07-00688

J.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires March 31, 2012

Important: Read the instructions on pages 1-9

lational Flood Insurance Program	•		ne instructions on p		
		SECTION A -	PROPERTY INFORI	MATION	For Insurance Company Use:
A1. Building Owner's Name Ken	Policy Number				
A2. Building Street Address (inclu6612 Brooklake Rd NE	Company NAIC Number				
City Salem State OR	ZIP Code 97305				
A3. Property Description (Lot and Tax Lot 6S 2W 22B02400	Block Numbers, Tax Pa	rcel Number, L	egal Description, etc.)		
 A4. Building Use (e.g., Residential A5. Latitude/Longitude: Lat. 45-0 A6. Attach at least 2 photographs A7. Building Diagram Number 9 	2 <u>-17.4N</u> Long. <u>122-55-</u> of the building if the Ce	32 VV	used to obtain flood ins	surance.	n: NAD 1927 NAD 1983
A8. For a building with a crawlspann a) Square footage of crawls b) No. of permanent flood of enclosure(s) within 1.0 for c) Total net area of flood opening	pace or enclosure(s) penings in the crawlspac ot above adjacent grade enings in A8.b	te or 13 1144	sq ft a) S b) I sq in c)	a building with an atta Square footage of atta No. of permanent floo within 1.0 foot above Fotal net area of flood Engineered flood ope	ached garage <u>NA</u> sq ft od openings in the attached garage adjacent grade <u>NA</u> d openings in A9.b <u>NA</u> sq in
	SECTION B - FLO	OOD INSURA	NCE RATE MAP (FI	RM) INFORMATIO	ON .
B1. NFIP Community Name & Co Marion County Unincorporated Ar	mmunity Number eas-410154	B2. Cou Marion	nty Name		B3. State OR
	Suffix B6. FIRM Date 1-2-20	. E	B7. FIRM Panel ffective/Revised Date 1-19-2000	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) not determined
11. Indicate elevation datum use 12. Is the building located in a Consignation Date	pastal Barrier Resources	System (CBRS	SRS OFA		
	SECTION C - BUILD	ING ELEVAT	ION INFORMATION	(SURVEY REQU	
 21. Building elevations are based *A new Elevation Certificate w 22. Elevations – Zones A1-A30, A below according to the building Benchmark Utilized	ill be required when con E, AH, A (with BFE), VE g diagram specified in It	. V1-V30, V (wi	ouilding is complete. th BFE), AR, AR/A, AR/	der Construction* AE, AR/A1-A30, AR/ E.	☐ Finished Construction AH, AR/AO. Complete Items C2.a-h
Conversion/Comments				OL 1 (b	
				Check the measur	meters (Puerto Rico only)
 Top of bottom floor (including basement, crawlspace, o 			e floor)		meters (Puerto Rico only)] meters (Puerto Rico only)
	= sub-the singular structural mamber 0/7(☐ feet ☐] meters (Puerto Rico only)
d) Attached garage (top of s		, (* 201.00 01))] meters (Puerto Rico only)
e) Lowest elevation of mach (Describe type of equipm	icing the buildin ments)	g] meters (Puerto Rico only)	
f) Lowest adjacent (finished) grade next to building (LAG)] meters (Puerto Rico only)
g) Highest adjacent (finished)h) Lowest adjacent grade at	d) grade next to building	(HAG)	ding] meters (Puerto Rico only)] meters (Puerto Rico only)
structural support	SECTION D - SUR	VEYOR, ENG	INEER, OR ARCHIT	ECT CERTIFICAT	TON
This certification is to be signed a information. I certify that the inforunderstand that any false statements are if comments are	nd sealed by a land sur mation on this Certificat ent may be punishable b	veyor, engineer, e represents my y fine or impriso n. Were la	or architect authorized best efforts to interpreonment under 18 U.S. Cottude and longitude in the control of th	by law to certify elevent the data available. I code, Section 1001.	REGISTERED PROFESSIONAL
Certifier's Name Corbey Boatwrig	ht	HOCHSON	License Number		Coly Bostry II
Title President		lame Boatwrig	ht Engineering Inc		OREGON JANUARY 13, 2004
Address 2613 12 th St SE	City Salem		State OR	ZIP Code 973	02 CORBEY BOATWRIGHT
Signature Cooling Boding	U	Date 10-1-201	0 Telephone 50	3-363-9225	EXPIRES: DEC. 31, 201

