## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

Important: Read the instructions on pages 1 - 7.

O.M.B. No. 3067-0077 Expires July 31, 2002

		SECTION A	PROPERTY OWN	IER INFOR	MATION	For Insurance Company Use:
BUILDING OWNER'S NAME						Policy Number
City of Salem Oper C						FP04-17
BUILDING STREET ADDRES	SS (Including Apt., U	nit, Suite, and/or Bldg. No	.) OR P.O. ROUTE AND	BOX NO.		Company NAIC Number
2700 Santiam St E						
CITY			STATE			ZIP CODE
Stayton		***	OR			97383
PROPERTY DESCRIPTION		pers, Tax Parcel Number,	Legal Description, etc.)		A Committee of the Comm	
Tax Lot 091W14 0010	· -					
BUILDING USE (e.g., Reside		I, Addition, Accessory, etc	. Use Comments sectio	n if necessary		
Expansion of Operation			7-1			
(##~##'-##.##" or ##.###		HORIZONTA	L DATUM:	SOURC	E: GPS (Type)	
,	,	□ NAD 1927 □	NAD 1983		USGS Quad	d Map 🗌 Other:
	SECT	TION B - INSURANC	E RATE MAP (FIF	RM) INFOR	MATION	
B1. NFIP COMMUNITY NAME & C			COUNTY NAME			B3. STATE
Stayton 410154		1	Marion			OR
B4. MAP AND PANEL NUMBER	B5 SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL		B8. FLOOD ZONE(S)	B9. BASE FLOOD
			EFFECTIVE/REVISED DA	ATE		(Zone AO, use depth of flooding)
4101360050	В	9/29/1986	9/29/1986		A5	460
B10. Indicate the source						
	⊠ FIRM	☐ Community I	Determined [	☐ Other (D	escribe):	
B11. Indicate the eleva-	tion datum used	for the BFE in B9:	🗵 NGVD 1929 🏻 [	☐ NAVD 19	088 🗌 Other ((	Describe):
B12. Is the building loca	ated in a Coasta	Barrier Resources	System (CBRS) ar	ea or Other	wise Protected A	rea (OPA)? ☐ Yes ☒ No
Designation Date:		1000		-		•
	SECTIO	N C - BUILDING ELI	EVATION INFORM	IATION (SL	RVEY REQUIRE	D)
C1. Building elevations						
*A new Elevation Cer	tificate will be requ	ired when construction	of the building is cor	mplete.	instruction M r	inished Construction
				•	ilding for which t	this certificate is being completed
see instruction pag	es 6 and 7 If n	o diagram accurately	ulayraili illust siilii / renresents the hii	ildina nrov	ide a sketch or n	uns ceruncate is being completed.
						<del>-</del>
C3. Elevations - Zones	i helow according	to the building diagram	v I-vou, v (Willi Br	State the de	A, ARIAE, ARIA	1-A30, AR/AH, AR/AO. atum is different from the datum
used for the BFE in S	ection B, convert	the datum to that used	for the BFE. Show fie	eld measurer	nents and datum c	onversion calculation
Use the space provide	ed or the Commer	its area of Section D o	Section G, as appro	priate, to do	ument the datum of	conversion.
Datum RM181	_ Conversion/Co	mments none				
Elevation reference m	ark used RM181	Does the e	elevation reference m	ark used app	ear on the FIRM?	X Yes  No
	loor (including bas	ement or enclosure)		462	.00 ft.(m)	License Number Embossed Sool
X b) Top of next high		•			.00 ft.(m)	License Number, Embossed Seal, Signature, and Date
		ural member (V zones	only)		.00 ft.(m)	
[X] d) Attach garage (		a.a			.00 ft.(m)	
		d/or equipment servicii	a the building		. 00 ft.(m)	
X f) Lowest adjacent		aror equipment servicii	ig the ballang			
X g) Highest adjacent					. 50 ft.(m)	
		reman reside a 4 ft above		461	. 82 ft.(m)	
		vents) within 1 ft. abov				
i) Total area of all		gs (flood vents) in C3h			(sq. cm)	
		ND-SURVEYOR,				
This certification is to be si	gned and sealed b	y a land surveyor, eng	ineer, or architect aut	thorized by la	w to certify elevation	on information.
I certify that the information I understand that any false	ı ın Sections A, B,	and C on this certifica	te represents my besi	t efforts to in:	erpret the data ava	ailable.
CERTIFIER'S NAME	Statement may be	punisnable by fine or			, Section 1001.	1111
Troy Thomson			LICENSE NUM 73415	IBER		
TITLE			COMPANY NA	ME		
Project Manager			City of S			
ADDRESS			CITY		STATE	ZIP CODE
1410 20th St SE Bldg 2 SIGNATURE	<u> </u>		Salem		OR	97302
SIGIALIUIL			DATE 7/14/200	4	TELEPHONE (503) 580	0.2181
			1/14/200	<u> </u>	(503) 589	J-C 101

