



Federal Emergency Management Agency

Washington, D.C. 20472

LETTER OF MAP REVISION BASED ON FILL DETERMINATION DOCUMENT (REMOVAL)

COMMUNITY AND MAP PANEL INFORMATION		LEGAL PROPERTY DESCRIPTION
COMMUNITY	CITY OF COTTAGE GROVE, LANE COUNTY, OREGON	Parcel 1, Grove of Pines Subdivision, as shown on the Land Partition Plat No. 2005-P1852 recorded as Document No. 2005-013139, in the Office of the County Clerk, Lane County, Oregon
	COMMUNITY NO.: 410120	
AFFECTED MAP PANEL	NUMBER: 41039C2087F	
	NAME: LANE COUNTY, OREGON AND INCORPORATED AREAS	
DATE: 6/2/1999		
FLOODING SOURCE: SILK CREEK		APPROXIMATE LATITUDE & LONGITUDE OF PROPERTY: 43.797, -123.079 SOURCE OF LAT & LONG: PRECISION MAPPING STREETS 7.0 DATUM: NAD 83

DETERMINATION

LOT	BLOCK/SECTION	SUBDIVISION	STREET	OUTCOME WHAT IS REMOVED FROM THE SFHA	FLOOD ZONE	1% ANNUAL CHANCE FLOOD ELEVATION (NGVD 29)	LOWEST ADJACENT GRADE ELEVATION (NGVD 29)	LOWEST LOT ELEVATION (NGVD 29)
1	—	Grove of Pines	2113 Ash Avenue	Structure	X (shaded)	655.2 feet	655.2 feet	—

Special Flood Hazard Area (SFHA) - The SFHA is an area that would be inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood).

ADDITIONAL CONSIDERATIONS (Please refer to the appropriate section on Attachment 1 for the additional considerations listed below.)

PORTIONS REMAIN IN THE SFHA

This document provides the Federal Emergency Management Agency's determination regarding a request for a Letter of Map Revision based on Fill for the property described above. Using the information submitted and the effective National Flood Insurance Program (NFIP) map, we have determined that the structure(s) on the property(ies) is/are not located in the SFHA, an area inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood). This document revises the effective NFIP map to remove the subject property from the SFHA located on the effective NFIP map; therefore, the Federal mandatory flood insurance requirement does not apply. However, the lender has the option to continue the flood insurance requirement to protect its financial risk on the loan. A Preferred Risk Policy (PRP) is available for buildings located outside the SFHA. Information about the PRP and how one can apply is enclosed.

This determination is based on the flood data presently available. The enclosed documents provide additional information regarding this determination. If you have any questions about this document, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, 3601 Eisenhower Avenue, Suite 130, Alexandria, VA 22304-6439.

Doug Bellomo, P.E., Chief
Hazard Identification Section, Mitigation Division



Federal Emergency Management Agency

Washington, D.C. 20472

LETTER OF MAP REVISION BASED ON FILL DETERMINATION DOCUMENT (REMOVAL)

ATTACHMENT 1 (ADDITIONAL CONSIDERATIONS)

PORTIONS OF THE PROPERTY REMAIN IN THE SFHA (This Additional Consideration applies to the preceding 1 Property.)

Portions of this property, but not the subject of the Determination/Comment document, may remain in the Special Flood Hazard Area. Therefore, any future construction or substantial improvement on the property remains subject to Federal, State/Commonwealth, and local regulations for floodplain management.

This attachment provides additional information regarding this request. If you have any questions about this attachment, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, 3601 Eisenhower Avenue, Suite 130, Alexandria, VA 22304-6439.

A handwritten signature in black ink, appearing to read "Doug Bellomo".

Doug Bellomo, P.E., Chief
Hazard Identification Section, Mitigation Division

File
Geomax
INC.

