#### U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

**ELEVATION CERTIFICATE** 

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION FO					FOR INSURANCE COM	/PANY USE
A1. Building Owner's Name Twin Creek Development Co LLC					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  550 Bridge Creek Drive					Company NAIC Number	r.
City Central Point		State	OR ZIP Code 9	7502		
A3. Property Description (L Assessor's Map No 372W0		Parcel Number, Lega ne North Village at Tw				
A4. Building Use (e.g., Res A5. Latitude/Longitude: Lat A6. Attach at least 2 photog A7. Building Diagram Numl	. $\underline{42.38386N}$ Long. $\underline{122.93}$ graphs of the building if the per $\underline{9}$	270W	ed to obtain flood insu	rance.	n: □ NAD 1927 🛛 NA	D 1983
A8. For a building with a crawlspace or enclosure(s):  a) Square footage of crawlspace or enclosure(s)  b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade  c) Total net area of flood openings?  A9. For a building with an attached garage:  a) Square footage of attached garage deviction of permanent flood openings in the attached garage within 1.0 foot above adjacent grade  b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade  c) Total net area of flood openings?  C) Total net area of flood openings?						
, ,			E RATE MAP (FIR			
P4 NEID Community Name				1		
B1. NFIP Community Name City of Central Point 410092		B2. County I Jackson	vame		B3. State Or	
B4. Map/Panel Number 41029C1768			B7. FIRM Panel ctive/Revised Date 05-03-11	B8. Flood Zone(s) AE	B9. Base Flood Elevi AO, use base flo 1243.7	od depth)
310. Indicate the source of th  FIS Profile  Indicate elevation dature  Is the building located in Designation Date:	FIRM Communication of C	nity Determined  NGVD 1929	Other/Source: _ NAVD 1988	Other/Source:		No
	SECTION C - BUIL	DING ELEVATION	INFORMATION (S	SURVEY REQUIR	RED)	
C2. Elevations – Zones A1–A below according to the bit Benchmark Utilized: P 54 Indicate elevation datum	ate will be required when co 30, AE, AH, A (with BFE), villding diagram specified in	/E, V1–V30, V (with E Item A7. In Puerto Rio Vertical Da ems a) through h) belo	FE), AR, AR/A, AR/Al co only, enter meters. atum: NAVD 1988 ow. D NGVD 1929	E, AR/A1-A30, AR/A		
<ul> <li>b) Top of the next higher</li> <li>c) Bottom of the lowest high</li> <li>d) Attached garage (top of</li> <li>e) Lowest elevation of ma (Describe type of equip</li> <li>f) Lowest adjacent (finish</li> </ul>	orizontal structural member	(V Zones only)  sing the building nents)  LAG)	1244 1247 n/a. 1246 1246 1245	9.6 7.4 9.9 9.9	feet   meters   meter	
h) Lowest adjacent grade	at lowest elevation of deck	or stairs, including str	uctural support <u>n/a</u>	<del></del>	feet meters	
	SECTION D - SUF	EVEYOR, ENGINE	R, OR ARCHITEC	T CERTIFICATIO	N	
This certification is to be sign information. I certify that the information. I certify that the information I check here if comments the Check here if attachments the check here if attachments. It is considered the check here if attachments. It is considered the check here if attachments the check here if attachments the check here if attachments. It is considered the check here if attachments the check here.	information on this Certifical atement may be punishable are provided on back of fol	e represents my best by fine or imprisonm	efforts to interpret the ent under 18 U.S. Cod and longitude in Sect	data available. le, Section 1001. ion A provided by a	PROFES	ERED BIONAL RVEYOR
Certifier's Name Herbert A Fa	arber		License Number 2	189	Jan Ja	<b>E</b>
Title President	Company N	Name Farber & Sons	Inc		C	
Address 431 Oak	City Centra	al Point	State Or ZIP C	ode 97502	JULN HERBER	. 5 7 8 <b>95</b> 8
Signature // Z	Date 06-1	4-16	Telephone 541-66	34-5599	Marine Marine State	The management
					RENEWS: 12/31	17/147

LLLVATION OLIVITIONIL, paye 4					
IMPORTANT: In these spaces, copy the corresponding information	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rou 550 Bridge Creek Drive	Policy Number:				
City Central Point State OF	ZIP Code 97502	Company NAIC Number:			
SECTION D - SURVEYOR, ENGINEER, OR A	RCHITECT CERTIFICATIO	N (CONTINUED)			
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance	ce agent/company, and (3) buil	ding owner,			
Comments C2(e) the lowest machinery is the heat pump.					
Signature That Z	Date 06-14-16				
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY N	OT REQUIRED) FOR ZON	E AO AND ZONE A (WITHOUT BFE)			
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is in and C. For Items E1–E4, use natural grade, if available. Check the measurement	tended to support a LOMA or L	OMR-F request, complete Sections A, B,			
E1. Provide elevation information for the following and check the appropriate bo					
grade (HAG) and the lowest adjacent grade (LAG).  a) Top of bottom floor (including basement, crawlspace, or enclosure) is	. □ feet □ me	ters ☐ above or ☐ below the HAG.			
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	feet	ters above or below the LAG.			
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section (elevation C2.b in the diagrams) of the building is feet	on A Items 8 and/or 9 (see pag ☐ meters ☐ above or ☐ be	ges 8–9 of Instructions), the next higher floor elow the HAG.			
E3. Attached garage (top of slab) is feet  meters	above or				
<ul><li>E4. Top of platform of machinery and/or equipment servicing the building is</li><li>E5. Zone AO only: If no flood depth number is available, is the top of the bottom</li></ul>					
ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify the					
SECTION F - PROPERTY OWNER (OR OWNE	R'S REPRESENTATIVE)	CERTIFICATION			
The property owner or owner's authorized representative who completes Sections or Zone AO must sign here. The statements in Sections A, B, and E are correct to		ut a FEMA-issued or community-issued BFE)			
Property Owner's or Owner's Authorized Representative's Name					
Address City	,	State ZIP Code			
Signature Date	e 1	[elephone			
Comments					
		☐ Check here if attachments.			
SECTION G – COMMUNITY IN	EODMATION (ODTIONAL)				
The local official who is authorized by law or ordinance to administer the community's	floodplain management ordinan	ice can complete Sections A, B, C (or E), and G			
of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the S1.   The information in Section C was taken from other documentation that ha					
is authorized by 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 G4–G10) is provided for community floodplain management purposes.					
G4. Permit Number G5. Date Permit Issued		Of Compliance/Occupancy Issued			
175-15-000561-DWL 16/2016	TBD				
	ial Improvement	Dation 12011000			
68. Elevation of as-built lowest floor (including basement) of the building: 1 <u>247</u> 。 69. BFE or (in Zone AO) depth of flooding at the building site: 124名。	☐ ☐ feet ☐ meters☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
610. Community's design flood elevation:	☐ Sefeet ☐ meters				
Local Official's Name Stephanie Holtey, CFM	Title Commun	ity Panner II			
Community Name City of Central Point Telephone 541, 64, 3321 Ext. 244					
Signature Date Collection Date					
Seprance plus	Plood Daw	age frewhon			
complies with CPMCS. 24	, rica Day	☐ Check here if attachments.			

### **ELEVATION CERTIFICATE**, page 3

# Building Photographs See Instructions for Item A6.

IMPORTANT: In these spaces, copy the correspo	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or l 550 Bridge Creek Drive	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.



### **ELEVATION CERTIFICATE**, page 4

## Building Photographs Continuation Page

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bld 550 Bridge Creek Drive	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.

