

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Dennis & Shiela Moore		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1429 Riverhaven Dr		Policy Number F/GDP82-8	Company NAIC Number
CITY Salem	STATE OR	ZIP CODE 97302	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Eola Bend Boaters Trackts, Lot 16, Block 4			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) (##-##-##.###" or ##.#####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Marion County Unincorporated Area 410154		B2. COUNTY NAME Marion		B3. STATE OR	
B4. MAP AND PANEL NUMBER 40147C0336	B5. SUFFIX G	B6. FIRM INDEX DATE 1/19/00	B7. FIRM PANEL EFFECTIVE/REVISED DATE 1/19/00	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD (Zone AO, use depth of flooding) 147.30

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):
- B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):
- B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

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. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see instruction pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation.
 Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum NGVD29 Conversion/Comments none
 Elevation reference mark used USGS*. Does the elevation reference mark used appear on the FIRM? Yes No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>149.70</u> ft.(m)	License Number, Embossed Seal, Signature, and Date
<input type="checkbox"/> b) Top of next higher floor	_____ ft.(m)	
<input checked="" type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>147.43</u> ft.(m)	
<input type="checkbox"/> d) Attach garage (top of slab)	_____ ft.(m)	
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____ ft.(m)	
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>137.95</u> ft.(m)	
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	<u>140.42</u> ft.(m)	
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h _____	_____ sq. in. (sq. cm)	

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 in Sections A, B, and C 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.

CERTIFIER'S NAME Martin Boatwright	LICENSE NUMBER 4865
TITLE Civil Engineer	COMPANY NAME Boatwright Engineering Inc.
ADDRESS 2613 12th St SE	CITY Salem
SIGNATURE	STATE OR
	ZIP CODE 97302
	DATE 7/26/01
	TELEPHONE (503) 363-9225

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

Riverhaven

CITY

Salem

STATE

OR

ZIP CODE

97302

For Insurance Company Use:

Policy Number

F/GDP82-8

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

COMMENTS

There is an open stairway that extends under the building that connects the ground concrete slab 138.83 to the first floor (a) in Diagram 5 * USGS along highway in Polk County

Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number - (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the floor (including basement or enclosure) of the building is _____ ft.(m) | _____ in.(cm) above or below the highest adjacent grade.

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft.(m) | _____ in.(cm) above the highest adjacent grade.

E4. For 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 Section A, B, and E for Zone A (without FEMA -issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

TELEPHONE

COMMENTS

Check here if attachments

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.

G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER

G5. DATE PERMIT ISSUED

G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____

ft.(m)

Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____

ft.(m)

Datum: _____

LOCAL OFFICIAL'S NAME

Les Sasaki

COMMUNITY NAME

Marion County

SIGNATURE

TITLE

Principal Planner

TELEPHONE

(503) 588-5038

DATE

5/8/02

COMMENTS

Check here if attachments

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

F/GWP 82-8

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <i>Dennis Moore & Sheila Reed</i>		For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt. Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>1429 Riverhaven Drive</i>		Policy Number
CITY <i>Salem</i>	STATE <i>Oregon</i>	Company NAIC Number
ZIP CODE <i>97302</i>		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>EOLA BEND BOATERS TRACTS, LOT 16, BLK 4.</i>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <i>Residential</i>		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or #####°)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <i>Marion County Unincorporated Area 410154</i>		B2. COUNTY NAME <i>Marion</i>		B3. STATE <i>Oregon</i>	
B4. MAP AND PANEL NUMBER <i>41047C0336</i>	B5. SUFFIX <i>G</i>	B6. FIRM INDEX DATE <i>January 19, 2000</i>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>January 19, 2000</i>	B8. FLOOD ZONE(S) <i>AE</i>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>147.3</i>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date _____

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. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum NGVD 29 Conversion/Comments _____ *USGS along Highway in Polk County*

Elevation reference mark used 5 Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) 149.20 ft.(m)

b) Top of next higher floor NA ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) 147.42 ft.(m)

d) Attached garage (top of slab) _____ ft.(m)

e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m)

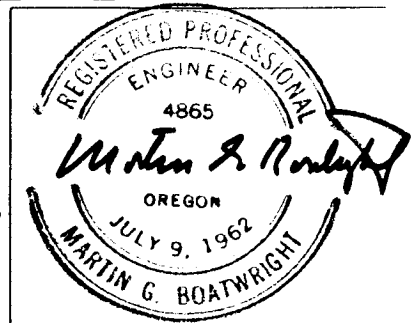
f) Lowest adjacent grade (LAG) 137.75 ft.(m)

g) Highest adjacent grade (HAG) 140.42 ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____

i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION Expires 12-31-01

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 in Sections A, B, and C 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.

CERTIFIER'S NAME <i>Martin Boatwright</i>	LICENSE NUMBER <i>P3 4865</i>
TITLE <i>Civil Engineer</i>	COMPANY NAME <i>Boatwright Engineering Inc.</i>
ADDRESS <i>2613 12th ST SE</i>	CITY <i>Salem</i>
SIGNATURE <i>Martin G. Boatwright</i>	STATE <i>Oregon</i>
	ZIP CODE <i>97302</i>
	DATE <i>7-26-01</i>
	TELEPHONE <i>503-363-9225</i>

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number
CITY	STATE	ZIP CODE	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

COMMENTS *There is a open stair way that extends under the building that connects the ground concrete Slab 138.83 to the first floor (a) in Diagram 5*

Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade.
- E4. For 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.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME			
ADDRESS	CITY	STATE	ZIP CODE
SIGNATURE	DATE	TELEPHONE	
COMMENTS			

Check here if attachments

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.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____
- G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME	TITLE
COMMUNITY NAME	TELEPHONE
SIGNATURE	DATE
COMMENTS	

Check here if attachments