## 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 - PRO	PERTY OWNER INFO	RMATION	For Insurance Company Use:	
BUILDING OWNER'S NAME				Policy Number	
City of Salem Garage		FP04-17			
BUILDING STREET ADDRESS (Including Ap	ot., Unit, Suite, and/or Bldg. No.) OR P	P.O. ROUTE AND BOX NO.		Company NAIC Number	
2700 Santiam St E					
CITY		STATE		ZIP CODE	
Stayton		OR		97383	
PROPERTY DESCRIPTION (Lot and Block N Tax lot 091W13 00400	lumbers, Tax Parcel Number, Legal D	Description, etc.)			
BUILDING USE (e.g., Residential, Non-residential,	ential, Addition, Accessory, etc. Use C	Comments section if necessary	y.)		
3-bay garage, industrial					
LATITUDE/LONGITUDE (OPTIONAL)	HORIZONTAL DATUM: SOURCE: GPS (Type):				
(##-##'-##.##" or ##.####)	☐ NAD 1927 ☐ NAD 1			d Map  Other:	
	T		wanta	uniap 🗆 Other.	
	ECTION B - INSURANCE RA	TE MAP (FIRM) INFOR	RMATION		
B1. NFIP COMMUNITY NAME & COMMUNITY NUM	BER B2. COUNT	TY NAME		B3. STATE	
Stayton 410154		n County		OR	
B4. MAP AND PANEL NUMBER B5. SUFFIX	1	RM PANEL	B8. FLOOD ZONE(S)	B9. BASE FLOOD	
4404000000	[	CTIVE/REVISED DATE		(Zone AO, use depth of flooding)	
4101360050 B		9/1986	A5	478	
B10. Indicate the source of the Base		or base flood depth ento mined □ Other (D			
B11. Indicate the elevation datum u	sed for the REE in R9: X NG		Oss Describe):	Doggiha):	
B12. Is the building located in a Coa					
Designation Date:	asiai baillei Nesoulces System	CBRS) area or Othe	rwise Protected A	rea (OPA)? LJ Yes IZI No	
SECT	TON C - BUILDING ELEVATI	ION INFORMATION (SI	URVEY REQUIRE	D)	
C1. Building elevations are based o *A new Elevation Certificate will be	n:   Construction Drawings required when construction of the	s* Duilding Under C	onstruction* 🛛 F	inished Construction	
C2. Building Diagram Number 1	(Select the building diagra	am most similiar to the b	uilding for which	his certificate is being completed	
see instruction pages 6 and 7.	(Select the building diagra If no diagram accurately repre	am most similiar to the besents the building, prov	ide a sketch or p	hotograph.)	
see instruction pages 6 and 7. C3. Elevations - Zones A1-A30, AE,	(Select the building diagra If no diagram accurately repre AH, A (with BFE), VE, V1-V3	am most similiar to the besents the building, prov 0, V (with BFE), AR, AR	vide a sketch or pl R/A, AR/AE, AR/A	hotograph.) 1-A30. AR/AH. AR/AO.	
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IMPORTANT: In these spac	es, copy the corresponding info	ormation from	n Section A.	For Insurance Company Use:
	iding Apt., Unit, Suite, and/or Bldg. No.) OF	R P.O. ROUTE A	ND BOX NO.	Policy Number
Santiam CITY	77	TATE	ZIP CODE	FP04-17
Stayton		OR	97383	Company NAIC Number
	ION D - SURVEYOR, ENGINEER			(CONTINUED)
	tion Certificate for (1) community			<u>- ,                                   </u>
COMMENTS	, , , , , , , , , , , , , , , , , , , ,		aranoo agontoompany,	and (b) banding owner.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
OFOTION F. BUILDING F.				☐ Check here if attachments
				O AND ZONE A (WITHOUT BFE)
information for a LOMA or LO	hout BFE), complete Items E1 thr MR-F, Section C must be comple	ted.		0
pages 6 and 7. If no diag	ram accurately represents the bui	ilding, provide	a sketch or photograph.)	
the highest adjacent grad				. , ,
ft.(m)	B with openings (see page 7), the in.(cm) above the highest adjac	ent grade.		
E4. For Zone AO only: If no fle floodplain management o	ood depth number is available, is rdinance?	the top of the Jnknown. Th	bottom floor elevated in a e local official must certify	accordance with the community's y this information in Section G.
