

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 Keizer Sand & Gravel Co.		For Insurance Company Use: Policy Number CU89-98	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1812 Willow Lake Rd		Company NAIC Number	
CITY Keizer	STATE OR	ZIP CODE 97307	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Lot 100 Map 07-3W-04			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Truck Scale (not enclosed)			
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 County		B3. STATE OR	
B4. MAP AND PANEL NUMBER 41047C0193	B5. SUFFIX G	B6. FIRM INDEX DATE 01/19/2000	B7. FIRM PANEL EFFECTIVE/REVISED DATE 01/19/2000	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD (Zone AO, use depth of flooding) 130.50

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): MCPW

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 1 (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 see note. 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)	_____	130.50 ft.(m)
<input checked="" type="checkbox"/> b) Top of next higher floor	_____	132.70 ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____	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)	_____	130.50 ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	_____	130.50 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)

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 John P. Tacchini	LICENSE NUMBER 2267		
TITLE Survey Mgr Development Div	COMPANY NAME Westlake Consultants		
ADDRESS 15115 SW Sequoia Pkwy Ste 150	CITY Tigard	STATE OR	ZIP CODE 97224
SIGNATURE	DATE 12/11/2002	TELEPHONE (503) 684-0652	

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

Willow Lake

CU89-98

CITY

STATE

ZIP CODE

Company NAIC Number

Keizer

OR

97307

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

This structure is a truck scale, not enclosed, with concrete abutments at both ends and gravel ramps on and off.

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

TITLE

Principal Planner

COMMUNITY NAME

Marion County

TELEPHONE

(503) 588-5038

SIGNATURE

DATE

01/29/2003

COMMENTS

Check here if attachments

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. <i>1812 WILLOW LAKE RD.</i>			Policy Number	
CITY <i>KEIZER</i>	STATE <i>OR</i>	ZIP CODE <i>97307</i>	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

THIS STRUCTURE IS A TRUCK SCALE, NOT ENCLOSED, WITH CONCRETE ABUTMENTS AT BOTH ENDS AND GRAVEL RAMP ON MUD OFF.

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 1 (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

JOHN P. TACCHINI, WESTLAKE CONSULTANTS

ADDRESS

15115 SW SEQUOIA PARKWAY, SUITE 150

CITY

TIGARD

STATE

OR

ZIP CODE

97224

SIGNATURE

John P. Tacchini

DATE

12/11/02

TELEPHONE

503 684 0652

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

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. <i>1812 WILLOW LAKE RD.</i>			Policy Number
CITY <i>KEIZER</i>	STATE <i>OR</i>	ZIP CODE <i>97307</i>	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

THIS STRUCTURE IS A TRUCK SCALE, NOT ENCLOSED, WITH CONCRETE ABUTMENTS AT BOTH ENDS AND GRAVEL RAMP ON AND OFF.

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

JOHN P. TACCHINI, WESTLAKE CONSULTANTS

ADDRESS <i>15115 SW SEQUOIA PARKWAY, SUITE 150</i>	CITY <i>TIGARD</i>	STATE <i>OR</i>	ZIP CODE <i>97224</i>
SIGNATURE <i>John P. Tacchini</i>	DATE <i>12/11/02</i>	TELEPHONE <i>503 684 0652</i>	

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)

_____ ft.(m)

Datum:

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

_____ 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

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 Keizer Sand & Gravel Co.		For Insurance Company Use: Policy Number CU89-98
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1812 Willow Lake Rd		Company NAIC Number
CITY Keizer	STATE OR	ZIP CODE 97307
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Lot 100 Map 07-3W-04		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Equipment Maintenance Shop		
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 410154		B2. COUNTY NAME Marion County		B3. STATE OR	
B4. MAP AND PANEL NUMBER 41047C0193	B5. SUFFIX G	B6. FIRM INDEX DATE 01/19/2000	B7. FIRM PANEL EFFECTIVE/REVISED DATE 01/19/2000	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD (Zone AO, use depth of flooding) 130.50

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): MCPW

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 1 (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 see note. Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement or enclosure) 129.50 ft.(m)
- b) Top of next higher floor _____ 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 131.40 ft.(m)
- f) Lowest adjacent grade (LAG) 129.10 ft.(m)
- g) Highest adjacent grade (HAG) 129.50 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 10
- i) Total area of all permanent openings (flood vents) in C3h 2628 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 John P. Tacchini	LICENSE NUMBER 2267		
TITLE Survey Mgr Development Div	COMPANY NAME Westlake Consultants		
ADDRESS 15115 SW Sequoia Prkwy Ste 150	CITY Tigard	STATE OR	ZIP CODE 97224
SIGNATURE	DATE 12/11/2002	TELEPHONE (503) 684-0652	

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

For Insurance Company Use:	
Policy Number	CU89-98
Company NAIC Number	

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Willow Lake		
CITY Keizer	STATE OR	ZIP CODE 97307

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
B.11 Elevation benchmark: Marion County Vertical Control Station No. 1244; Name: Willow; Elev.: 127.39 C.2 Structure
is wood frame slab on grade\ C.3e Electrical outlet

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	TITLE Principal Planner
COMMUNITY NAME Marion County	TELEPHONE (503) 588-5038
SIGNATURE	DATE 01/29/2003
COMMENTS	

Check here if attachments

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME Keizer Sand & Gravel		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1812 Willow Lake Road		Company NAIC Number	
CITY Keizer	STATE OR	ZIP CODE 97307	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Lot 100 - Map 07-3W-04			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Equipment Maintenance Shop			
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 - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Marion Co. 410154		B2. COUNTY NAME Marion		B3. STATE OR	
B4. MAP AND PANEL NUMBER 41047C0193	B5. SUFFIX G	B6. FIRM INDEX DATE 1/19/2000	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 130.5

