FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

	Important: Read the instructions on pages 1 - 7.									
Ī	SECTION A - PROPE	RTY OWNER INFORM	MATION	For Insurance Company Use:						
JL	JING OWNER'S NAME RRY WARDLAW CONSTRUCTION, INC.			Policy Number						
BL	JILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. I 0 ASHWOOD DRIVE	No.) OR P.O. ROUTE AN	ID BOX NO.	Company NAIC Number						
CI			ZIP CODE 31322							
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 30, PHASE II, ASHWOOD SUBDIVISION										
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL										
LA	LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): GPS (Type									
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION										
	NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUDOLER 130261 CHATHA	UNTY NAME AM		B3. STATE GEORGIA						
E	84. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX DATE EFFI 130030-75 C 9-20-95	B7. FIRM PANEL ECTIVE/REVISED DATE 5-19-87	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 14.0						
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										
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)										
uilding elevations are based on: Construction Drawings* Building Under Construction* Finished Construction new Elevation Certificate will be required when construction of the building is complete. uilding 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 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 NGVD/29 Conversion/Comments										
	Elevation reference mark used TBM Does the elevation referer a) Top of bottom floor (including basement or enclosure) b) Top of next higher floor c) Bottom of lowest horizontal structural member (V zones o d) Attached garage (top of slab) e) Lowest elevation of machinery and/or equipment servicing the building f) Lowest adjacent grade (LAG) g) Highest adjacent grade (HAG) h) No. of permanent openings (flood vents) within 1 ft. above i) Total area of all permanent openings (flood vents) in C3h I	16. 27 ft.(m) N\Aft.(m) N\Aft.(m) 15. 92ft.(m) 15. 17ft.(m) 14. 8ft.(m) 15. 3ft.(m) e adjacent grade N\A N\A sq. in. (sq. cm)	License Number, Embossed Seal, Signature, and Date	HORGISTES HOROLD ACK COLL						
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. CTTIFIER'S NAME TERRY MACK COLEMAN LICENSE NUMBER GA RLS # 2486										
ેં),	Registered Land Surveyor COMPANY NAME KERN-COLEMAN & COMPANY									
7 M	ESS AL COURT	CITY Savannah	STATE GA	ZIP CODE 31406						
SIG	NATURE 3	18 03	• TELEPHOI 912-354-84							

FEMA Form 8/1-31, AUG 99

IMPORTA 'IT: In these space	For Insurance Company Use:							
BUILDING S. FTADDRESS (Policy Number							
120 ASHWOOD DRIVE	STATE G/	Α	ZIP CODE 31322	Company NAIC Number				
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)								
y both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.								
COMMENTS								
				THE RESIDENCE OF THE PARTY OF T				
				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 LOMA or LOMR-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 6 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 ft.(m)in.(cm) _ above or _ below (check one)								
the highest adjacent grade.								
E3. For Building 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 grade.								
E4. 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.								
	TION F - PROPERTY OWNER (OR O							
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.								
' 'PERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME								
RESS		CITY	STATE	ZIP ÇODE				
)								
SIGNATURE	×	DATE	TELEPH	ONE				
COMMENTS								
				☐ Check here if attachments				
	SECTION G - COMMUNIT	Y INFORM	ATION (OPTIONAL)					
	red by law or ordinance to administer of this Elevation Certificate. Complete		• • •	nt ordinance can complete				
	on C was taken from other documenta		_	•				
	ho is authorized by state or local law t	o certify ele	evation information. (Indicate	e the source and date of the				
elevation data in the Co	mments area below.) opleted Section E for a building locate	d in Zone A	(without a FEMA-issued or	community-issued BEE) or				
Zone AO.	ipletod edotlom z for a ballaring results	u III 20110 7	(William Crouded or	מווויות וויים במשפט ביו ביי פו				
3. The following information	n (Items G4-G9) is provided for comm	unity floodp	lain management purposes	5				
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		G6. DATE CERTIFICATE OF ISSUED	COMPLIANCE/OCCUPANCY				
67. This permit has been issued	for: New Construction Subs	stantial Imp	rovement					
	floor (including basement) of the build of flooding at the building site is:	ing is:	ft.(m)	Datum: Datum:				
LOCAL OFFICIAL'S NAME TITLE								
COMMUNITY NAME TELEPHONE								
ATURE		DAT						
(MENTS								
J								
				Charle hard if attaches =====				
				Check here if attachments				