FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

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 HALLMARK HOMES BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 117 WHITE DOGWOOD LANE CITY STATE ZIP CODE **POOLER** GA 31408 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 398, THE ARBORS AT GODLEY STATION, PHASE 5-A, SUBDIVISION MAP BOOK 30-S, PAGE 2 A/B/C BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) SOURCE: GPS (Type): HORIZONTAL DATUM: (##° - ##' - ##.##" or ##.####") ■ NAD 1927 ■ NAD 1983 USGS Quad Map Other: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NEIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** B3. STATE CITY OF POOLER 130261 **CHATHAM GEORGIA** B4. MAP AND PANEL **B7. FIRM PANEL** B9. BASE FLOOD ELEVATION(S) NUMBER **B5. SUFFIX B6. FIRM INDEX DATE** EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S) (Zone AO, use depth of flooding) 130030 0020 09/20/1995 C 05/19/1987 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: X NGVD 1929 □ NAVD 1988 □ Other (Describe): 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. \$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.) C3. 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 o a) Top of bottom floor (including basement or enclosure) *24. 5 ft.(m) Embossed Seal, o b) Top of next higher floor N/A . ft.(m) and Date o c) Bottom of lowest horizontal structural member (V zones only) <u>N/A</u>. __ft.(m) o d) Attached garage (top of slab) *23. 8 ft.(m) o e) Lowest elevation of machinery and/or equipment License Number, Signature, servicing the building (Describe in a Comments area) N/A . . . ft.(m) o f) Lowest adjacent (finished) grade (LAG) 22 . 8 ft.(m) g) Highest adjacent (finished) grade (HAG) 23. 1ft.(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 TITLERegistered Land Surveyor COMPANY NAME Kem-Coleman & Co. LLC. **ADDRESS** CITY STATE ZIP CODE 7 Mall Court Savannah GA 31406

SIGNATURE

DATE

12/30/04

TELEPHONE

(912)354-8400

IMPORTANT: In these spaces, c	opy the corresponding information from Sect	ion A.	For Insurance Company Use:
	pt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX		Policy Number
CITY SAVANNAH	STATE GA	ZIP CODE 31408	Company NAIC Number
SE	CTION D - SURVEYOR, ENGINEER, OR ARCH	ITECT CERTIFICATION (CONTIN	UED)
Copy both sides of this Elevation Certific	cate for (1) community official, (2) insurance agent/com	pany, and (3) building owner.	
COMMENTS	AUTEMAA & DVADE SETAT TUE TOD OF CONCDET	E L DLOCK	
	3 (ITEM A & D) ARE SET AT THE TOP OF CONCRET UBDIVISION PLAT, THE FRONT PORTION OF THE		ED) IS
	PORTION OF THE LOT IS LOCATED IN FLOOD ZON		
WITE ES ES ESTREYCHES THE TREATMENT	STATE OF THE EST TO ESSAY ESTATE ESTATE	Om 7 No. 1	
OFATIONS BUILDING			Check here if attachments
	G ELEVATION INFORMATION (SURVEY NOT complete Items E1 through E4. If the Elevation Certific		
Section C must be completed.	complete items ET timough E4. If the Elevation Certific	ate is interided for use as supporting into	imation for a LOWA of LOWR-F,
•	ct the building diagram most similar to the building for w	hich this certificate is being completed -:	see pages 6 and 7. If no diagram
accurately represents the building, p			
 The top of the bottom floor (including natural grade, if available). 	basement or enclosure) of the building isft.(m)	in.(cm) [_] above or [_] below (check of	one) the highest adjacent grade. (Use
	ings (see page 7), the next higher floor or elevated floor	(elevation b) of the building isft.(m)	in.(cm) above the highest adjacent
grade. Complete items C3.h and C3			
 The top of the platform of machinery natural grade, if available). 	and/or equipment servicing the building isft.(m)	in.(cm) above or below (check	one) the highest adjacent grade. (Use
•	number is available, is the top of the bottom floor elevat	ed in accordance with the community's fl	loodplain management ordinance?
Yes No Unknown. 1	The local official must certify this information in Section C	Э.	
	CTION F - PROPERTY OWNER (OR OWNER)		
. , .	red representative who completes Sections A, B, C (Iter re. The statements in Sections A, B, C, and E are corre	**	A (without a FEMA-issued or community-
	S AUTHORIZED REPRESENTATIVE'S NAME	to to the best of thy knowledge.	
N/A			
ADDRESS		CITY	STATE ZIP CODE
SIGNATURE		DATE	FELEPHONE
COMMENTS			
	SECTION G - COMMUNITY INFO	DRMATION (OPTIONAL)	Check here if attachments
The local official who is authorized by lay	w or ordinance to administer the community's floodplain		Sections A. B. C (or F), and G of this Flevation
Certificate. Complete the applicable iten		Thanagarrank aramanaa aari aariipiata t	50010107 (5) 0 (01 2) 0112 5 5 1 1 10 2 10 10 10
	as taken from other documentation that has been signed		engineer, or architect who is authorized by
	nformation. (Indicate the source and date of the elevati Section E for a building located in Zone A (without a FE		or Zone AO
	s G4-G9) is provided for community floodplain manager		of Lone No.
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF	COMPLIANCE/OCCUPANCY ISSUED
N/A			
G7. This permit has been issued for: G8. Elevation of as-built lowest floor (inc	New Construction Substantial Improvement	ft.(m)	Datum:
GO. FIEAStion of 82-pain lowest most fine	- · · · · · · · · · · · · · · · · · · ·	ft.(m)	Datum:
G9. BFE or (in Zone AO) depth of floodi		TITLE	
G9. BFE or (in Zone AO) depth of floodi LOCAL OFFICIAL'S NAME			
LOCAL OFFICIAL'S NAME		TELEPHONE	
LOCAL OFFICIAL'S NAME COMMUNITY NAME		TELEPHONE	
		TELEPHONE DATE	