

Floodplain Development Permit Application

Jurisdiction name: **Benton County**
 Address: **360 SW Avery Ave, Corvallis OR 97333**
 Phone: **541-766-6819** Fax: **541-766-6891**
 Web Site: **www.co.benton.or.us**



DEPARTMENT USE ONLY	
Permit No.:	FPD _____
Date:	_____
Staff Initials:	_____

Fee: **FREE**

LOCATION / DESCRIPTION OF SUBJECT PROPERTY	
Property address: _____	
City: _____	State: _____ ZIP: _____
Map and Tax Lot #: _____	
APPLICANT INFORMATION	
Name: _____	
Address: _____	
City: _____	State: _____ ZIP: _____
Phone: _____	Fax: _____
E-mail: _____	
OWNER INFORMATION <input type="checkbox"/> Check here if same as applicant	
Name: _____	
Address: _____	
City: _____	State: _____ ZIP: _____
Phone: - - -	Fax: - - -
E-mail: _____	
DESCRIPTION OF WORK	
STRUCTURAL DEVELOPMENT (Check all that apply)	
<input type="checkbox"/> Dwelling:	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Addition <input type="checkbox"/> Remodel
<input type="checkbox"/> Accessory Structure:	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Addition <input type="checkbox"/> Remodel
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other Structural Development
OTHER DEVELOPMENT ACTIVITIES (Check all that apply)	
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing
<input type="checkbox"/> Fill / Excavation / Grading (Amount: _____ cu.yds.)	
<input type="checkbox"/> Vegetation / Tree / Debris Removal	
<input type="checkbox"/> Stream Bank Alteration / Stabilization	
<input type="checkbox"/> Fence / Retaining Wall	
<input type="checkbox"/> Other Development Activity (specify) _____	
SUBSTANTIAL IMPROVEMENT / SUBSTANTIAL DAMAGE	
Fill out lines a) and b) only.	
a) Cost to repair structure to pre-damage condition:	\$ _____
b) Cost of <u>all</u> proposed improvements (not repair):	\$ _____
c) Sub-Total:	\$ _____
d) Current Market Value of Structure:	\$ _____
e) Sub-Total ÷ by Market Value x 100:	_____ %
If line e) is 50% or greater, the project is a substantial improvement. Substantial Improvement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> New Structure	

EXISTING STRUCTURE INFORMATION	
What year was the structure constructed? _____	
OTHER REQUIRED STATE / FEDERAL PERMITS	
Required for proposed work?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Requiring Agency(ies): _____	
Permit Number(s): _____	
Permit Status (attach a copy of permit): <input type="checkbox"/> Applied <input type="checkbox"/> Approved	
FIRM PANEL INFORMATION	
Community Name: _____	Community No: _____
Panel Number: 41003C _____	Effective Date: June 2, 2011
Flood Zone(s) on the Subject Property: _____	
Flood Zone at Project Site: _____	
Is the Project Site in a Floodway? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DEPARTMENT USE ONLY	
ELEVATION & VENTING INFORMATION (For Structures)	
Base Flood Elevation (BFE): _____	<input type="checkbox"/> NGVD 29 <input type="checkbox"/> NAVD 88
Lowest Floor Elevation: _____	<input type="checkbox"/> NGVD 29 <input type="checkbox"/> NAVD 88
First Habitable Floor Elevation: _____	<input type="checkbox"/> NGVD 29 <input type="checkbox"/> NAVD 88
Enclosed Area Below First Habitable Floor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Area Enclosed: _____ square feet	
Number of Flood-Specific Vents: _____	
Total Area of Flood-Specific Vents: _____ square inches	
ASSOCIATED PERMIT NUMBERS	
Elevation Certificates: _____	
Building, Mechanical, Plumbing, Electrical Permits: _____	
Land Use Applications: _____	
Other Permits / Applications: _____	
PERMIT ISSUANCE	
Permit No. _____	OK to Issue: <input type="checkbox"/> Yes <input type="checkbox"/> N/A OK to Final: <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Permit No. _____	OK to Issue: <input type="checkbox"/> Yes <input type="checkbox"/> N/A OK to Final: <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Permit No. _____	OK to Issue: <input type="checkbox"/> Yes <input type="checkbox"/> N/A OK to Final: <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Permit No. _____	OK to Issue: <input type="checkbox"/> Yes <input type="checkbox"/> N/A OK to Final: <input type="checkbox"/> Yes <input type="checkbox"/> N/A

Applicant Signature: Scott Marshall

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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

SECTION A – PROPERTY INFORMATION						FOR INSURANCE COMPANY USE
A1. Building Owner's Name School District #7					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 301 S. 3rd Street					Company NAIC Number:	
City Alsea		State Oregon		ZIP Code 97324		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Benton County Tax Assessor's Map 14-8-01DA, Tax Lot 4200						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Addition to existing school building</u>						
A5. Latitude/Longitude: Lat. <u>44-22'-50.36" N</u> Long. <u>123-35'-41.69" W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983						
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.						
A7. Building Diagram Number <input type="checkbox"/>						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) _____ sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____						
c) Total net area of flood openings in A8.b _____ sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No						
A9. For a building with an attached garage:						
a) Square footage of attached garage _____ sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____						
c) Total net area of flood openings in A9.b _____ sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number Benton County 410008			B2. County Name Benton County		B3. State Oregon <input type="checkbox"/>	
B4. Map/Panel Number 41003C0265	B5. Suffix F	B6. FIRM Index Date 6/2/2011	B7. FIRM Panel Effective/ Revised Date 6/2/2011	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 290.8	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____						
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____						
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: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA						

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

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:	
City	State	ZIP Code	Company NAIC Number	

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. 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 C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: Post Processed OPUS Solution Vertical Datum: NAVD88

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | | |
|---|-------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 294.4 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 293.9 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | | <input type="checkbox"/> feet | <input type="checkbox"/> meters |

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 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.

