DEPARTMENT OF HOMELAND SECURITY F RAL 5MERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

OIMD 110.	1000	000	
Expiration	Date:	July 31,	2015

		SECT	ION A - PROPE	RTY INFORMA	TION	FOR IN	SURANCE COMPANY USE
A1. Building Owner's Nam	ie W.L. Moore C	Construction Inc.				Policy N	lumber:
A2. Building Street Addres	ss (including Apt.	., Unit, Suite, and/or B	ldg. No.) or P.O. F	Route and Box No		Compar	ny NAIC Number:
City Central Point			State OR	ZIP Code 97	502		
A3. Property Description (Lot 30, The North Village a			umber, Legal Des	cription, etc.)			
A4. Building Use (e.g., Re A5. Latitude/Longitude: La A6. Attach at least 2 photo A7. Building Diagram Num A8. For a building with a c a) Square footage of b) Number of permar or enclosure(s) wit c) Total net area of fo	at. 42.385052 Longraphs of the burder 9 rawlspace or encorawlspace or entent flood opening in 1.0 foot above pod openings?	ong122.931683Hori idling if the Certificate closure(s): nclosure(s) gs in the crawlspace e adjacent grade 48.b Yes No	zontal Datum: a is being used to a 1592 sq ft 12 1296 sq in	NAD 1927 Obtain flood insura A9. For a bu a) Squi b) Num withi c) Tota d) Eng	ince. Illiding with an attained footage of attained attained attained attained attained attained attained attained attained area of floodineered flood operations.	ached gar it flood ope adjacent of d openings enings?	rage <u>627</u> sq ft enings in the attached garage grade <u>0</u>
	SEC	TION B - FLOOD I	NSURANCE RA	TE MAP (FIRM) INFORMATIO	ON	
81. NFIP Community Name City of Central Point	e & Community N		B2. County Name Jackson			B3. Stat	e
B4. Map/Panel Number 41029C1768	B5. Suffix F	B6. FIRM Index Da 05-03-11	Effective/	RM Panel Revised Date 14-2016	B8, Flood Zone(s) AE		Base Flood Elevation(s) (Zone AO, use base flood depth) 1241.6
311. Indicate elevation datu 312. Is the building located Designation Date:	in a Coastal Barr —	rier Resources System	n (CBRS) area or CBRS	Otherwise Protect OPA			☐ Yes No
	SECTIO	N C - BUILDING E	LEVATION INF	ORMATION (SI	JRVEY REQUI	RED)	
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. 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 (in	cluding baseme	nt, crawlspace, or end	dosure floor)	1241.9		🛛 feet	meters
b) Top of the next higher	floor			<u>1244.6</u>	<u> </u>	🛛 feet	☐ meters
c) Bottom of the lowest I		ıral member (V Zones	only)	<u>n/a</u>	_	☐ feet	meters
 d) Attached garage (top e) Lowest elevation of m (Describe type of equition) 	achinery or equip		uilding	<u>1244.2</u> 1244.0		⊠ feet ⊠ feet	meters meters
f) Lowest adjacent (finis	, 0			<u>1242.6</u>	-	feet	meters
g) Highest adjacent (finish)h) Lowest adjacent grade	, -	• '	including structura	<u>1243.7</u> al support <u>n/a.</u>	<u></u>	☑ feet ☐ feet	☐ meters ☐ meters
	SECTIO	N D - SURVEYOR	. ENGINEER, C	R ARCHITECT	CERTIFICATION	ON	
This certification is to be sig information. I certify that the I understand that any false s Check here if comment Check here if attachme	ned and sealed be information on ti statement may be s are provided on	oy a land surveyor, en his Certificate represe e punishable by fine o n back of form.	igineer, or archited ents my best effort	ct authorized by la s to interpret the d der 18 U.S. Code longitude in Sectio	w to certify eleval lata available. , Section 1001. on A provided by a	tion	REGISTERED ROFESSIONAL ND SURVEYOR
Certifier's Name Herbert A F	arber		Lic	ense Number 21	89	-y	- James
Title President		Company Name Fa	irber & Sons Inc	e-us			OF GON 1
Address 431 Oak street		City Central Point	Sta	ate OR ZIP Co	ode 97502	LE	JULY 26, 1985
Signature)	at	Date 09-29-16	Te	lephone 541-664	-5599	The state of the s	RBERT A. FARBER
							EWS: 12/31/2017