	ION F - PROPERTY OWNER (OF			
	s authorized representative who c			
PROPERTY OWNER'S OR OWNER'S	S AUTHORIZED REPRESENTATIVE'S NA	ME		
ADDRESS		CITY		STATE ZIP CODE
SIGNATURE		DATE	TELEF	PHONE
COMMENTS				
+ (N-1) - 1-(N-1) - 1-(N-1				
				☐ Check here if attachments
71 1 1 60 1 1 1 1	SECTION G - COMMU			
Sections A, B, C (or E), and G	ized by law or ordinance to admir of this Elevation Certificate. Com	plete the app	licable item(s) and sign b	elow.
G1. Lightharpoonup The information in Sec engineer, or architect v elevation data in the Co	tion C was taken from other doculy who is authorized by state or local comments area below.)	mentation tha law to certify	t has been signed and er elevation information. (In	mbossed by a licensed surveyor, dicate the source and date of the
G2.   A community official co	empleted Section E for a building l	ocated in Zor	ne A (without a FEMA-issi	ued or community-issued BFE) or
	on (Items G4-G9) is provided for o	community flo	odplain management pur	rposes.
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		G6. DATE CERTIFICATE OF COM	·
G7. This permit has been issu	ed for:	Substantial	Improvement	
	t floor (including basement) of the		•	(m) Datum:
	n of flooding at the building site is			(m) Datum:
LOCAL OFFICIAL'S NAME		TITL		
Les Sasaki COMMUNITY NAME			rincipal Planner	
Marion County			EPHONE 603) 588-5038	
SIGNATURE		DAT	E	
COMMENTS		8/	9/2005	
<del>-4</del>	The second secon			
				☐ Check here if attachments

## FEDERAL EMERGENCY MANAGEMENT AGENCY **FIONAL FLOOD INSURANCE PROGRAM**

## **ELEVATION CERTIFICATE**

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

					$I = V \wedge V$
		Important: F	Read the instructions on pages	1 - 7.	FP04-
		SECTION A	A - PROPERTY OWNER INFOR	MATION	For Insurance Company Use:
BUILDING OWNER'S NAME	···	· · · · · · · · · · · · · · · · · · ·		·····	Policy Number
City of Salem					
2700 E. Santiam Street	SS (Including /	Apt., Unit, Suite, and/o	r Bldg. No.) OR P.O. ROUTE AND	D BOX NO.	Company NAIC Number
CITY Statyon			STATE OR	ZIP 0 9738	CODE
	(Lot and Block	Numbers Tax Parce	Number, Legal Description, etc.)	3730	J
Tax Lot I.D. 101224 Tax Lot 09	91W13 00400	1	,		
			ssory, etc. Use a Comments area	, if necessary.)	
3-Bay Garage, Industrial, acce LATITUDE/LONGITUDE (OP			ONTAL DATUM:	SOURCE: GPS (T	
( ##° - ##' - ##.##" or ##.###			27 🔯 NAD 1983	USGS	
	S	ECTION B - FLOOD	INSURANCE RATE MAP (FIRM	) INFORMATION	
B1. NFIP COMMUNITY NAME & CO	MMUNITY NUM		B2. COUNTY NAME		B3. STATE
Stayton, OR, 410170			Marion County		Oregon
B4. MAP AND PANEL	Dr. 01:	00 515	B7. FIRM PANEL		B9. BASE FLOOD ELEVATION(S)
NUMBER E 4101360050	B5. SUFFIX B	B6. FIRM INDEX DATE 9/29/86	EFFECTIVE/REVISED DATE 9/29/86	B8. FLOOD ZONE(S) A5	(Zone AO, use depth of flooding) 478