MPORTANT: In these spaces	s, copy the corresponding infor	mation from Section A.	20.0	r Insurance Company Use:		
Building Street Address (including A 6612 Brooklake Rd NE	Apt., Unit, Suite, and/or Bldg. No.) or P	O. Route and Box No.	}	licy Number		
City SalemState OR ZIP Code 9)7305		Co	Company NAIC Number		
SECTION	ON D - SURVEYOR, ENGINEER,	OR ARCHITECT CERTIFIC	ATION (CONTIN	UED)		
O bth eiden of this Elevation Co	ertificate for (1) community official, (2)	insurance agent/company, and	(3) building owner.			
	(AC and which is exempt because it w	vas an existing structure servicin	g the existing bulok	ling. The ductwork servicing the		
addition is 1' above the HAG excep	of where it transitions from the existing	building and is 0.6' below the H	IAG.			
Signature Coly Boty	.79	Date 10-1-2010		☐ Check here if attachment		
SECTION E - BUILDING EI	LEVATION INFORMATION (SUR	VEY NOT REQUIRED) FOR	ZONE AO AND	ZONE A (WITHOUT BFE)		
and C. For Items E1-E4, use nature E1. Provide elevation information grade (HAG) and the lowest and an arrow of bottom floor (include by Top of bottom floor	ing basement, crawlspace, or enclosuring basement, crawlspace, or enclosurith permanent flood openings provided the provided that is a simple of the building is 2.3 feet and/or equipment servicing the building the number is available, is the top of the simple of the property owner (OR F - PROPERTY OWNER (OR	priate boxes to show whether the re) is 2.0	e elevation is above a	e or below the highest adjacent below the HAG. below the LAG. structions), the next higher floor w the HAG. nmunity's floodplain management		
Ti	horized representative who completes	Sections A, B, and E for Zone A	(without a FEMA-i	ssued or community-issued BFE)		
or Zone AO must sign here. The s	tatements in Sections A, B, and E are	correct to the best of my knowle	dge.			
Property Owner's or Owner's Author	orized Representative's Name					
Corbey Boatwright Address 2613 12 th St. SE		City Salem	State OR	ZIP Code 97302		
0:		Date 10-1-2010	Telephone	503-363-9225		
corry Down	my (/					
Comments						
				Check here if attachme		
	SECTION G - COMMU	NITY INFORMATION (OPTI	ONAL)			
nd G of this Elevation Certificate. (The information in Section is authorized by law to cell A community official comp	by law or ordinance to administer the of Complete the applicable item(s) and sin C was taken from other documentation of the complete the applicable item (Indicate the oleted Section E for a building located (Items G4-G9) is provided for communication.	on that has been signed and sea the source and date of the elevation in Zone A (without a FEMA-issu nity floodplain management purp	aled by a licensed son data in the Comed or community-isonoses.	surveyor, engineer, or architect whents area below.) ssued BFE) or Zone AO.		
G4. Permit Number	G5. Date Permit Issued	G6. Date Cer	tificate Of Complia	nce/Occupancy Issued		
67. This permit has been issued for	or: New Construction	Substantial Improvement				
88. Elevation of as-built lowest floo	or (including basement) of the building	,	eters (PR) Datum			
69. BFE or (in Zone AO) depth of			eters (PR) Datum			
610. Community's design flood elev		feet	eters (PR) Datum			
Local Official's Name		Title				
Community Name		Telephone				
Signature		Date				
Comments						
				Check here if attach		