PROFESSIONAL ENGINEERS
LAND SURVEYORS
BUILDING DESIGNERS
806 N. NINTH STREET COTTAGE GROVE, OREGON 97424
TELEPHONE: (541) 942-0126 FAX: (541) 942-7935

August 9, 2005

City of Cottage Grove
Attention: Amanda Ferguson
400 East Main
Cottage Grove, Oregon 97424


RE: LOMA-F

Dear Amanda:

Attached is an application packet to FEMA for a LOMA-F on Parcel 1 of LPP 2005-P1852 .
Please review and have the Community Acknowledgment Form signed. Please call when signed.

Please call with any questions.

Yours truly,
Geomax, Inc.


Sean E. Swanson
Survey Crew Chief

V:\Projects\2005\F059\Wpdocs\city_itr_809_05.wpd

RECEIVED AUG - 9 2005



August 5, 2005

**PROFESSIONAL ENGINEERS
LAND SURVEYORS
BUILDING DESIGNERS**
806 N. NINTH STREET COTTAGE GROVE, OREGON 97424
TELEPHONE: (541) 942-0126 FAX: (541) 942-7935

FEMA
LOMA Department
3601 Eisenhower Avenue, Suite 600
Alexandria, Virginia 22304-6425

Attention: LOMA Manager

RE: LOMA-F Request

Dear Sir/Madam:

The purpose of this letter is to request a LOMA-F for the structure located at 2113 Ash Avenue, Cottage Grove, Oregon 97424.


Attached to this letter are the following items:

- 1- Completed MT-1 application
- 2- Copy of Elevation Certificate
- 3- Copy of Partition Plat
- 4- Copy of Deed
- 5- Copy of a portion of FIRM map 41039C2087, with the location of property highlighted
- 6- Copy of tax map with the property highlighted
- 7- Copy of Partition Plat with location of structure shown
- 8- Copy of Case No. 05-10-0577A (Neighboring upstream LOMA removal)

The lowest adjacent grade of the structure located at 2113 Ash Avenue, Cottage Grove, Oregon 97424 is 655.2'. The BFE elevation 654.7'. The lowest adjacent grade is 0.5 feet above the Base Flood Elevation. In additional consideration, 2113 Ash Avenue is located upstream from previously removed LOMA Case No. 05-10-0577A.

Your prompt attention to this matter is appreciated.

Yours truly,
Geomax, Inc.


Dennis A. Crowe PLS
Chief of Surveys

FEDERAL EMERGENCY MANAGEMENT AGENCY
PROPERTY INFORMATION FORM

O.M.B. NO. 3067-0147
Expires September 30, 2005

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1.63 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472, Paperwork Reduction Project (3067-0147). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. **Please do not send your completed survey to the above address.**

This form may be completed by the property owner, property owner's agent, licensed land surveyor, or registered professional engineer to support a request for a Letter of Map Amendment (LOMA), Conditional Letter of Map Amendment (CLOMA), Letter of Map Revision Based on Fill (LOMR-F), or Conditional Letter of Map Revision Based on Fill (CLOMR-F) for existing or proposed, single or multiple lots/structures. Please check the item below that describes your request:

<input type="checkbox"/> LOMA	A letter from FEMA stating that an existing structure or parcel of land that has not been elevated by fill (natural grade) would not be inundated by the base flood.
<input type="checkbox"/> CLOMA	A letter from FEMA stating that a proposed structure that is not to be elevated by fill (natural grade) would not be inundated by the base flood if built as proposed.
<input checked="" type="checkbox"/> LOMR-F	A letter from FEMA stating that an existing structure or parcel of land that has been elevated by fill would not be inundated by the base flood.
<input type="checkbox"/> CLOMR-F	A letter from FEMA stating that a parcel of land or proposed structure that will be elevated by fill would not be inundated by the base flood if fill is placed on the parcel as proposed or the structure is built as proposed.

