FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

REPLACES ALL PREVIOUS EDITION

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME Policy Number VIRGINIA BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number ZIP CODE STATE 31322 DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) HORIZONTAL DATUM: SOURCE: GPS (Type): (##° - ##' - ##,##" or ##.####°) ☐ NAD 1927 □.NAD 1983 ☐ USGS Quad Map Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME B3. STATE** POOLER 130261 CHATHAM B7. FIRM PANEL **B4. MAP AND PANEL B6. FIRM INDEX B5. SUFFIX** B8. FLOOD B9. BASE FLOOD ELEVATION(S) NUMBER EFFECTIVE/REVISED DATE (Zone AO, use depth of flooding) ZONE(S) DATE 130030 0080 SEPT 20, 1995 MAY 19, 1987 12.0 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Community Determined ☐ FIS Profile FIRM 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) ng 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 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.) 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 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. Conversion/Comments Elevation reference mark used _____Does the elevation reference mark used appear on the FIRM?

Yes

No ☐ a) Top of bottom floor (including basement or enclosure) 15 . 4 ft.(m) Seal b) Top of next higher floor _. ___ft.(m) , Embossed ? and Date □ c) Bottom of lowest horizontal structural member (V zones only) _ft.(m) ☐ d) Attached garage (top of slab) ☐ e) Lowest elevation of machinery and/or equipment License Number, Signature, servicing the building ☐ f) Lowest adjacent grade (LAG) g) Highest adjacent grade (HAG) D h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade... 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. TER'S NAM LICENSE NUMBER 912-964-848

	aces, copy the correspon	nding information from S	ection A.	For Insurance Company Use:
BUILDING STREET ADDRESS	S (Including Apt., Unit, Suite,			Policy Number
CITY POOLER	ROAD	STATE	ZIP CODE	Company NAIC Number
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COMMENTS				
& Hich G	ELEVATIONS	cent shots.	RESIDENCE	E. Low Ground
should be	set a	a minimum	of 13.0	
NOT in pla	ce as of	2/25/2000	(12:06 p.m.)	☐ Check here if attachment
SECTION E - BUILDING	3 ELEVATION INFORMA	TION (SURVEY NOT REQ	UIRED) FOR ZONE AO	AND ZONE A (WITHOUT BFE)
pages 6 and 7. If no diag	OMR-F, Section C must be er(Select the building dla gram accurately represent	o completed. Agram most similar to the b s the building, provide a sk	uilding for which this cert etch or photograph.)	ificate is being completed – see
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3. For Building Diagrams 6-		7), the next higher floor or	elevated floor (elevation	ı b) of the building is
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PROPERTY OWNER'S OR OW	/NER'S AUTHORIZED REPR	-		
(C.) S	- M	CITY	STATE	ZIP CODE
IGNATURE		DATE	TELEP	HONE
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A THE STREET OF THE STREET				Check here if attachments
	SECTION G	COMMUNITY INFORMAT	ION (OPTIONAL)	Officer flore is autonimona
e local official who is author				nt ordinance can complete
	•		item(s) and sign below.	
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