					4/0
10. Indicate the source of the Bas ☐ FIS Profile        F		on (BFE) data or base to Community Dete		scribe).	
ا کے اور کا ادام کا ا 1. Indicate the elevation datum u				38 Other (Describe):	
			) area or Otherwise Protected Area (C		Designation Date
			ELEVATION INFORMATION (SI		Designation Date
. Building elevations are based o				Finished Construction	
*A new Elevation Certificate will		_	_	M LIURIER COURTING	
A LICW LICYALION OCIUNCALE WIL	III DE LEQUILEU WI				
	•		•	is being completed. see pe	ages 6 and 7. If no diagram
2. Building Diagram Number <u>1</u> (Se	elect the building	g diagram most similar t	o the building for which this certificate	is being completed - see pa	ages 6 and 7. If no diagram
<ol> <li>Building Diagram Number 1 (Se accurately represents the buildi</li> </ol>	elect the building ling, provide a sl	g diagram most similar to ketch or photograph.)	the building for which this certificate		ages 6 and 7. If no diagram
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	ces, copy the corresponding informa			For Insurance Company Use:
BUILDING STREET ADDRESS (Indi 2700 E. Santiam Street	luding Apt., Unit, Suite, and/or Bk. J.) OR P.O. F	ROUTE AND BOX NO.		Policy Number
CITY Stayton		STATE OR	ZIP CODE 97383	Company NAIC Number
Outon	SECTION D - SURVEYOR, ENGINE			NUED)
Copy both sides of this Elevation	Certificate for (1) community official, (2) insur	rance agent/company, and (3	l) building owner.	
COMMENTS				
				Check here if attachmen
SECTION E - BUIL	LDING ELEVATION INFORMATION (S	SURVEY NOT REQUIRE	D) FOR ZONE AO AND	
or Zone AO and Zone A (without E	BFE), complete Items E1 through E4. If the E	Elevation Certificate is intende	ed for use as supporting info	rmation for a LOMA or LOMR-F,
ection C must be completed.				
<ol> <li>Building Diagram Number _(Se represents the building, provide</li> </ol>	elect the building diagram most similar to the	building for which this certific	ate is being completed – sei	e pages 6 and 7. If no diagram accurate
	uding basement or enclosure) of the building	is ft.(m) in.(cm) a	bove or below (check o	one) the highest adjacent grade. (Use
natural grade, if available).	, ,	_ (/_ (/_	,	, 0 , 0 , 0
5 5	openings (see page 7), the next higher floor	or elevated floor (elevation b)	of the building isft.(m)	in.(cm) above the highest adjacent
grade. Complete items C3.h a		io #(m) in(om)□o	hava ar 🗀 balaw/abaak	ona) the highest ediscout and a // les
natural grade, if available).	inery and/or equipment servicing the building	) is i(m)in.(an) [_] a	pove or below (check (	one) the highest adjacent grade. (Use
	lepth number is available, is the top of the bot	ttom floor elevated in accorda	nce with the community's flo	oodplain management ordinance?
•	wn. The local official must certify this informa			
	SECTION F - PROPERTY OWNER (			
• • •	thorized representative who completes Section	•		(without a FEMA-issued or community-
	n here. The statements in Sections A, B, C,		of my knowledge.	
PROPERTY OWNER'S OR OWN Sophia Hobet	NER'S AUTHORIZED REPRESENTATIVE'S	SNAME		
ADDRESS /	1	CITY	S	TATE ZIP CODE
1410 20th Street SE, Bldg 2	A. 1 1 1	Salem	OI	R 97302 ELEPHONE
SIGNATURE	In wort	DATE O 7		03) 588-6063
COMMENTS			<del></del>	
				Check here if attachment
•		IUNITY INFORMATION (	<del></del>	
	by law or ordinance to administer the commun	nity's floodplain management	ordinance can complete Se	ections A, B, C (or E), and G of this Eleva
ertificate. Complete the applicable			ad by a Saanaad ayayay a	mainant or ambitant who is sutherized by
	C was taken from other documentation that hat hat hat hat hat hat hat hat ha	_		rigineer, or architect who is authorized by
· · · · · · · · · · · · · · · · · · ·	eted Section E for a building located in Zone		· ·	Zone AO.
3. The following information (It	terns G4-G9) is provided for community flood	plain management purposes		
34. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G	6. DATE CERTIFICATE OF CO	OMPLIANCE/OCCUPANCY ISSUED
7. This permit has been issued for:	I :: ☐ New Construction ☐ Substantial Imp	provement		
B. Elevation of as-built lowest floor	(including basement) of the building is:		ft.(m)	Datum:
9. BFE or (in Zone AO) depth of flo	ooding at the building site is:		ft.(m)	Datum:
OCAL OFFICIAL'S NAME		TITLE	· · · · · · · · · · · · · · · · · · ·	
COMMUNITY NAME	The second secon	TELEP	HONE	
SIGNATURE		DATE		
COMMENTS				
				☐ Check here if attachments