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 1 (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, ARIA, ARIA/E, ARIA1-A30, ARIA/H, ARIA/O
 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 _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	129.5 ft.(m)
<input type="checkbox"/> b) Top of next higher floor	N/A ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	N/A ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	N/A ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	131.4 ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	129.1 ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	129.5 ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	TEN
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	2628 sq. in. (sq. cm)

REGISTERED PROFESSIONAL LAND SURVEYOR

John P. Tacchini

OREGON
JOHN P. TACCHINI
JAN. 15, 1987
2267

RENEWAL: 6/30/04

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 John P. Tacchini	LICENSE NUMBER OR 2267
TITLE Survey Manager, Development Division	COMPANY NAME Westlake Consultants, Inc.
ADDRESS 15115 SW Sequoia Parkway, Suite 150	CITY STATE ZIP CODE Tigard OR 97224
SIGNATURE <i>John P. Tacchini</i>	DATE TELEPHONE 4/17/03 503-684-0652

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. 1812 Willow Lake Road			Policy Number	
CITY Keizer	STATE OR	ZIP CODE 97307	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

B.1i Elevation benchmark: Marion Co. Vertical Control Station No. 1244

Name: Willow, Elev.: 127.39

C.2 Structure is wood frame with slab on grade

C.3e Electrical outlet

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 1 (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

John P. Tacchini - Westlake Consultants, Inc.

ADDRESS

15115 SW Sequoia Parkway, Suite 150

CITY

Tigard

STATE OR

OR

ZIP CODE

97224

SIGNATURE

John P. Tacchini

DATE

4/17/03

TELEPHONE

(503) 684-0652

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

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		For Insurance Company Use:
BUILDING OWNER'S NAME Keier Sand & Gravel		Policy Number CU89-98
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1812 Willow Lake Rd		Company NAIC Number
CITY Keizer	STATE OR	ZIP CODE 97307
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Lot 100 M 07-3W-04		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Quarry Office		
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 410154		B2. COUNTY NAME Marion		B3. STATE OR	
B4. MAP AND PANEL NUMBER 41047C0193	B5. SUFFIX G	B6. FIRM INDEX DATE 01/19/2000	B7. FIRM PANEL EFFECTIVE/REVISED DATE 01/19/2000	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD (Zone AO, use depth of flooding) 130.50

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): MCPW

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 6 (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 see note. 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>129.50</u> ft.(m)
<input checked="" type="checkbox"/> b) Top of next higher floor	<u>132.40</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft.(m)
<input type="checkbox"/> d) Attach garage (top of slab)	_____ ft.(m)
<input checked="" type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>129.50</u> ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>129.50</u> ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent grade (HAG)	<u>130.70</u> ft.(m)
<input checked="" type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>5</u>
<input checked="" type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>11022</u> 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 John P. Tacchini	LICENSE NUMBER 2267		
TITLE Survey Manager Develop Div	COMPANY NAME Westlake Consultants		
ADDRESS 15115 SW Sequoia Pkwy Ste 150	CITY Tigard	STATE OR	ZIP CODE 97224
SIGNATURE	DATE 12/11/2002	TELEPHONE (503) 684-0652	

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

For Insurance Company Use:	
Policy Number	CU89-98
Company NAIC Number	

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Willow Lake		
CITY Keizer	STATE OR	ZIP CODE 97307

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

B.11 Elevation benchmark: Marion County Vertical Control Station No. 1244; Name: Willow; Elev: 127.39 NGVD C.3e Water
and sewer service are at ground level under structure. Structure is a manufactured bldg on conc blocks

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	TITLE Principal Planner
COMMUNITY NAME Marion County	TELEPHONE (503) 588-5038
SIGNATURE	DATE 01/29/2003
COMMENTS	

Check here if attachments

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME Keizer Sand & Gravel		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1812 Willow Lake Road		Company NAIC Number	
CITY Keizer	STATE OR	ZIP CODE 97307	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Lot 100, Map 07-3W-04			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Quarry Office			
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 - FLOOD 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 41047C0193	B5. SUFFIX G	B6. FIRM INDEX DATE 1/19/2000	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 130.5

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): Marion County Public Works

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 0 (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, ARAE, 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 _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	129.5 ft(m)
<input type="checkbox"/> b) Top of next higher floor	132.4 ft(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	N/A ft(m)
<input type="checkbox"/> d) Attached garage (top of slab)	N/A ft(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	129.5 ft(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	129.5 ft(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	130.7 ft(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>Five</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <u>Five</u> (sq. in.) (sq. cm) <u>11,022</u>	



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: John P. Tacchini LICENSE NUMBER: OR 2267

TITLE: Survey Manager, Development Division COMPANY NAME: Westlake Consultants, Inc.

ADDRESS: 15115 SW Sequoia Parkway, Suite 150 CITY: Tigard STATE: OR ZIP CODE: 97224

SIGNATURE: [Signature] DATE: 4/17/03 TELEPHONE: (503) 684-0652

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. 1812 Willow Lake Road		Policy Number	
CITY Keizer	STATE OR	ZIP CODE 97307	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

B.11 Elevation benchmark: Marion Co. Vertical Control Station No. 1244

Name: Willow, Elev. - 127.39 NGVD

C.3e water & sewer service are at ground level under structure

Structure is a manufactured building on concrete blocks

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 6 (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 2' ft.(m) 11" 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
John P. Tacchini - Westlake Consultants

ADDRESS: 15115 SW Sequoia Parkway, Suite 150 CITY: Tigard STATE: OR ZIP CODE: 97224

SIGNATURE: *John P. Tacchini* DATE: 4/17/03 TELEPHONE: (503) 684-0652

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