Fill is defined as material from any source placed to raise the ground to or above the Base Flood Elevation (BFE). The common construction practice of removing unsuitable existing material (topsoil) and backfilling with select structural material is not considered the placement of fill if the practice does not alter the existing (natural grade) elevation, which is at or above the BFE. **Fill that is placed before the date of the first National Flood Insurance Program (NFIP) map showing the area in a Special Flood Hazard Area (SFHA) is considered natural grade.**

Has fill been placed on your property? Yes No If yes, when was fill placed? /
month/year

Will fill be placed on your property? Yes No If yes, when will fill be placed? /
month/year

1. Street Address of the Property (if request is for multiple structures, please attach additional sheet):

2113 ASH STREET, COTTAGE GROVE, OR 97424

2. Legal description of Property (Lot, Block, Subdivision) (if a street address cannot be provided):

PARCEL 1 OF A REPLAT OF LOTS 30, 31, 32, & 33 GROVE OF PINES SUBDIVISION

3. Are you requesting that the SFHA designation be removed from (check one):

LAND PARTITION NO. 2005-P1852
LANE COUNTY, OR

- the entire legally recorded property?
 a portion of land within the bounds of the property (a certified metes and bounds description and map of the area to be removed, certified by a licensed land surveyor or registered professional engineer, are required)?
 structures on the property? What are the dates of construction?

4. Is this request for a (check one):

- single structure
 single lot
 multiple structures (How many structures are involved in your request? List the number:)
 multiple lots (How many lots are involved in your request? List the number:)

In addition to this form (MT-1 Form 1), ALL requests must include the following:

- Copy of the Plat Map for the property (with recordation data and stamp of the Recorder's Office)
OR
- Copy of the property Deed (with recordation data and stamp of the Recorder's Office), accompanied by a tax assessor's map or other certified map showing the surveyed location of the property relative to local streets and watercourses
- Copy of the effective FIRM panel and/or Flood Boundary and Floodway Map (FBFM) (if applicable) on which the property location has been accurately plotted (property inadvertently located in the NFIP regulatory floodway will require Section B of MT-1 Form 3)
- Form 2 – Elevation Form. If an Elevation Certificate has already been completed for this property, it may be submitted in addition to Form 2.

Please include a map scale and North arrow on all maps submitted.

For LOMR-Fs and CLOMR-Fs, the following must be submitted in addition to the items listed above:

- Form 3 – Community Acknowledgment Form

Processing Fee (see instructions for appropriate mailing address; or, visit http://www.fema.gov/fhm/fm_fees.shtm for the most current fee schedule)

Revised fee schedules are published periodically, but no more than once annually, as noted in the Federal Register. Please note: single/multiple lot(s)/structure(s) LOMAs are fee exempt. The current review and processing fees are listed below:

Check the fee that applies to your request:

- \$325 (single lot/structure LOMR-F following a CLOMR-F)
- \$425 (single lot/structure LOMR-F)
- \$500 (single lot/structure CLOMA or CLOMR-F)
- \$700 (multiple lot/structure LOMR-F following a CLOMR-F, or multiple lot/structure CLOMA)
- \$800 (multiple lot/structure LOMR-F or CLOMR-F)

Please submit the Payment Information Form for remittance of applicable fees. Please make your check or money order payable to: National Flood Insurance Program.

All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.

Applicant's Name: **DENNIS A CROWE**
Please Print or Type

Company: **GEOMAX, INC.**

Mailing Address: **806 NORTH 9th STREET**
COTTAGE GROVE, OR 97424

Daytime Telephone No.:
541-942-0126

E-Mail Address:
(optional)

Fax No.:
541 942-7935

Date _____ Signature of Applicant (required)

If you have any questions concerning FEMA policy, or the NFIP in general, please contact the FEMA Map Assistance Center toll free at 1-877-FEMA MAP (1-877-336-2627), or visit the Flood Hazard Mapping website at <http://www.fema.gov/fhm/>.

FEDERAL EMERGENCY MANAGEMENT AGENCY
ELEVATION FORM

O.M.B. NO. 3067-0147
Expires September 30, 2005

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472, Paperwork Reduction Project (3067-0147). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. **Please do not send your completed survey to the above address.**

This form must be completed for requests and must be completed and signed by a registered professional engineer or licensed land surveyor. A FEMA National Flood Insurance Program (NFIP) Elevation Certificate may be submitted in addition to this form for single structure requests.

