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 OWNER INFORMATION

BUILDING OWNER'S NAME: Robert & Isabel Meyer	For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 6805 River Rd	Policy Number: FP02-5
CITY: Salem / STATE: OR / ZIP CODE:	Company NAIC Number:

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Map 8-4-23 Tax lot 800

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

LATITUDE/LONGITUDE (OPTIONAL) (## - ## - ##.## " or ##.#####) HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983 SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☐ Other:

SECTION B - INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
Marion County 410154	Marion	OR

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD (Zone AO, use depth of flooding)
41047C0650	G	01/19/2000	01/19/2000	A	

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): NA

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

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 8 (Select the building diagram most similiar 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 _____ Conversion/Comments _____

Elevation reference mark used Polk #150 . Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☒ a) Top of bottom floor (including basement or enclosure)	155.30	ft.(m)
☒ b) Top of next higher floor	158.40	ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)		ft.(m)
☐ d) Attach garage (top of slab)		ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building		ft.(m)
☒ f) Lowest adjacent grade (LAG)	154.50	ft.(m)
☒ g) Highest adjacent grade (HAG)	154.50	ft.(m)
☒ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	16	
☒ i) Total area of all permanent openings (flood vents) in C3h	2758	sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

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. Lauer	LICENSE NUMBER: 2558		
TITLE: Licensed Surveyor	COMPANY NAME: Northstar Surveying, Inc.		
ADDRESS: 728 NW 4th St	CITY: Corvallis	STATE: OR	ZIP CODE: 97338
SIGNATURE	DATE: 10/23/2002	TELEPHONE: (541) 757-9050	

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.			Policy Number
River			FP02-5
CITY	STATE	ZIP CODE	Company NAIC Number
Salem	OR		

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

☐ 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 similiar 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 |0| ft.(m) |1| 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 |3| ft.(m) |1| 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			
William L. Lauer			
ADDRESS	CITY	STATE	ZIP CODE
728 NW 4th St	Corvallis	OR	97338
SIGNATURE	DATE	TELEPHONE	
	10/23/2002	(541) 757-9050	

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	TITLE
Les Sasaki	Principal Planner
COMMUNITY NAME	TELEPHONE
Marion County	(503) 588-5038
SIGNATURE	DATE
	10/24/2002

COMMENTS

☐ Check here if attachments

Attn Brandon

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

Important: Read the Instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

BUILDING OWNER'S NAME
MEYER, Robert & Isabel

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
6805 River Road S.

CITY: Salem
STATE: OR
ZIP CODE:

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Map 8-4-23 Tax Lot 800

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

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.######°)
HORIZONTAL DATUM: |__| NAD 1927 |__| NAD 1983
SOURCE: |__| GPS (Type): |__| USGS Quad Map |__| Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
410147	Marion	OR

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
410147C0650D	G	1-19-2000	1-19-2000	A	

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): NA

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* |X| Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 8 (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 C3.a-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 Polk Co GIS #150 Does the elevation reference mark used appear on the FIRM? |__| Yes |X| No

☐ a) Top of bottom floor (including basement or enclosure)	155.3	ft.(m)
☐ b) Top of next higher floor	158.4	ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	NA	ft.(m)
☐ d) Attached garage (top of slab)	NA	ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	NA	ft.(m)
☐ f) Lowest adjacent (finished) grade (LAG)	154.5	ft.(m)
☐ g) Highest adjacent (finished) grade (HAG)	154.5	ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	16	
☐ i) Total area of all permanent openings (flood vents) in C3.h	2758	sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

W Lane
2558LS
Ex. 12-31-02

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.

IMPORTANT: In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 6505 River Road S.	Policy Number
CITY: Salem — STATE: OR — 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

|__| 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 8 (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 |2|0| ft.(m) |_|_|in.(cm) |X| above or |__| below (check one) the highest adjacent grade. (Use natural grade, if available.)

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is |__|3| ft.(m) |_|_|in.(cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.