IMPORTANT: In these spaces,	For Insurance Company Use:			
BUILDING STREET ADDRESS (Including	g Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AN	D BOX NO.	Policy Number	
Santiam	07476	ZIP CODE	FP04-17 Company NAIC Number	
CITY	STATE OR	97383	Company Maio Mamber	
Stayton SECTIO	N D - SURVEYOR, ENGINEER, OR ARCHIT		(CONTINUED)	
	n Certificate for (1) community official, (2) ins			
COMMENTS	Toordinate for (1) community chickey (2)			
			☐ Check here if attachments	
	WATION INFORMATION (SUBVEY NOT BE	OUIDED) FOR ZONE		
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY NOT RE ut BFE), complete Items E1 through E4. If t	to Floration Certificat	e is intended for use as supporting	
information for a LOMA or LOMI	R-F, Section C must be completed.			
pages 6 and 7. If no diagrar	(Select the building diagram most similiar to m accurately represents the building, provide	a sketch or photograp	h.)	
the highest adjacent grade.	g basement or enclosure) of the building is			
E3. For Building Diagrams 6-8 v	vith openings (see page 7), the next higher flon. (cm) above the highest adjacent grade.	oor or elevated floor (e	levation b) of the building is	
E4 For Zone AO only: If no floo	d depth number is available, is the top of the inance? ☐ Yes ☐ No ☐ Unknown. The	bottom floor elevated e local official must ce	in accordance with the community's rtify this information in Section G.	
SECTIO	N F - PROPERTY OWNER (OR OWNER'S F	REPRESENTATIVE) C	ERTIFICATION	
The property owner or owner's a	authorized representative who completes Sec	tion A, B, and E for Zo	one A (without FEMA -issued or	
community-issued BFE) or Zone	e AO must sign here.			
PROPERTY OWNER'S OR OWNER'S A	AUTHORIZED REPRESENTATIVE'S NAME			
ADDRESS	CITY		STATE ZIP CODE	
SIGNATURE	DATE	TE	LEPHONE	
COMMENTS				
			☐ Check here if attachments	
	SECTION G - COMMUNITY INFOR			
The local official who is authoriz Sections A, B, C (or E), and G of	red by law or ordinance to administer the com of this Elevation Certificate. Complete the app	nmunity's floodplain ma dicable item(s) and sig	anagement ordinance can complete in below.	
G1 The information in Section	on C was taken from other documentation that no is authorized by state or local law to certify	at has been signed and	t embossed by a licensed surveyor,	
elevation data in the Cor	mments area below.)		(	
G2. A community official con Zone AO.	npleted Section E for a building located in Zo	ne A (without a FEMA-	issued or community-issued BFE) or	
	n (Items G4-G9) is provided for community flo	oodplain management	purposes.	
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		COMPLIANCE/OCCUPANCY ISSUED	
G7. This permit has been issue	d for: New Construction Substantia	I Improvement	ft.(m) Datum:	
G8. Elevation of as-built lowest	floor (including basement) of the building is: of flooding at the building site is:		_ ft.(m)	
LOCAL OFFICIAL'S NAME		LE		
LOCAL OFFICIAL'S NAME  Les Sasaki	F	Principal Planner		
COMMUNITY NAME	TE	LEPHONE		
Marion County SIGNATURE		503) 588-5038 TE		
	3	3/9/2005		
COMMENTS				
			· · · · · · · · · · · · · · · · · · ·	
			☐ Check here if attachments	