For requests to remove a structure on natural grade OR on engineered fill from the Special Flood Hazard Area (SFHA), submit the lowest adjacent grade (the lowest ground touching the structure), including an attached deck or garage. For requests to remove an entire parcel of land from the SFHA, provide the lowest lot elevation; or, if the request involves an area described by metes and bounds, provide the lowest elevation within the metes and bounds description.

1. NFIP Community Number: 415591 LANE COUNTY UNINCORPORATED Property Name or Address: 2113 ASH STREET COTTAGE GROVE, OR 97424

2. Are the elevations listed below based on existing or proposed conditions? (Check one)

3. What is the elevation datum? NGVD 1929 If any of the elevations listed below were computed using a datum different than the datum used for the effective Flood Insurance Rate Map (FIRM) (e.g., NGVD 29 or NAVD 88), what was the conversion factor?

Local Elevation +/- ft. = FIRM Datum

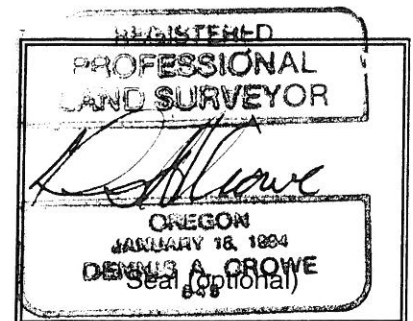
4. For the existing or proposed structures listed below, what are the types of construction? (check all that apply)
 crawl space slab on grade basement/enclosure other (explain)

5. Has FEMA identified this area as subject to land subsidence or uplift? (see instructions) Yes No
If yes, what is the date of the current releveling? / (month/year)

Lot Number	Block Number	Lowest Lot Elevation	Lowest Adjacent Grade To Structure	Base Flood Elevation	For FEMA Use Only
<u>PARCEL 1</u>			<u>655.2</u>	<u>654.7</u>	

This certification is to be signed and sealed by a licensed land surveyor, registered professional engineer, or architect authorized by law to certify elevation information. All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.

Certifier's Name: <u>DENNIS A CROWE</u>	License No.: <u>845</u>	Expiration Date: <u>12/31/05</u>
Company Name: <u>GREENMAX, INC</u>	Telephone No.: <u>541-942-0126</u>	Fax No.: <u>541-942-7935</u>
Signature: <u>[Signature]</u>	Date: <u>08/09/05</u>	



FEDERAL EMERGENCY MANAGEMENT AGENCY
PAYMENT INFORMATION FORM

Community Name: CITY OF COTTAGE GROVE
Project Identifier: PARCEL 1 OF LPP 2005-P1852

THIS FORM **MUST** BE MAILED, ALONG WITH THE APPROPRIATE FEE, TO ONE OF TWO POST OFFICE BOXES (SEE BELOW) OR FAXED TO THE FAX NUMBER BELOW.

Type of Request:

MT-1 application fee }
MT-2 application fee } (Insert 3173 as the P.O. Box number in the address below)

External Data Requests (EDRs) (Insert 398 as the P.O. Box number in the address below)

Federal Emergency Management Agency
Revisions Fee-Collection System Administrator
P.O. Box
Merrifield, Virginia 22116
Fax: (703) 849-0282

Request No.: (if known) Amount:

INITIAL FEE* FINAL FEE FEE BALANCE** MASTER CARD VISA CHECK MONEY ORDER

*Note: Check only for EDR and/or Alluvial Fan requests (as appropriate).

**Note: Check only if submitting a corrected fee for an ongoing request.

COMPLETE THIS SECTION ONLY IF PAYING BY CREDIT CARD

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 EXP. DATE
Month Year
CARD NUMBER

Date _____ Signature _____

NAME (AS IT APPEARS ON CARD):
(please print or type)

ADDRESS:
(for your
credit card
receipt-please
print or type)

DAYTIME PHONE:

FEDERAL EMERGENCY MANAGEMENT AGENCY
COMMUNITY ACKNOWLEDGMENT FORM

O.M.B. NO. 3067-0147
Expires September 30, 2005

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 0.88 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472, Paperwork Reduction Project (3067-0147). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. **Please do not send your completed survey to the above address.**

This form must be completed for requests involving the existing or proposed placement of fill (complete Section A) OR to provide acknowledgment of this request to remove a property from the SFHA which was previously located within the regulatory floodway (complete Section B).

