

# ELEVATION CERTIFICATE

**Important:** Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION					FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Smith Crossing, LLC					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 780 N. Haskell Street, Building No. 5, Smith Crossing at Twin Creeks, Phase 2					Company NAIC Number:	
City Central Point		State Oregon		ZIP Code 97502		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 37s 2w 03c TL 138						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)					Residential	
A5. Latitude/Longitude: Lat. 42 22'44"		Long. 122 55'30"		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>9</u>						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s)		<u>2544.00</u> sq ft				
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>31</u>						
c) Total net area of flood openings in A8.b <u>2946.00</u> sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
A9. For a building with an attached garage:						
a) Square footage of attached garage		<u>0.00</u> sq ft				
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>						
c) Total net area of flood openings in A9.b <u>0.00</u> sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number Central Point 410092			B2. County Name Jackson		B3. State Oregon	
B4. Map/Panel Number 41029C 1768	B5. Suffix F	B6. FIRM Index Date 05-03-2011	B7. FIRM Panel Effective/ Revised Date 01-19-2018	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 1257.4	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____						
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA						

**ELEVATION CERTIFICATE**

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 780 N. Haskell Street, Building No. 5, Smith Crossing at Twin Creeks, Phase 2			Policy Number:
City Central Point	State Oregon	ZIP Code 97502	Company NAIC Number

**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: RM-1 Vertical Datum: NGVD 29

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.

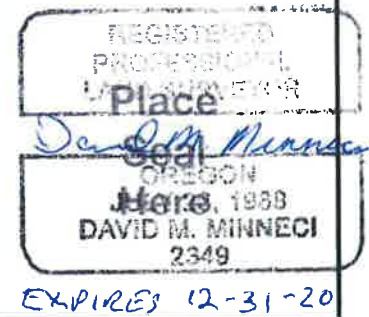
- |   |               |  |                                 |
|---|---------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | <u>1256.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | <u>1258.4</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>N/A</u>    | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | <u>1258.4</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <u>1257.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | <u>1258.3</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.

Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No  Check here if attachments.

Certifier's Name David M. Minnecci	License Number ORLS 2349
Title Professional Land Surveyor	
Company Name Hoffbuhr & Associates, Inc.	
Address 880 Golf View Dr.	
City Medford	State Oregon
	ZIP Code 97504



Signature <i>David M. Minnecci</i>	Date 01-29-2019	Telephone (541) 779-4641	Ext.
---------------------------------------	--------------------	-----------------------------	------

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)  
Elevation datum is Firm NGVD 29 + 3.27 feet Average Conversion Factor = NAVD 88  
Lowest elevation of machinery servicing the building are the concrete pads for heat pumps on the Southerly side.

**ELEVATION CERTIFICATE**

OMB No. 1660-0008  
 Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 780 N. Haskell Street, Building No. 5, Smith Crossing at Twin Creeks, Phase 2			Policy Number:
City Central Point	State OR	ZIP Code 97502	Company NAIC Number

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

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  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 1–2 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 slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. 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. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments

The structure complies with CPMC 8.24 Flood Damage Prevention requirements.

Check here if attachments.

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 780 N. Haskell Street, Building No. 5, Smith Crossing at Twin Creeks, Phase 2			Policy Number:
City Central Point	State OR	ZIP Code 97502	Company NAIC Number

## 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. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

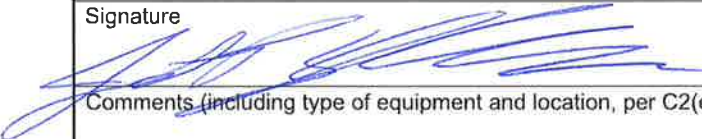
- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community 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–G10) is provided for community floodplain management purposes.

G4. Permit Number 175-18-000042-STR	G5. Date Permit Issued 02-06-2018	G6. Date Certificate of Compliance/Occupancy Issued T. B. D.
--	--------------------------------------	---

- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_ 1258.4  feet  meters Datum NAVD 88
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_ 1257.4  feet  meters Datum NAVD 88
- G10. Community's design flood elevation: \_\_\_\_\_ 1258.4  feet  meters Datum NAVD 88

Local Official's Name Justin Gindlesperger, CFM	Title Community Planner II
--	-------------------------------

Community Name City of Central Point	Telephone (541) 664-3321
---	-----------------------------

Signature 	Date 01-30-2019
---	--------------------

Comments (including type of equipment and location, per C2(e), if applicable)

The structure complies with CPMC 8.24 Flood Damage Prevention requirements.

Check here if attachments.

## BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008  
Expiration Date: November 30, 2018

### ELEVATION CERTIFICATE

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No 780 N. Haskell Street, Building No. 5, Smith Crossing at Twin Creeks, Phase 2			Policy Number:
City Central Point	State Oregon	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.



Photo One

Photo One Caption

FRONT VIEW

Clear Photo One



Photo Two

Photo Two Caption

LEFT SIDE VIEW

Clear Photo Two

