U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

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

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 INSUF	RANCE COMPANY USE	
A1. Building Owner's Name					Policy Num	ber:	
W.L. Moore Construction							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 401 Castle Rock Drive					Company N	IAIC Number:	
City							
Central Point			Oregon		97502		
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 372W03BB-3627; Lot 186, The North Village at Twin Creeks, Phase V						
A4. Building Use (e.g., Resident	ial, Non-Residential, Add	dition,	Accessory, etc.)	residential			
A5. Latitude/Longitude: Lat. 42	.386483 N Lo	ong. 12	22.931677W	Horizontal Datur	1: NAD	1927 × NAD 1983	
A6. Attach at least 2 photograph	s of the building if the C	ertific	ate is being used to	obtain flood insur	ance.		
A7. Building Diagram Number	9						
A8. For a building with a crawlsp	ace or enclosure(s):						
a) Square footage of crawls	pace or enclosure(s)	1	1,271 sq ft				
b) Number of permanent flo	od openings in the craw	Ispac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 11	
c) Total net area of flood op	enings in A8.b 1,463	3 s	q in				
d) Engineered flood opening	gs? ☐ Yes ☒ No						
A9. For a building with an attached garage:							
a) Square footage of attached garage 484 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 op	enings in A9.b 0		sq in		-		
d) Engineered flood openings? Yes No							
-,							
SEC	SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Co	ommunity Number		B2. County Name			B3. State	
City of Central Point 410092 Jackson Oregon							
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Ef	RM Panel fective/	B8. Flood Zone(s	(Zo	se Flood Elevation(s) ne AO, use Base	
41029C1768 F 01/19/2018 Revised Date 09/14/2016 AE Flood Depth) 1238.8							
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
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 DPA							

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or 401 Castle Rock Drive	Policy Number:					
City State Central Point Oreg		Code 02	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: P-549	Vertical Datum:					
Indicate elevation datum used for the elevations in ite		N.				
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/S Datum used for building elevations must be the same		ĆC .				
Datum used for building elevations must be the same	e as mai used for the B	FE.	Check the measurement used.			
a) Top of bottom floor (including basement, crawlspa	ace, or enclosure floor)	1237, 9	× feet meters			
b) Top of the next higher floor	,	1240 8	X feet meters			
c) Bottom of the lowest honzontal structural member	r (V Zones only)	n/a				
d) Attached garage (top of slab)	(* ==**********************************	1240_4	X feet meters			
e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Comi	icing the building	1240, 3	X feet meters			
f) Lowest adjacent (finished) grade next to building	•	1239.9	X feet			
g) Highest adjacent (finished) grade next to building	• ,	1240, 1				
	, ,	1240 5	X feet meters			
 h) Lowest adjacent grade at lowest elevation of decl structural support 	Cor stairs, including	1240. 3	x feet			
SECTION D - SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIF	ICATION			
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 lic		⊠Yes □ No	Check here if attachments.			
Certifier's Name Fred A Frantz	License Number 50077					
Title			REGISTERED			
Surveyor			PROFESSIONAL			
Company Name			LANDSURVEYOR			
Terrasurvey Inc			- Seal -			
Address			- fundate for			
274 Fourth Street			OREGON JULY 12, 2005			
City Ashland	State Oregon	ZIP Code 97520	FRED A. FRANTZ No. 50077			
Signature Zud A Z	Date 09/06/2019	Telephone (541) 482-6474	Fanowal 17 - 31-19			
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) C2e is a heat pump						
Y						

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IMPORTANT: In these spaces, copy the corresponding in	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or B 401 Castle Rock Drive	ldg. No.) or P.O. Route and Box No.	Policy Number:				
City State Central Point Orego	ZIP Code on 97502	Company NAIC Number				
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)						
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						
The property owner or owner's authorized representative wh community-issued BFE) or Zone AO must sign here. The state Property Owner or Owner's Authorized Representative's Nar	tements in Sections A, B, and E are o	orrect to the best of my knowledge.				
Address	City	State ZIP Code				
Signature	Date	Telephone				
Comments						
		☐ Check here if attachments.				

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding information from Section A.					ANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 401 Castle Rock Drive					er:		
City Central Point	State Oregon	ZIP Code 97502		Company NA	AIC 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 or Zone AO.	on E for a building	located in Zone A (without	t a FEMA	A-issued or co	mmunity-issued BFE)		
G3. The following information (Items G4-	G10) is provided fo	or community floodplain ma	anageme	ent purposes.			
G4. Permit Number	G5. Date Permit	Issued	G6. E	Date Certificate	e of ccupancy Issued		
175-19-000082-DWL	03/28/20)19		T.B.D.			
G7. This permit has been issued for:	New Constructio	n 🗌 Substantial Improver	ment				
G8. Elevation of as-built lowest floor (including of the building:	g basement)	1240 8	feet	meters	Datum NAVD 88		
G9. BFE or (in Zone AO) depth of flooding at t	the building site:	1238 8	feet	meters	Datum NAVD 88		
G10. Community's design flood elevation:		1239 8	feet	meters	Datum NAVD 88		
Local Official's Name Title Justin Gindlesperger, CFM Community Planner II							
Community Name City of Central Point		Telephone 541.664.33	21, ex	xt 245			
Signature		Date 09/10/2011					
Comments (including type of equipment and loc	cation, per C2(e), i	f applicable)	_				
The structure complies with CPMC 8.24 Flood Damage Prevention requirements.							
5							
				☐ Che	eck here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
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City	State	ZIP Code	Company NAIC Number
Central Point	Oregon	97502	

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 09-06-2019



Photo Two Caption Back 09-06-2019

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including A 401 Castle Rock Drive	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Central Point	Oregon	97502	

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.



Photo One

Photo One Caption East side 09-06-2019

Photo Two

Photo Two

Photo Two Caption