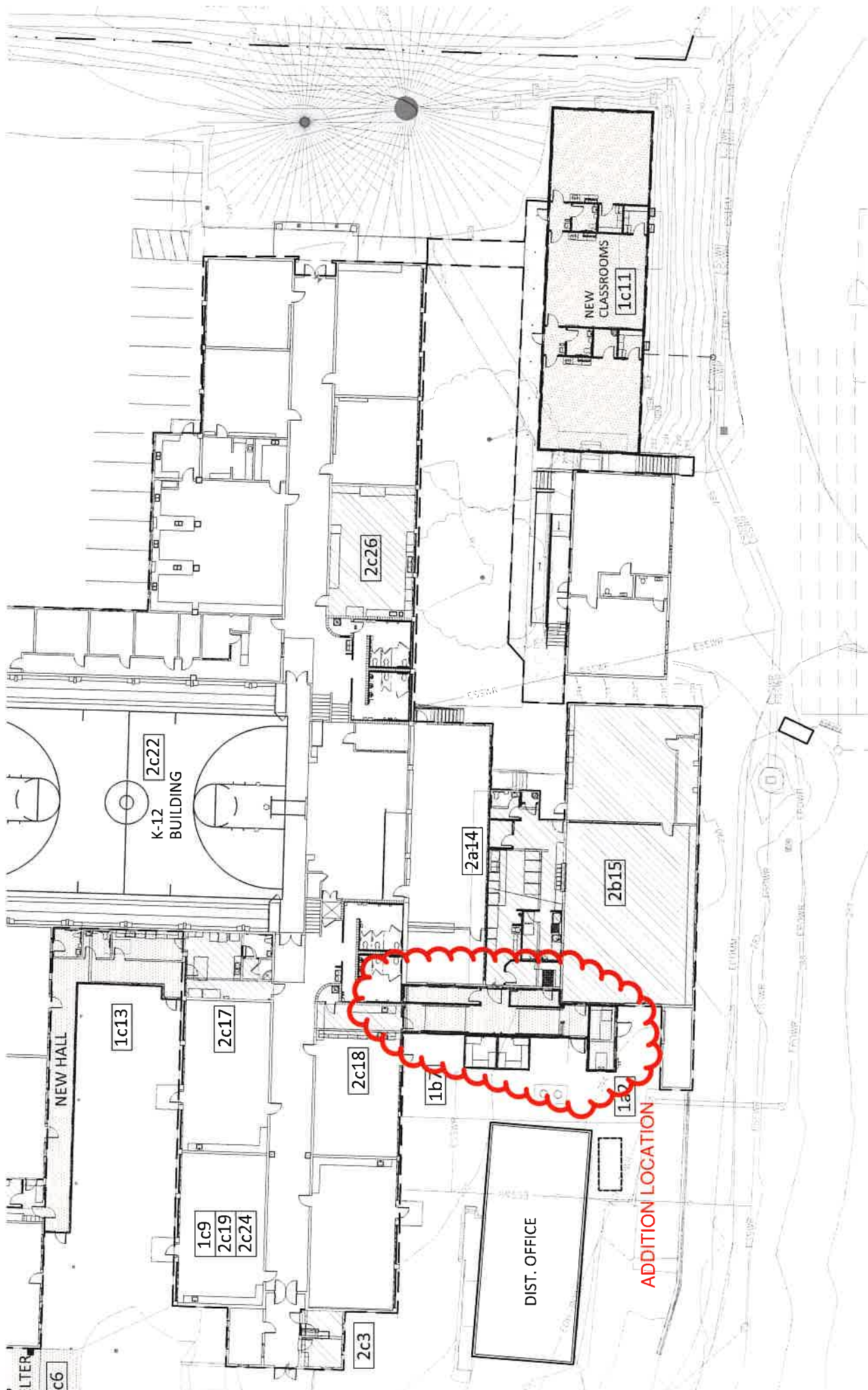
Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name Brian Sailor	License Number OR PLS 61341	<div style="border: 2px solid black; padding: 10px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;">REGISTERED PROFESSIONAL LAND SURVEYOR</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">Place Seal</p> </div> <div style="border: 2px solid black; padding: 10px; margin-bottom: 5px;"> <p style="text-align: center; margin: 0;">OREGON JANUARY 11, 2005 BRIAN SCOTT SAILOR 61341</p> </div> <p style="text-align: center; margin: 0;">EXPIRES: JUNE 30, 2022</p>	
Title Professional Land Surveyor			
Company Name Cole Surveying, LLC			
Address P.O. Box 1211			
City Corvallis	State Oregon		ZIP Code 97333
Signature 	Date 2/3/2022	Telephone 541-257-1019	Ext.

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Comments (including type of equipment and location, per C2(e), if applicable)

The finish floor elevation given was provided by design engineer. The lowest adjacent grade is based on existing spot elevations obtained during the process of producing the topographic survey for which the design design was based. Attached is a graphic showing which proposed structure these elevations are in reference to.



ADDITION LOCATION