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 |X| 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME: William L Laker

ADDRESS: 720 NW 4th St — CITY: Corvallis — STATE: OR — ZIP CODE: 97330

SIGNATURE: W L Laker — DATE: 10-23-02 — TELEPHONE: 541-757-2955

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 — TITLE

COMMUNITY NAME — TELEPHONE

SIGNATURE — DATE

COMMENTS

|__| Check here if attachments

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

FP02-5

Important: Read the Instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME: MEYER, Robert & Isabel — Policy Number:

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 6805 River Road S. — Company NAIC Number:

CITY: Salem — STATE: OR — ZIP CODE:

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Map 8-4-23 Tax Lot 800

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

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.######°) HORIZONTAL DATUM: |__| NAD 1927 |__| NAD 1983 SOURCE: |__| GPS (Type): |__| USGS Quad Map |__| Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
410154	Marion	OR

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
410154 0250	D	6-19-97	9-30-93	A	—

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): NA

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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: |X| Construction Drawings*★ |__| Building Under Construction* |__| Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete. ★ - Owner's Statement

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 C3.a-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 Polk Co. GPS #150 Does the elevation reference mark used appear on the FIRM? |__| Yes |X| No

☐ a) Top of bottom floor (including basement or enclosure)	157.5	ft.(m)
☐ b) Top of next higher floor	NA	ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	NA	ft.(m)
☐ d) Attached garage (top of slab)	NA	ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	NA	ft.(m)
☐ f) Lowest adjacent (finished) grade (LAG)	154.5	ft.(m)
☐ g) Highest adjacent (finished) grade (HAG)	154.5	ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	NA	
☐ i) Total area of all permanent openings (flood vents) in C3.h	NA	sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

REGISTERED PROFESSIONAL LAND SURVEYOR
OREGON
JULY 13, 1979
THEODORE JAMES LANGTON
1823

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION exp 12/31/02

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: Theodore J. Langton — LICENSE NUMBER: OR PLS 1823
TITLE: President — COMPANY NAME: Northstar Surveying, Inc.
ADDRESS: 728 NW 4th St. — CITY: Corvallis — STATE: OR — ZIP CODE: 97330
SIGNATURE: — DATE: 4/19/02 — TELEPHONE: 541-757-9050

DIAGRAM 5

All buildings elevated on piers, posts, piles, columns, or parallel shear walls. No obstructions below the elevated floor.

Distinguishing Feature – For all zones, the area below the elevated floor is open, with no obstruction to flow of flood waters (open lattice work and/or readily removable insect screening is permissible).

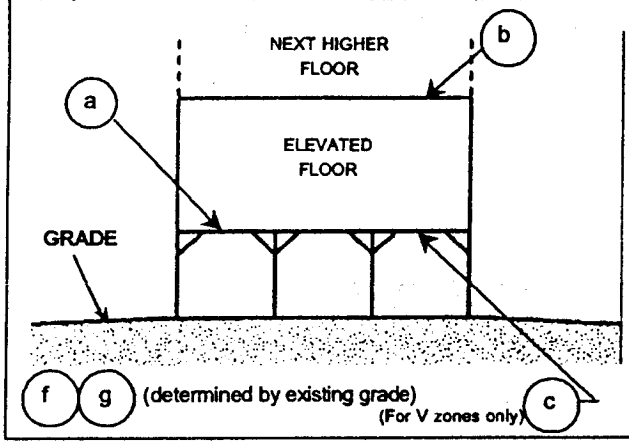


DIAGRAM 6

All buildings elevated on piers, posts, piles, columns, or parallel shear walls with full or partial enclosure below the elevated floor.

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about openings in Section C, Building Elevation Information (Survey Required).

