

File: FEMA 3-07

MATT PARSONS

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>DARIN BOYCE (OLD)</u>			For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>246 S. RIVER ROAD</u>			Company NAIC Number	
CITY <u>COTTAGE GROVE</u>	STATE <u>OR</u>	ZIP CODE <u>97424</u>		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>T.L. 20-03-29-44:05600</u>				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>RESIDENTIAL</u>				
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: <u>TAX MAP</u>	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>CITY OF COTTAGE GROVE 410120</u>		B2. COUNTY NAME <u>LANE</u>		B3. STATE <u>OREGON</u>	
B4. MAP AND PANEL NUMBER <u>41039C2087</u>	B5. SUFFIX <u>F</u>	B6. FIRM INDEX DATE <u>6/2/99</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>6/2/99</u>	B8. FLOOD ZONE(S) <u>AE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>642.3</u>
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: 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 B (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 RM 382 Does the elevation reference mark used appear on the map? Yes No

<input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>640</u> <u>2</u> ft.(m)
<input checked="" type="checkbox"/> b) Top of next higher floor	<u>646</u> <u>2</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>N/A</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>N/A</u> ft.(m)
<input checked="" type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>638</u> <u>2</u> ft.(m)
<input checked="" type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>643</u> <u>6</u> ft.(m)
<input checked="" type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>2</u>
<input checked="" type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>256</u> sq. in. (sq. cm)

PROFESSIONAL LAND SURVEYOR

Dennis A. Crowe

OREGON
JANUARY 18, 1984
DENNIS A. CROWE
946

exp 12/31/03

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 DENNIS A. CROWE PLS LICENSE NUMBER 845

TITLE SURVEY PROJECT MANAGER COMPANY NAME GEOMAX INC

ADDRESS 806 N. 9th CITY COTTAGE GROVE STATE OR ZIP CODE 97424

SIGNATURE Dennis A. Crowe DATE _____ TELEPHONE 541-942-0126

This elevation certificate was reviewed for compliance against the City of Cottage Grove Zoning or Development Code effective at the date of building permit issuance.