IMPORTANT: In these spa	aces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY, USE				
Building Street Address (includ 1436 N. Haskell Street	ling Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number:				
City Central Point	State OR ZIP Code 97502	Company NAIC Number:				
SEC	CTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICAT	TION (CONTINUED)				
Copy both sides of this Elevation	on Certificate for (1) community official, (2) insurance agent/company, and (3)	building owner.				
Comments C2(e). The lowest	machinery servicing the building is the heat pump.					
Signature 76	Date 09-29-16					
	G ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR Z	ONE AO AND ZONE A (WITHOUT BEE)				
	BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA natural grade, if available. Check the measurement used. In Puerto Rico only,					
	ation for the following and check the appropriate boxes to show whether the electrical and a state of the following and check the appropriate boxes to show whether the electrical and the following and check the appropriate	evation is above or below the highest adjacent				
grade (HAG) and the lower a) Top of bottom floor (inc	cluding basement, crawlspace, or enclosure) is	meters above or below the HAG.				
b) Top of bottom floor (including basement, crawlspace, or enclosure) is feet meters above or below the LAG. E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor						
(elevation C2.b in the diagrams) of the building is ☐ feet ☐ meters ☐ above or ☐ below the HAG.						
E3. Attached garage (top of si E4. Top of platform of machin	elab) is feet					
E5. Zone AO only: If no flood	depth number is available, is the top of the bottom floor elevated in accordan	ce with the community's floodplain management				
	No Unknown. The local official must certify this information in Section G					
	CTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE	***************************************				
	authorized representative who completes Sections A, B, and E for Zone A (wife e statements in Sections A, B, and E are correct to the best of my knowledge.	thout a FEMA-issued or community-issued BFE)				
Property Owner's or Owner's Au	uthorized Representative's Name					
Address	City	State ZIP Code				
Signature	Date	Telephone				
Comments		20 02 1110 12 12 12 12 12 12 12 12 12 12 12 12 12				
		☐ Check here if attachmen				
	DESTINAL COMMUNITY INCOMMATION CONTON					
e local official who is authorized	SECTION G – COMMUNITY INFORMATION (OPTIONAll by law or ordinance to administer the community's floodplain management ordinance.					
this Elevation Certificate. Comple	ete the applicable item(s) and sign below. Check the measurement used in Item	s G8-G10. In Puerto Rico only, enter meters.				
	ion C was taken from other documentation that has been signed and sealed be certify elevation information. (Indicate the source and date of the elevation da					
	mpleted Section E for a building located in Zone A (without a FEMA-issued or					
The following information	on (Items G4–G10) is provided for community floodplain management purpose	9S.				
64. Permit Number	G5. Date Permit Issued G6. Date Certificat	e Of Compliance/Occupancy Issued				
. This permit has been issued						
. Elevation of as-built lowest fl	loor (including basement) of the building: 1244. Lo Seet I me	ters Datum <u>VAV</u> DSS				
. BFE or (in Zone AO) depth o	,					
Community's design flood ele	evation: 1142. b ☐ feet ☐ met	ters Datum <u>WAV</u> DSS				
ocal Official's Name	more Holtey CEM Title Commu	nity Planner II				
C	manie Holtey CFM Title Community Control Point Telephone 541.	nity Planner 1)				
ommunity Name City o	manie Holtey: CFTY	nity Panner 11 101.3321, Ext. 244				
ommunity Name Chy o	of Central Point Telephone 541.6 Date 10/3/11	on foor (C2a) is 0,3-f				
ocal Official's Name ommunity Name ignature omments LAG 15 1	f Central Point Telephone 541.6 nue Holtey Date 10/3/11 off above BEE, & the top of bothone structure is above the	6 Ext. 244				

ELEVATION CERTIFICATE, page 3

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. 1436 N. Haskell Street

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



Rear view

