

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>EAST COAST HOMES, INC.</u>		Insurance Company Use
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>1342 RYAN'S WAY</u>		Company NAIC Number
CITY <u>POOLER</u>	STATE <u>GEORGIA</u>	ZIP CODE <u>31322</u>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 36 GARDEN ACRES PHASE XIII</u>		
BUILDING USE (e.g., Residential, Nonresidential, Addition, Accessory, etc.) Use Comments section, if necessary. <u>RESIDENTIAL</u>		
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##" or ##.####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>POOLER 130261</u>		B2. COUNTY NAME <u>CHATHAM</u>	B3. STATE <u>GEORGIA</u>
B4. MAP AND PANEL NUMBER <u>130030-75</u>	B5. SUFFIX <u>C</u>	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>5-19-87</u>
		B8. FLOOD ZONE(S) <u>AE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AE, use depth of flooding) <u>14.0</u>

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)

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.

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 C3a-l 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 \_\_\_\_\_ Conversion/Comments \_\_\_\_\_

Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM?  Yes  No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>16.3</u> ft. (m)
<input type="checkbox"/> b) Top of next higher floor	<u>N/A</u> ft. (m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft. (m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>16.0</u> ft. (m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>15.7</u> ft. (m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>14.8</u> ft. (m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>15.8</u> ft. (m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>14/13</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>14/1</u> 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 VINCENT HELMLLY LICENSE NUMBER 1882

TITLE LAND SURVEYOR COMPANY NAME COASTAL SURVEYING CO., INC.

ADDRESS 2640 QUACKER ROAD CITY POOLER STATE GA ZIP CODE 31322

NATURE Vincent Helmlly DATE 10-29-01 TELEPHONE (913) 748-2154

ELEVATION CERTIFICATE

1. Name of establishment: \_\_\_\_\_  
 2. Address: \_\_\_\_\_  
 3. City: \_\_\_\_\_  
 4. State: \_\_\_\_\_  
 5. Zip: \_\_\_\_\_  
 6. Date of inspection: \_\_\_\_\_  
 7. Inspector: \_\_\_\_\_

Item	Description	Inspected	Remarks
1	...	...	...
2	...	...	...
3	...	...	...
4	...	...	...
5	...	...	...
6	...	...	...
7	...	...	...
8	...	...	...
9	...	...	...
10	...	...	...

11. Summary of findings: \_\_\_\_\_  
 12. Recommendations: \_\_\_\_\_  
 13. Date of next inspection: \_\_\_\_\_  
 14. Inspector's signature: \_\_\_\_\_  
 15. Title: \_\_\_\_\_



16. Additional notes: \_\_\_\_\_  
 17. Date: \_\_\_\_\_  
 18. Inspector: \_\_\_\_\_

19. Name of establishment: \_\_\_\_\_  
 20. Address: \_\_\_\_\_  
 21. City: \_\_\_\_\_  
 22. State: \_\_\_\_\_  
 23. Zip: \_\_\_\_\_  
 24. Date of inspection: \_\_\_\_\_  
 25. Inspector: \_\_\_\_\_