FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME
ALLMARK HOMES

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
110 GRAND VIEW DRIVE

CITY POOLER	STATE GA	ZIP CODE 31302

For Insurance Company Use:
Policy Number

Company NAIC Number

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 11, GODLEY STATION WEST, FOREST LAKE, (SUBDIVISION MAP 29-S, PAGE 10 A-F) CHATHAM COUNTY PARCEL NUMBER 5-1014C-01-011

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL)
(##° - ##' - ##.##" or ##.#####°)

HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983

SOURCE: ☐ GPS (Type): _____ ☐ USGS Quad Map ☐ Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER CITY OF POOLER 130261	B2. COUNTY NAME CHATHAM	B3. STATE GEORGIA

B4. MAP AND PANEL NUMBER 130030 0020	B5. SUFFIX C	B6. FIRM INDEX DATE 09/20/1995	B7. FIRM PANEL EFFECTIVE/REVISED DATE 05/19/1987	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 18'

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 N/A

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 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 C3.-a-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 NGVD 29 Conversion/Comments N/A

Elevation reference mark used TBM Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

o a) Top of bottom floor (including basement or enclosure)   20.8 ft.(m)
o b) Top of next higher floor   28.4 ft.(m)
o c) Bottom of lowest horizontal structural member (V zones only)   N/A. __ ft.(m)
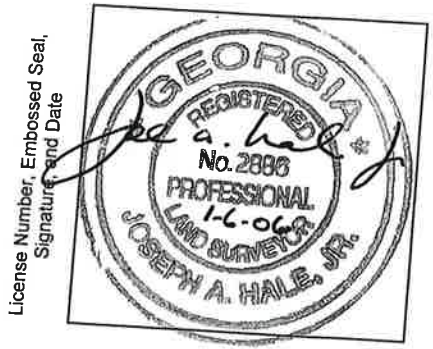o d) Attached garage (top of slab)   18.8 ft.(m)
o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)   18.5 ft.(m)
o f) Lowest adjacent (finished) grade (LAG)   17.7 ft.(m)
o g) Highest adjacent (finished) grade (HAG)   18.2 ft.(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 0
o i) Total area of all permanent openings (flood vents) in C3.h 0 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 Joseph A. Hale, Jr.   LICENSE NUMBER GA RLS# 2886

TITLE Registered Land Surveyor   COMPANY NAME Kern-Coleman & Co. LLC.

ADDRESS Mall Court

CITY Savannah	STATE GA	ZIP CODE 31406

SIGNATURE _(signed)_   DATE 1/6/06   TELEPHONE (912)354-8400

[Embossed seal: GEORGIA REGISTERED No. 2886 PROFESSIONAL LAND SURVEYOR JOSEPH A. HALE, JR. 1-6-06]

	For Insurance Company use
	Policy Number
EET ADDRESS (Including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	
VIEW DRIVE STATE GA ZIP CODE 31302	Company NAIC Number

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

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

RK USED FOR THIS SURVEY IS SHOWN ON THE RECORDED SUBDIVISION PLAT (TOP OF FIRE HYDRANT,

:20.03', NGVD 29)

TION IN SECTION C3.b IS FOR THE BONUS ROOM OVER THE GARAGE.

☐ Check here if attachments

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

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, ust be completed.

Diagram Number N/A (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram ely represents the building, provide a sketch or photograph.)

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. (Use grade, if available).

ding 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 Complete items C3.h and C3.i on front of form.

of the platform of machinery and/or equipment servicing the building is __ ft.(m) __in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade, if available).

ne 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?
es ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

perty 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 a FEMA-issued or community-BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

ERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

	CITY	STATE	ZIP CODE
ESS	DATE	TELEPHONE	
TURE			

MENTS

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

cal 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 ate. Complete the applicable item(s) and sign below.

] 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.)

] A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

] The following information (Items G4-G9) is provided for community floodplain management purposes.

PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED	

A

This permit has been issued for: ☐ New Construction ☐ Substantial Improvement   ___.__ ft.(m)   Datum: ____

Elevation of as-built lowest floor (including basement) of the building is: ___.__ ft.(m)   Datum: ____

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

	TITLE
OCAL OFFICIAL'S NAME	TELEPHONE
OMMUNITY NAME	DATE
IGNATURE	

COMMENTS

☐ Check here if attachments

Replaces all previous editions