

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 Oregon Parks and Rec Dept		For Insurance Company Use: Policy Number FP/GW04-3	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 7679 Champoeg Rd		Company NAIC Number	
CITY St Paul	STATE OR	ZIP CODE 97137	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) T4S R2W Sec 1 Tax lot 100 Parcel no 41516-000			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Non-residential, public use			
LATITUDE/LONGITUDE (OPTIONAL) (## - ## - ## ##" or ##.#####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <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 410154		B2. COUNTY NAME Marion		B3. STATE OR	
B4. MAP AND PANEL NUMBER 4101540025	B5. SUFFIX G	B6. FIRM INDEX DATE 1/19/2001	B7. FIRM PANEL EFFECTIVE/REVISED DATE 1/19/2001	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD (Zone AO, use depth of flooding) 95.50

- 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 2 (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 _____ Conversion/Comments _____
 Elevation reference mark used OSMB. 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>91.82</u> ft.(m) | License Number, Embossed Seal, Signature, and Date |
| <input checked="" type="checkbox"/> b) Top of next higher floor | <u>96.15</u> ft.(m) | |
| <input checked="" type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | <u>0.00</u> ft.(m) | |
| <input checked="" type="checkbox"/> d) Attach garage (top of slab) | <u>0.00</u> ft.(m) | |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building | <u>0</u> ft.(m) | |
| <input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG) | <u>95.65</u> ft.(m) | |
| <input checked="" type="checkbox"/> g) Highest adjacent grade (HAG) | <u>96.05</u> ft.(m) | |
| <input checked="" type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>6</u> | | |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h <u>1152</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 Jay C. Beeks	LICENSE NUMBER 19500
TITLE Engineering Manager	COMPANY NAME Oregon Park and Rec Dept
ADDRESS 725 Summer St NE Ste C	CITY Salem
SIGNATURE	STATE OR
	ZIP CODE 973011271
	DATE 11/9/2004
	TELEPHONE (503) 986-0753

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.

Champoeg

CITY

St Paul

STATE
OR

ZIP CODE
97137

For Insurance Company Use:

Policy Number

FP/GW04-3

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 - (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 Planning

SIGNATURE

TITLE

Principal Planner

TELEPHONE

(503) 588-5038

DATE

10/26/2004

COMMENTS

Check here if attachments

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

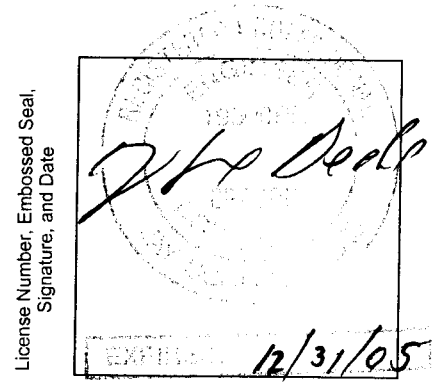
ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		
BUILDING OWNER'S NAME Oregon Parks and Recreation Department		For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 7679 Champoeg Rd. NE, Boat Dock Dayuse Area		Company NAIC Number
CITY St. Paul	STATE OR	ZIP CODE 97137
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) T 4 S, R 2 W, Sec 1 Tax Lot #100 Parcel No. 41516-000		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Non-residential, Public Use (Precast Concrete Vault Toilet Building)		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.#####") 45d - 15m - 16, 122d - 52m 55s	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 St. Paul Community No. 410154		B2. COUNTY NAME Marion		B3. STATE OR	
B4. MAP AND PANEL NUMBER 410154 0025	B5. SUFFIX G	B6. FIRM INDEX DATE 1/19/2001	B7. FIRM PANEL EFFECTIVE/REVISED DATE 1/19/2001	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 95.5'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input checked="" type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Building Diagram Number <u>2</u> (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 <u>OSMB</u> Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a) Top of bottom floor (including basement or enclosure)	91. <u>82</u> ft.(m)
b) Top of next higher floor	96. <u>15</u> ft.(m)
c) Bottom of lowest horizontal structural member (V zones only)	N/A. <u> </u> ft.(m)
d) Attached garage (top of slab)	N/A. <u> </u> ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	N/A. <u> </u> ft.(m)
f) Lowest adjacent (finished) grade (LAG)	95. <u>65</u> ft.(m)
g) Highest adjacent (finished) grade (HAG)	96. <u>05</u> ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>6</u>	
i) Total area of all permanent openings (flood vents) in C3.h <u>1152</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 Jay C. Beeks, P.E.		LICENSE NUMBER 19500	
TITLE Engineering Manager		COMPANY NAME Oregon Parks and Recreation Department	
ADDRESS 725 Summer St NE Suite "C"	CITY Salem	STATE OR	ZIP CODE 97301.1271
SIGNATURE <i>Jay C. Beeks</i>	DATE 11/9/04	TELEPHONE 503.968.0753	503 986-0753

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. 7679 Champoeg Rd. NE, Boat Dock Dayuse Area			Policy Number
CITY St. Paul	STATE OR	ZIP CODE 97137	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 __ (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. (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 __ 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 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 Ramin Pakdel, Project Manager			
ADDRESS 725 Summer St., NE, Suite "C"	CITY Salem	STATE OR	ZIP CODE 97301-1271
SIGNATURE	DATE	TELEPHONE (503) 986-0775	

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