

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

OMB No. 1660-0008
Expires February 28, 2009

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name: **WALLMARK HOMES**

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: **133 TAHOE DRIVE**

City: **POOLER** State: **GA** ZIP Code: **31322**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): **LOT 268, FOREST LAKES (SUBDIVISION MAP BOOK 37S, PAGES 88A-B)**

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): **RESIDENTIAL**

A5. Latitude/Longitude: Lat. **32.1504°N** Long. **081.2673°W** Horizontal Datum: NAD 1927 NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number: **3**

A8. For a building with a crawl space or enclosure(s), provide:
 a) Square footage of crawl space or enclosure(s): ***495** sq ft
 b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade: **0**
 c) Total net area of flood openings in A8.b: **0** sq in

A9. For a building with an attached garage, provide:
 a) Square footage of attached garage: **N/A** sq ft
 b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade: **0**
 c) Total net area of flood openings in A9.b: **0** sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number: **CITY OF POOLER 130261**

B2. County Name: **CHATHAM**

B3. State: **GA**

B4. Map/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 base flood depth): ***19.0'**

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item 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)?
 Designation Date: _____ CBRS OPA Yes No

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. 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 C2.a-g below according to the building diagram specified in Item A7.
 Benchmark Utilized: **LOCAL**
 Conversion/Comments: **N/A**
 Vertical Datum: **NGVD 29**

a) Top of bottom floor (including basement, crawl space, or enclosure floor): ***22.8**

b) Top of the next higher floor: **24.1**

c) Bottom of the lowest horizontal structural member (V Zones only): **N/A**

d) Attached garage (top of slab): **N/A**

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments): ***22.6**

f) Lowest adjacent (finished) grade (LAG): **21.7**

g) Highest adjacent (finished) grade (HAG): **22.9**

Check the measurement used:
 feet meters (Puerto Rico only)
 feet meters (Puerto Rico only)
 feet meters (Puerto Rico only)
 feet meters (Puerto Rico only)
 feet meters (Puerto Rico only)
 feet meters (Puerto Rico only)
 feet meters (Puerto Rico only)
 feet meters (Puerto Rico only)

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 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.

Check here if comments are provided on back of form.

Certifier's Name: **Joseph A. Hale, Jr.**

Title: **Registered Land Surveyor**

Company Name: **Kern-Coleman & Co.**

City: **Savannah**

State: **GA**

ZIP Code: **31406**

License Number: **GA RLS# 2886**

Signature: *Joseph A. Hale, Jr.*

Date: **1/23/2009**

Telephone: **912-354-8400**



NOTE: In these spaces, copy the corresponding information from Section A.

Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. _____

State: GA ZIP Code: 31322

For Insurance Company Use:
 Policy Number _____
 Company NAIC Number _____

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

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

STRUCTURE WAS BEING CONSTRUCTED BEFORE THE CURRENT FLOOD INSURANCE RATE MAP WAS EFFECTIVE. ACCORDING TO THE INSURANCE RATE MAP THAT IS CURRENTLY IN EFFECT, THE BUILDING IS LOCATED IN FLOOD ZONE AE, BASE FLOOD ELEVATION 18.1', AS SHOWN ON MAP NUMBER 13051C0019F, EFFECTIVE DATE SEPTEMBER 26, 2008. BASE FLOOD ELEVATION 18.1' HEIGHT IS COMPUTED BY APPLYING THE VERTCON SHIFT VALUE (-0.91) TO THE NGVD 29 HEIGHT.

SQUARE FOOTAGE OF THE ENCLOSURE (GARAGE) IN SECTION A8.a IS APPROXIMATE. ELEVATION IN SECTION C2.a IS FOR THE ENCLOSURE (GARAGE) FLOOR. THERE IS LIVING SPACE ABOVE THE ENCLOSURE (GARAGE). ELEVATION IN SECTION C2.e IS FOR THE TOP OF PLATFORM FOR THE AIR-CONDITIONING COMPRESSORS.

Subdivision Plat Required Minimum Finished Floor Elevation is 23.9' (NGVD 29).

Date: 1/23/2009 Check here if attachments

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

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.

For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.

Attached garage (top of slab) is _____ feet meters above or below the HAG.

Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.

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.

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

I, 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) for Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name _____

City _____ State _____ ZIP Code _____

Address _____ Telephone _____

Date _____

Signature _____

Comments _____ Check here if attachments

SECTION G - COMMUNITY 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. Check the measurement used in Items G8. and G9.

G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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 Of Compliance/Occupancy Issued _____
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G7. This permit has been issued for New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 133 TAHOE DRIVE			For Insurance Company Use: Policy Number
City POOLER	State GA	ZIP Code 31322	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

FRONT VIEW
1/23/2009



FRONT VIEW
1/23/2009



REAR VIEW
1/23/2009



RIGHT SIDE VIEW
1/23/2009



Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 133 TAHOE DRIVE			For Insurance Company Use: Policy Number
City POOLER	State GA	ZIP Code 31322	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."

LEFT SIDE VIEW
1/23/2009



AIR-CONDITIONING COMPRESSORS
1/23/2009

