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.

16-004660 FP16-4

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 INSU	RANCE COMPANY USE
A1. Building Owner's Name Steve Miller							ber:
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 7395 7th Street 						Company N	NAIC Number:
City Turner	Turner Oregon						
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Township 8 South, Range 2 West, Section 29, SE 1/4, NW 1/4, Taxlot 300							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential							
A5. Latitude/Longitude: Lat. N44d50'55.1" Long. W122d57'32.1" Horizontal Datum: NAD 1927 X NAD 1983							
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.							
A7. Building Diagra	am Number	8					
A8. For a building	with a crawls	pace or enclosure(s);					
a) Square footage of crawlspace or enclosure(s) 1,600 sq ft							
b) Number of	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 12
c) Total net area of flood openings in A8.b 2,700 sq in							
d) Engineered flood openings? 🗵 Yes 🗌 No							
A9. For a building with an attached garage:							
a) Square footage of attached garage 0 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?							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
D4 NEID C			ISURA	T		TION	·
B1. NFIP Community Name & Community Number Marion County 410154		B2. County Name Marion			B3. State Oregon		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel fective/ evised Date	B8. Flood Zone(s)	(Zor	se Flood Elevation(s) ne AO, use Base
41047C0677	Н	01/02/2003	01/02		AE-		od Depth) 74.3
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 DPA							
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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and/o	Policy Number:						
City State ZIP Code			Company NAIC Number				
Turner On	egon 9	7392					
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 in appropriate.							
*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: ODOT Z 612 Vertical Datum: NGVD 1929							
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 sam	ne as that used for the	BFE.					
a) Top of bottom floor (including basement, crawls)	naco or analanum de	or) 274 7	Check the measurement used.				
	pace, or enclosure no		X feet meters				
b) Top of the next higher floor		279 2	X feet meters				
c) Bottom of the lowest horizontal structural member	er (V Zones only)		feet meters				
d) Attached garage (top of slab)	_	0,	X feet meters				
 e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Con 	vicing the building iments)	279 . 2	X feet meters				
f) Lowest adjacent (finished) grade next to building	(LAG)	<u>273</u> , <u>5</u>	💢 feet 🗌 meters				
g) Highest adjacent (finished) grade next to building	g (HAG)	<u> 274</u> . <u>1</u>	X feet meters				
 h) Lowest adjacent grade at lowest elevation of dec structural support 	<u>273, 9</u>	X feet 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 li			Check here if attachments.				
Certifier's Name	License Number	· · · · · · · · · · · · · · · · · · ·	REGISTERED				
Robert D. Hamman PLS	64202LS		PROFESSIONAL				
Title Survey Manager			LAND SURVEYOR				
Company Name		····	- Al de (1)				
Multi/Tech Engineering.net			The Dollar				
Address			OREGON				
1155 13th Street SE			ROBERT D. HAMMAN				
City	State	ZIP Code	64202LS				
Salem	Oregon	97302	EXPIRES: 6/30/2019				
Signature A	Date 04/24/2019	Telephone (503) 363-9227					
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)							
Lowest machinery is on finished floor of house.							
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IMPORTANT: In these spaces, copy the correspondin	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and/o	2 -1	Policy Number:					
	ate ZIP Code Y (5cm 47392	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 b) Top of bottom floor (including basement)		ters above or below the HAG.					
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 		ters above or below the LAG.					
E2. For Building Diagrams 6–9 with permanent flood oper the next higher floor (elevation C2.b in		_ :					
the diagrams) of the building is E3. Attached garage (top of slab) is		ters above or below the HAG.					
E4. Top of platform of machinery and/or equipment		ters					
servicing the building is E5. Zone AO only: If no flood depth number is available,	is the top of the bottom floor elevated in						
floodplain management ordinance? Yes N	No Unknown. The local official mu	st 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.							
community-issued BFE) or Zone AO must sign here. The	statements in Sections A, B, and E are o	correct to the best of my knowledge.					
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's	statements in Sections A, B, and E are o	correct to the best of my knowledge.					
community-issued BFE) or Zone AO must sign here. The	statements in Sections A, B, and E are o	State ZIP Code					
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's	e statements in Sections A, B, and E are on Name City	correct to the best of my knowledge.					
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address	e statements in Sections A, B, and E are on Name City	State ZIP Code					
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	e statements in Sections A, B, and E are on Name City	State ZIP Code					
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	e statements in Sections A, B, and E are on Name City	State ZIP Code					
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	e statements in Sections A, B, and E are on Name City	State ZIP Code					
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	e statements in Sections A, B, and E are on Name City	State ZIP Code					
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	e statements in Sections A, B, and E are on Name City	State ZIP Code					
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	e statements in Sections A, B, and E are on Name City	State ZIP Code					
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	e statements in Sections A, B, and E are on Name City	State ZIP Code					
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	e statements in Sections A, B, and E are on Name City	State ZIP Code					
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's Address Signature	e statements in Sections A, B, and E are on Name City	State ZIP Code					

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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.	Policy Number:						
City Tnr Orisan ZIP Code 97392	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 G5. Date Permit Issued G6.	Date Certificate of Compliance/Occupancy Issued 3-16-7						
G7. This permit has been issued for: New Construction Substantial Improvement							
G8. Elevation of as-built lowest floor (including basement) 279 preet meters Datum 1929							
G9. BFE or (in Zone AO) depth of flooding at the building site: 274,3 Y feet meters Datum 1929							
G10. Community's design flood elevation:	et meters Datum 1929						
Local Official's Name Brandon Reich Title	er Plann						
Community Name Telephone To J-	-5((-4/75						
Signature Date C_ 2	24/9						
Comments (including type of equipment and location, per C2(e), if applicable)							
	Check here if attachments.						