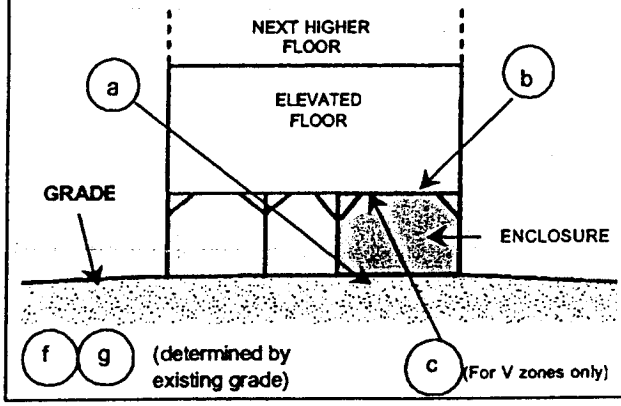


DIAGRAM 7

All buildings elevated on full-story foundation walls with a partially or fully enclosed area below the elevated floor. This includes walkout levels, where at least one side is at or above grade. The principal use of this building is located in the elevated floors of the building.

Distinguishing Feature – For all zones, the area below the elevated floor is enclosed, either partially or fully. In A Zones, the partially or fully enclosed area below the elevated floor is with or without openings** present in the walls of the enclosure. Indicate information about openings in Section C, Building Elevation Information (Survey Required).

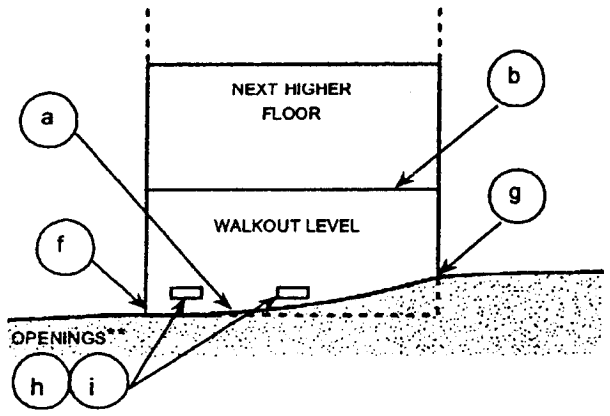
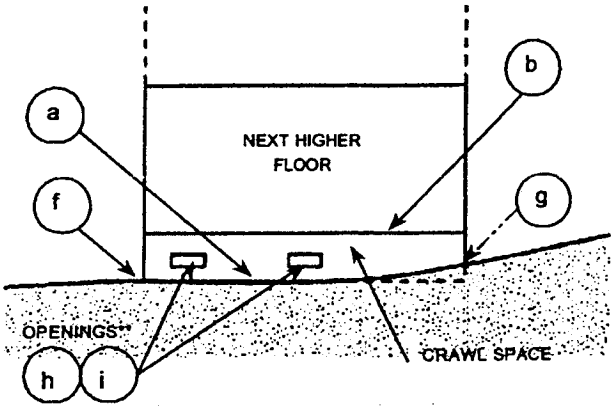


DIAGRAM 8

All buildings elevated on a crawl space with the floor of the crawl space at or above grade on at least one side, with or without an attached garage.

Distinguishing Feature – For all zones, the area below the first floor is enclosed by solid or partial perimeter walls. In all A zones, the crawl space is with or without openings** present in the walls of the crawl space. Indicate information about the openings in Section C, Building Elevation Information (Survey Required).



** An "opening" (flood vent) is defined as a permanent opening in a wall that allows for the free passage of water automatically in both directions without human intervention. Under the NFIP, a minimum of two openings is required for enclosures or crawl spaces with a total net area of not less than one square inch for every square foot of area enclosed. Each opening must be on different sides of the enclosed area. If a building has more than one enclosed area, each area must have openings on exterior walls to allow floodwater to directly enter. The bottom of the openings must be no higher than one foot above the grade underneath the flood vents. Alternatively, you may submit a certification by a registered professional engineer or architect that the design will allow for the automatic equalization of hydrostatic flood forces on exterior walls. A window, a door, or a garage door is not considered an opening.