

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: Iron Box LLC

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and other No.) OR P.O. ROUTE AND BOX NO.: 324 SPARTAN CRESCENT

CITY: POOLEY STATE: GEORGIA ZIP CODE: 31322

PROPERTY DESCRIPTION (Lot and Block Number, Tax Parcel Number, Legal Description, etc.): LOT 122 WATERBURY PHASE 3B-2

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Code from the map, if necessary): RESIDENTIAL

LATITUDE/longitude (if known): _____ HORIZONTAL DATUM: NAD 1983 NAD 1983 SOURCE: State Survey Map Other: _____

SECTION B - FLOOD HAZARD RATE MAP FROM INFORMATION

DT. MAP COMMUNITY NAME & COMMUNITY NUMBER: POOLEY 130261 COUNTY NAME: CHATHAM STATE: GEORGIA

DT. MAP AND FRAME NUMBER	BS. OFFICE	DT. FIRM INDEX DATE	DT. FIRM PANEL EFFECTIVE DATE	BS. ROAD NUMBER	BS. SEWER/DE ELEVATIONS (Zone ID, sea depth of loading)
<u>130230-0075</u>	<u>C</u>	<u>9-28-85</u>	<u>5-19-87</u>	<u>AE</u>	<u>14.0</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B2:

FIS Profile FIRM Community Determined Other Description: Letter 2-16-01

B11. Indicate the elevation datum used for the BFE in B2: NAVD 1983 Other: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Oceanic Protected Area (OPA)? Yes No (Indicate Date)

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings Building Under Construction Field Observations

A new Elevation Certificate will be required upon construction of the building's complete.

C2. Building Diagram Number: _____ (Indicate 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.)

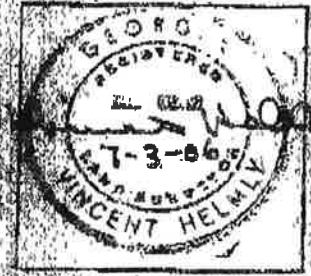
C3. Elevations - Zones A1-A30, AE, AH, V (with BFE), VE, V1-V30, V (with BFE), AR, AP, AN, ANAE, ARNA1-A30, ARNAH, ARNAV

Complete items C3-a) below according to the building diagram specified in B2. 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 Contractor's area of Section D or Section G, as appropriate, to document the datum conversion.

Datum: 1929 Continental Datum N/A

Elevation reference mark used: _____ (Does the elevation reference mark correspond to the FIRM? Yes No)

- a) Top of bottom floor (including basement or crawlspace) 16.4m
- b) Top of next higher floor N/A (m)
- c) Bottom of lowest horizontal structural member (V zones only) N/A (m)
- d) Attached garage (top of slab) 17.2m
- e) Lowest elevation of machinery or other equipment servicing the building (Classified in Comments area) 14.7m
- f) Lowest adjacent finished grade (m) 14.6m
- g) Highest adjacent finished grade (m) 14.6m
- h) No. of permanent openings (doors, vents) within 1 ft. above adjacent grade 0
- i) Total area of all permanent openings (doors, vents) in C3: 0 sq. ft. (sq. m)



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT IDENTIFICATION

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 HELMY LICENSE NUMBER: 882

TITLE: LAND SURVEYOR COMPANY NAME: VINCENT HELMY

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

SIGNATURE: Vincent Helmy DATE: 7-3-06 TELEPHONE: (912) 925-3523

IMPORTANT: In these spaces, copy the corresponding information from SECTION A.

BUILDING STREET ADDRESS (including apt. or suite number, NO.) OR P.O. BOX NUMBER AND BOX NO.		Reference Looting Log	
324 SPARTAN CRESCENT		Date	
CITY	STATE	ZIP CODE	Reference MAC Number
POOLER	GEORGIA	31322	

SECTION D - REMOVED, ENGINEER, OR ARCHITECT CERTIFICATION (OPTIONAL)

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

COMMENTS
C3(e) = AIR CONDITION UNIT PAD

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 FEMA-issued BFE or LCMR-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 5 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 ___ f(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 most higher floor or lowest floor (elevation b) of the building is ___ f(m) ___ in.(cm) above or below the highest adjacent grade. Complete items C3.h and C3.i on face of form.
- E4. The top of the platform of machinery and/or equipment serving the building is ___ f(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 BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are based 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 (items 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 OR COMMUNITY OFFICIAL CERTIFICATE ISSUED

- G7. The permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: ___ f(m) Datum: ___
- G9. BFE or (in Zone AO) depth of flooding at the building site is: ___ f(m) Datum: ___

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

