

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE
 Policy Number:
 Company NAIC Number:

A1. Building Owner's Name Vision Homes INC.
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1415 Rustler Peak Street
 City Central Point State OR ZIP Code 97502

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Assessor's Map No 372W03BC - TL 211 Lot 40, The North Village at Twin Creeks, Phase IV

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) residential
 A5. Latitude/Longitude: Lat. 42.38401N Long. 122.93328W Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 9

A8. For a building with a crawlspace or enclosure(s):
 a) Square footage of crawlspace or enclosure(s) 1438 sq ft
 b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 15
 c) Total net area of flood openings in A8.b 1995 sq in
 d) Engineered flood openings? Yes No

A9. For a building with an attached garage:
 a) Square footage of attached garage 621 sq ft
 b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0
 c) Total net area of flood openings in A9.b 0 sq in
 d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | | | |
|-----------------------------------------------------------------------------------|------------------------|----------------------------------------|----------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------|
| B1. NFIP Community Name & Community Number <u>City of Central Point 410092</u> | | B2. County Name <u>Jackson</u> | | B3. State <u>Or</u> | |
| B4. Map/Panel Number <u>41029C1768</u> | B5. Suffix <u>F</u> | B6. FIRM Index Date <u>05-03-11</u> | B7. FIRM Panel Effective/Revised Date <u>05-03-11</u> | B8. Flood Zone(s) <u>AE</u> | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>1243.0</u> |

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

FIS Profile FIRM Community Determined Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____ CBRS OPA

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. 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 C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: P 549 Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

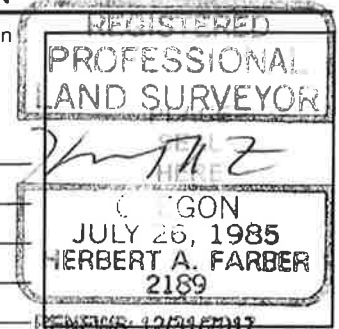
| | | | |
|----------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>1244.8</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>1247.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>n/a</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>1246.4</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | <u>1246.6</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>1245.9</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>1246.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>n/a</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |

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 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments.

Certifier's Name Herbert A Farber License Number 2189
 Title President Company Name Farber & Sons Inc
 Address 431 Oak City Central Point State Or ZIP Code 97502
 Signature [Signature] Date 08-11-16 Telephone 541-664-5599



Building Photographs

See Instructions for Item A6.

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.
1415 Rustler Peak St.

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 2 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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front View 08-10-16



Left Side View 08-10-16



Building Photographs

Continuation Page

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.
1415 Rustler Peak St.

FOR INSURANCE COMPANY USE

Policy Number:

City Central Point

State OR

ZIP Code 97502

Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Rear View

