

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

B3. POLICY NUMBER		For Insurance Company Use:	
B4. PROPERTY OWNER'S NAME DEWAYNE KICKLIGHTER		Policy Number	
B5. BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 195 SKINNER AVENUE		Company NAIC Number	
B6. CITY POOLER	B7. STATE GEORGIA	ZIP CODE	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PORTION OF THE JOHNSON TRACT			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##" or ##.####)		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	
HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983			

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER POOLER 130261		B2. COUNTY NAME CHATHAM	B3. STATE GEORGIA	
B4. MAP AND PANEL NUMBER 130030-75	B5. SUFFIX C	B6. FIRM INDEX DATE 5.19.87	B7. FIRM PANEL EFFECTIVE/REVISED DATE 5.19.87	B8. FLOOD ZONE(S) AE
			B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 14.0	

10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe):

11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe):

12. 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)

1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction

2. 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.)

3. 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 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 _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____ ft. (feet)	_____ ft. (m)
<input type="checkbox"/> b) Top of next higher floor	_____ ft. (feet)	_____ ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft. (feet)	_____ ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft. (feet)	_____ ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____ ft. (feet)	_____ ft. (m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	_____ ft. (feet)	_____ ft. (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	_____ ft. (feet)	_____ 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)		



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 **VINCENT HELMLT** LICENSE NUMBER **1882**

TITLE **LAND SURVEYOR** COMPANY NAME **VINCENT HELMLT**

ADDRESS **119 BURTON ROAD** CITY **SAVANNAH** STATE **GA.** ZIP CODE **31405**

SIGNATURE **Vincent Helmlt** DATE **4/27/00** TELEPHONE **912 925-1362**