## FEDERAL EMERGENCY MANAGEMENT AGENCY /IONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

		ELEV	ATION CERT	<b>FIFICATE</b>	L.		
		Important:	Read the instruction	s on pages 1 -	7.	r-	104-17
			A - PROPERTY OWI			For Ins	urance Company Use:
BUILDING OWNER'S N	AME						Number
City of Salem BUILDING STREET ADI	DESS (Induding	Ant Unit Cuito and	(ca Dido Alo ) OD D O	DOLLTE AND D	0.440		
2700 E. Santiam Street		Api., Unii, Suite, and	or Blag. No.) OR P.O.	ROUTE AND BO	OX NO.	Comp	any NAIC Number
CITY			STA	TE	ZIP	CODE	
Statyon PROPERTY DESCRIPT	ION (Lot and Blod	k Numbers Tay Para	OR		973	83	
Tax Lot I.D. 100804 Tax			ernumber, Legar Desc	nption, etc.)			
BUILDING USE (e.g., Re	sidential, Non-resi	dential, Addition, Aco	essory, etc. Use a Con	nments area, if n	necessary.)		
Expansion of Operations  LATITUDE/LONGITUDE			ependant use ONTAL DATUM:		OUDOF: 57 ODG	_	
( ##° - ##' - ##.##" or ##			927 🖾 NAD 1983	51	OURCE: 🛛 GPS ( USGS	Quad Map	Other:
	S	SECTION B - FLOOI	INSURANCE RATE	MAP (FIRM) IN	IFORMATION		
B1. NFIP COMMUNITY NAME	& COMMUNITY NUM	BER	B2. COUNTY NAME			B3. STATE	
Stayton, OR, 410170			Marion County			Oregon	
B4. MAP AND PANEL			B7. FIRM	PANEL		B9. BASE	FLOOD ELEVATION(S)
NUMBER 4101360050	B5. SUFFIX B	B6. FIRM INDEX DAT 9/29/86	E EFFECTIVE/RE 9/29/		B8. FLOOD ZONE(S A5		O, use depth of flooding) 460
B10. Indicate the source of the	Base Flood Elevati	ion (BFE) data or base	flood depth entered in B9		l		
☐ FIS Profile	⊠ FIRM	Community De	termined [	Other (Describ			
B11. Indicate the elevation dat				NAVD 1988	Other (Describe):	:	
B12. Is the building located in	a Coastal Barrier Re	sources System (CBR	S) area or Otherwise Prot	ected Area (OPA)	)? ∐Yes ⊠ No	o Designation	Date
			ELEVATION INFOR		/EY REQUIRED)		
C1. Building elevations are bas			Building Under Const	ruction* 🖾 F	Finished Construction		
*A new Elevation Certifica							
C2. Building Diagram Number	1 (Select the buildin	ig diagram most similar	to the building for which t	nis certificate is be	eing completed - see p	pages 6 and 7. I	f no diagram
accurately represents the			# DEC) AD AD/A AD/A	C AD/A4 A00 AF	DULL ADVIO		
C3. Elevations Zones A1-A3 Complete Items C3a-i be							ALC II DEE!
Section B, convert the date	im to that used for th	he REE. Show field me	euromente and datum o	ualum used. II (ne	e datum is different fro	om the datum us	ed for the BFE in
Section D or Section G, as	appropriate, to doc	ument the datum conve	ersion	WCISION Calculat	ion. Ose the space pi	Ovided of the Ca	omments area or
Datum <u>RM181 (459.86)</u>							
Elevation reference mark i		<del></del>	mark used appear on the	FIRM? X Yes	□No		200
o a) Top of bottom floor (in	ncluding basement o	or endosure)	<u>462</u> . <u>00</u> ft.(r		ŦĠ.	KER!	ED PROFEC
o b) Top of next higher flo			<u>466</u> . <u>00</u> ft.(r	n)	Se Se		GINEE
o c) Bottom of lowest hori		mber (V zones only)	<u>0</u> . <u>00</u> ft.(m)		Embossed See, and Date	127	
o d) Attached garage (top			<u>0</u> . <u>00</u> ft.(m)		a a a		73415
o e) Lowest elevation of n					r, 5, m s	Fray	Munon
servicing the building		nments area)	<u>0</u> . <u>00</u> ft.(m)		License Number, Signature,	$(V)^{\circ}$	REGON TIME
of) Lowest adjacent (finishog) Highest adjacent (finishog)			461 . 50 ft.(m)	-)	e Sign	13/1/2	r ~003/5/
o h) No. of permanent ope		within 1 ft above adiaco	461. 82 ft.(n	1)	Sens	XOF,	15, 20 CO
o i) Total area of all perma					j č	Cxp: 61	30/06
,			OR, ENGINEER, OR A	RCHITECT CE	RTIFICATION		20/00
This certification is to be significant						ormation	
I certify that the information	in Sections A, B,	and C on this certifica	ate represents my best	efforts to interpre	et the data available	ormation.	
I understand that any false	statement may be	punishable by fine o	imprisonment under 1	8 U.S. Code, Se	ction 1001.	•	
CERTIFIER'S NAME Troy Th	omson				CENSE NUMBER 73	3415	
TITLEProject Manager			COMP	ANY NAME City of	of Salem		
ADDRESS			CITY		STATE	·	ZIP CODE
1410 20th Street SE, Bldg 2	10		Salem		OR	•	97302
SIGNATURE			DATE		TELEP	HONE	

