPLAIN MANAGER**

COMMUNITY NAME **DAVE ARKENS** TELEPHONE **541-664-3321 EXT. 244**

SIGNATURE **Dave Arkens** CITY OF CENTRAL POINT DATE **5/17/2006**

COMMENTS _____

Check here if attachments