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. For Insurance Company Use: SECTION A - PROPERTY OWNER INFORMATION Policy Number BUILDING OWNER'S NAME JES16NER Homes GENESIS BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number RAINDANCE ROAD ZIP CODE 31322 SERRIA 00 - ER PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

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BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) IDENTIAL HORIZONTAL DATUM: SOURCE: I I GPS (Type): LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.####") NAD 1927 **□** NAD 1983 USGS Quad Map SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B3. STATE** B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** CHATTHAM 130261 SEORGIA POD LER B9. BASE FLOOD ELEVATION(S) B8. FLOOD **B6. FIRM INDEX B7. FIRM PANEL B4. MAP AND PANEL B5. SUFFIX** (Zone AO, use depth of flooding) ZONE(S) DATE EFFECTIVE/REVISED DATE NUMBER 5.19.87 5.19.81 AR 1300300075 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Community Determined Other (Describe): | | FIS Profile | | FIRM B11. Indicate the elevation datum used for the BFE in B9: LV NGVD 1929 L NAVD 1988 L Other (Describe): B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? | Yes | Yes | Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Finished Construction | | |Building Under Construction* uilding elevations are based on: LConstruction Drawings* *A new Elevation Certificate will be required when construction of the building is complete. C2. 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.) 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 NEVD 1729 Conversion/Comments _ NIA Does the elevation reference mark used appear on the FIRM? Elevation reference mark used_ a) Top of bottom floor (including basement or enclosure) 9 13/ ft.(m) □ b) Top of next higher floor □ c) Bottom of lowest horizontal structural member (V zones only) A ft.(m) _ft.(m) ☐ d) Attached garage (top of slab) e) Lowest elevation of machinery and/or equipment **2** ft.(m) servicing the building f) Lowest adjacent grade (LAG) 7 ft.(m) ☐ g) Highest adjacent grade (HAG) i) Total area of all permanent openings (flood vents) in C3h ____N/A= 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. LICENSE NUMBER TIFIER'S NAME 882 TILE COMPANY NAME CENT **ADDRESS** DATE SIGNATURE

IMPORTANT: In these spaces, co	py the corresponding informat	tion from Section A.	For Insurance Company Use:
BUILDING STREET ADDRESS (Includi	ng Apt., Unit, Suite, and/or Bldg. No.)	OR P.O. ROUTE AND BOX NO.	Policy Number
CITY PUSLETE	STATE	SEORGIA 31322	Company NAIC Number
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)			
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.			
COMMENTS THE ELEVATION SHOWN IN ITEM (3(C) IS THE			
THE ALB CONDITION UNIT PAD.			
FLEVATION OF THE AIR CONDITION UNIT PAD.			
			or the contract of the contract of
			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 E3. 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) lin.(cm) above or below (check one) the highest adjacent grade; E3. 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 3.			
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION			
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.			
PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME			
ADDRESS	1	CITY STAT	E ZIP CODE
SIGNATURE	T/A	DATE TELE	PÀONE
COMMENTS	X (1 /		
			Check here if attachments
	SECTION G - COMMUNIT	Y 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 (or 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 ISSUED	OF COMPLIANCE/OCCUPANCY
G7. This permit has been issued fo G8. Elevation of as-built lowest floo G9. BFE or (in Zone AO) depth of f	or (including basement) of the build	Substantial Improvement ding is:	ft.(m) Datum: ft.(m) Datum:
LOCAL OFFICIAL'S NAME		TITLE	
COMMUNITY NAME	MA	TELEPHONE	:
SIGNATURE	191	DATE	All a se
COMMENTS ***	* * * *	S we F To S IN IN IN	11. 13. (a) (b)
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Visit Communication	2.5 (46.4.5)	- P. C. S.	Check here if attachment