This form must be completed and signed by the official responsible for floodplain management in the community. The community number and the subject property address must appear in the spaces provided below.

Community Number: CITY OF COTTAGE GROVE Property Name or Address: 2113 ASH STREET COTTAGE GROVE, OR 97124

A. REQUESTS INVOLVING THE PLACEMENT OF FILL

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this Letter of Map Revision Based on Fill (LOMR-F) or Conditional LOMR-F request. Based upon the community's review, we find the completed or proposed project meets or is designed to meet all of the community floodplain management requirements, including the requirement that no fill be placed in the regulatory floodway, and that all necessary Federal, State, and local permits have been, or in the case of a Conditional LOMR-F, will be obtained. In addition, we have determined that the land and any existing or proposed structures to be removed from the SFHA are or will be reasonably safe from flooding as defined in 44CFR 65.2(c), and that we have available upon request by FEMA, all analyses and documentation used to make this determination. For LOMR-F requests, we understand that this request is being forwarded to FEMA for a possible map revision.

Community Comments:

Community Official's Name and Title: (Please Print or Type) HOWARD P. SCHLESSER, COMMUNITY DEVELOPMENT DIR. Telephone No.: 541-942-3340

Community Name: City of Cottage Grove Community Official's Signature: (required) [Signature] Date: 10-21-05

B. PROPERTY LOCATED WITHIN THE REGULATORY FLOODWAY

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this request for a LOMA. We understand that this request is being forwarded to FEMA to determine if this property has been inadvertently included in the regulatory floodway. We acknowledge that no fill on this property has been or will be placed within the designated regulatory floodway. We find that the completed or proposed project meets or is designed to meet all of the community floodplain management requirements.

Community Comments:

Community Official's Name and Title: (Please Print or Type) Telephone No.:

Community Name: Community Official's Signature (required): Date:

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

2113 Ash Ave

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME JOEL C. WORCESTER		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2113 ASH STREET		Company NAIC Number	
CITY COTTAGE GROVE	STATE OR	ZIP CODE 97424	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL 1 LPP 2005P1852 (TL 20-03-29-31:04701)			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.####")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input checked="" type="checkbox"/> Other: TAX	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER 410120 CITY OF COTTAGE GROVE		B2. COUNTY NAME LANE		B3. STATE OREGON	
B4. MAP AND PANEL NUMBER 41039C2087	B5. SUFFIX F	B6. FIRM INDEX DATE 6/299	B7. FIRM PANEL EFFECTIVE/REVISED DATE 6/299	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 654.7

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 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 NGVD 29 Conversion/Comments

Elevation reference mark used J1.23 CITY Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) 655.7 ft.(m)

b) Top of next higher floor 657.8 ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)

d) Attached garage (top of slab) 656.2 ft.(m)

e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) N/A ft.(m)

f) Lowest adjacent (finished) grade (LAG) 655.2 ft.(m)

g) Highest adjacent (finished) grade (HAG) 656.3 ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 12

i) Total area of all permanent openings (flood vents) in C3.h 1,347.84 sq. in. (sq. cm)



RENEWAL 12/31/05

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 DENNIS A. CROWE LICENSE NUMBER 845

TITLE CHEIF OF SURVEYS COMPANY NAME Geomax, Inc.

ADDRESS 806 NORTH 9TH STREET CITY COTTAGE GROVE STATE OR ZIP CODE 97424

SIGNATURE *Dennis A. Crowe* DATE 08/09/05 TELEPHONE 541-942-0955

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. 2113 ASH STREET			Policy Number
CITY COTTAGE GROVE	STATE OR	ZIP CODE 97424	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. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. 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

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 _____ TITLE _____

COMMUNITY NAME _____ TELEPHONE _____

SIGNATURE _____ DATE _____

COMMENTS

Check here if attachments