

NATIONAL FLOOD INSURANCE PROGRAM ELEVATION CERTIFICATE

U.M.D. NO. 3007-0011
Expires July 31, 2002

FEMA 1-04 + FEMA 1-06

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: Self & Susan Lavin
 BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 253 Cherry Ct
 CITY: Cottage Grove STATE: OR ZIP CODE: 97424
 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): 20-03-28-31:03400
 BUILDING USE (e.g., Residential, Non-Residential, Addition, Accessory, etc. Use Comments section if necessary.): ACCESSORY
 (##-##-### or ###-###-##)

LATITUDE/LONGITUDE (OPTIONAL): _____ HORIZONTAL DATUM: DESK ATTACHED TO STRUCTURE
 SOURCE: GPS (Type): _____ USGS Quad Map _____ Other: _____
 NAD 1927 NAD 1983

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: LAKE COUNTY UNINCORPORATED B2. COUNTY NAME: LAKE COUNTY B3. STATE: OR

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
<u>415591</u>	<u>2091</u>	<u>F</u>	<u>6-2-99</u>	<u>6-2-99</u>	<u>ZONE X</u>
					<u>638.40</u>

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: _____

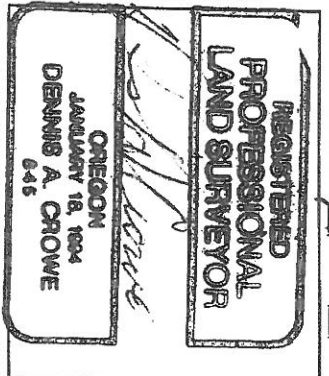
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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: _____ (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), AR, ARA, ARAE, ARA1-A30, ARAH, ARAO
 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	RM	380	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>638</u>	<u>34</u>	ft. (m)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> b) Top of next higher floor			ft. (m)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)			ft. (m)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> d) Attached garage (top of slab)			ft. (m)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building			ft. (m)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>638</u>	<u>75</u>	ft. (m)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>638</u>	<u>55</u>	ft. (m)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade			sq. in. (sq. cm)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h				<input type="checkbox"/>	<input type="checkbox"/>



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: PROFESSIONAL LAND SURVEYOR COMPANY NAME: GEOMAX, INC.
 ADDRESS: 806 NORTH 9TH STREET CITY: COTTAGE GROVE STATE: OR ZIP CODE: 97424
 SIGNATURE: _____ DATE: 7-13-01 TELEPHONE: (541) 942-0124

IMPORTANT: In these spaces, copy the corresponding information from section 4.

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

Policy Number

253 CHEERY CT

ZIP CODE
97724

Company NAIC Number

CITY

CORVALLIS GROVE

STATE
OR

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE) complete items E1 through E4. If the Elevation Certificate is intended for use as supporting

information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number _____ (Select the building diagram most 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.

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 Sections A, B, and E for Zone A (without a 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
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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: _____ ft. (m) Datum: _____

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

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS

Check here if attachments