

FP 99-12

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 <u>Bert Kleiner</u>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>17403 South Abiqua Road, NE</u>		Policy Number:	
CITY <u>Silverton</u>	STATE <u>Oregon</u>	Company NAIC Number:	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		ZIP CODE <u>97381</u>	

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
Residential

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####")

HORIZONTAL DATUM: SOURCE: GPS (Type): USGS Quad Map Other: Marion County Temporary Bench Mark

NAD 1927 NAD 1983

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. HFIP COMMUNITY NAME & COMMUNITY NUMBER <u>Marion County 4105A</u>		B2. COUNTY NAME <u>Marion</u>		B3. STATE <u>Oregon</u>	
B4. MAP AND PANEL NUMBER <u>41047C0275</u>	B5. SUFFIX <u>G</u>	B6. FIRM INDEX DATE <u>None Given</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>January 19, 2000</u>	B8. FLOOD ZONE(S) <u>X, A</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>None Given</u>

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): NAD 1927

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.

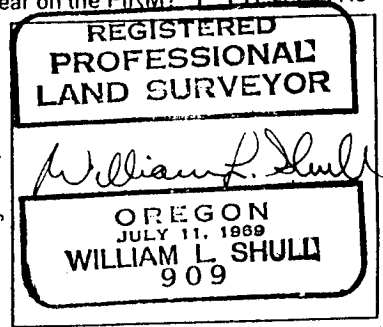
C2. Building Diagram Number B (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

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 _____ Conversion/Comments _____

Elevation reference mark used _____ 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>389</u> . <u>0</u> ft.(m)
<input checked="" type="checkbox"/> b) Top of next higher floor	<u>394</u> . <u>0</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ . _____ ft.(m)
<input checked="" type="checkbox"/> d) Attached garage (top of slab)	<u>393</u> . <u>7</u> ft.(m)
<input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>393</u> . <u>7</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>389</u> . <u>7</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>391</u> . <u>4</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>4</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>1724</u> 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 William L. Shull LICENSE NUMBER 909

TITLE Surveyor COMPANY NAME Azimuth Surveying

ADDRESS 2015 Market Street, NE CITY Salem STATE Oregon ZIP CODE 97301

SIGNATURE William L. Shull DATE May 30, 2000 TELEPHONE 503.364.0026

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE), V1-V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

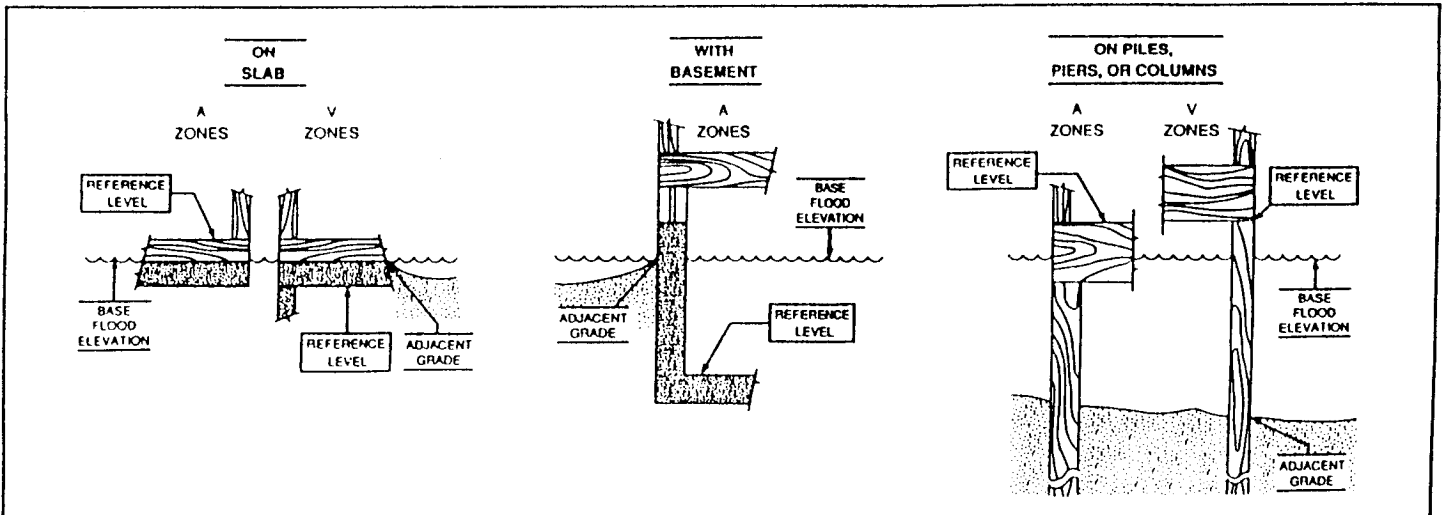
Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections 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>William L. Shull</i>	LICENSE NUMBER (or Affix Seal) <i>LS 909 (Oregon)</i>
TITLE <i>Land Surveyor</i>	COMPANY NAME <i>Azimuth Surveying</i>
ADDRESS <i>2015 Market Street, NE</i>	CITY STATE ZIP <i>Salem Oregon 97301</i>
SIGNATURE <i>William L. Shull</i>	DATE PHONE <i>12/15/99 (503) 364-0026</i>

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS: *B 7. None*
C3. Elevations based on Marion County TBM
at C.R. 657 P.I. 92+79.23 - Elevation 388.42



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones. Elevations for all A Zones should be measured at the top of the reference level floor. Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.