503-589-2181

JILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bk. J.) OR P.O. ROUTE AND				For Insurance Company Use:
700 E. Santiam Street	BOX NO.	<del></del>	F	Policy Number
TY STAT	ΓE	ZIP CODI 97383		Company NAIC Number
SECTION D - SURVEYOR, ENGINEER, OR A	RCHITECT CE		ITINUED)	
opy both sides of this Elevation Certificate for (1) community official, (2) insurance agent	company, and (3)	building owner.		
DMMENTS				
SECTION E. DI III DING EL EVATION INFORMATION (CLIDVEVA	OT DEOLUDED	N FOR ZONE AO A	ND 70NE A	Check here if attachment
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY N Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Ce				
corie AO and Zorie A (without briz), complete items of through e4. If the dievation ce tion C must be completed.	nincale is intende	a for use as supporting	information for	a LOMA of LOMR-F,
Building Diagram Number _(Select the building diagram most similar to the building for represents the building, provide a sketch or photograph.)	which this certifica	te is being completed -	- see pages 6 a	and 7. If no diagram accurately
The top of the bottom floor (including basement or enclosure) of the building isft.(m	)in.(cm) [] ab	ove or D below (che	eck one) the hic	hest adiacent grade. (Use
natural grade, if available).				
For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated to grade. Complete items C3.h and C3.i on front of form.	floor (elevation b)	of the building isft.	(m)in.(cm) a	above the highest adjacent
grade. Competeriter is Cost and Cost of front of form.  The top of the platform of machinery and/or equipment servicing the building isft.(m)	) in.(cm) □ ab	ove or Delow (che	eck one) the hig	hest adiacent grade (Lise
natural grade, if available).				
For Zone AO only: If no flood depth number is available, is the top of the bottom floor ele		nce with the community	's floodplain ma	anagement ordinance?
Yes No Unknown. The local official must certify this information in Section E. PROPERTY OWNER (OR OWNER)		AITATI\(P\ AFRTI	CATION	
SECTION F - PROPERTY OWNER (OR OWNE e property owner or owner's authorized representative who completes Sections A, B, C				TEMA inqued or community
ued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are co			e A (williout a i	-EMA-Issued or community-
OPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME				
phia Hobet				
DRESS 10 20th Street SE, Bldg 2 / / / / / / / / / / / / / / / / / /	CITY Salem		STATE OR	ZIP CODE 97302
SNATURE DU/	DATE 27	11.101	TELEPHONE	
MMENTS PLACE CLOSES	011	14104	(503) 588-606	33
THIRE IT I				
		<u> </u>		
SECTION G - COMMUNITY IN	EODMATION (C	ADTIONAL \		Check here if attachments
ocal official who is authorized by law or ordinance to administer the community's floodpla			Sections A. R.	C (or E) and G of this Floyati
icate. Complete the applicable item(s) and sign below.	an managoment c	rumance carrosmplete	COCIONS A, D	C (OI L), and G OI mis Lievau
$\  \  \  \  \  \  \  \  \  \  \  \  \  $				architect who is authorized by
or local law to certify elevation information. (Indicate the source and date of the elevation)		,		
$\square$ A community official completed Section E for a building located in Zone A (without a F $\square$ The following information (Items G4-G9) is provided for community floodplain manage		ommunity-issued BFE)	or Zone AO.	
PERMIT NUMBER G5. DATE PERMIT ISSUED		DATE CERTIFICATE O	E COMBINANCE	IOCCI IDANICY ISSUED
CO. DATE I ENVII I ROULD		PATE VERTICIONIE U	OUWITLIANUE	OUCUPANOT BOUED
his permit has been issued for: New Construction Substantial Improvement				
Elevation of as-built lowest floor (including basement) of the building is:		ft.(m)		Datum:
IFE or (in Zone AO) depth of flooding at the building site is:		ft.(m)	,	Datum:
CAL OFFICIAL'S NAME	TITLE			
			<del></del>	
MMUNITY NAME	TELEPH	ONE		
MMUNITY NAME	TELEPH DATE	IONE		