FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION OF PRIFICATE

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 For Insurance Company Use: BUILDING OWNER'S NAME **Policy Number** OMSTRUCTION BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number RAINDANCE CAPO ZIP CODE STATE 31322 GEORGIA DOLER PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BARREN LANTATION BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) ESIDENTIAL LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): (##° - ##' - ##.##" or ##.####") NAD 1927 NAD 1983 USGS Quad Map SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME B3. STATE** 130261 POOLER CHATHAM GEORGIA **B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL** B8. FLOOD B9. BASE FLOOD ELEVATION(S) NUMBER EFFECTIVE/REVISED DATE DATE ZONE(S) (Zone AO, use depth of flooding) 9-20-95 130030-0075 5-19-87 AE 12.5 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. FIRM I FIS Profile __ | Community Determined U Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: \(\sum \text{NGVD 1929} \) \(\text{NAVD 1988} \) \(\text{Other (Describe)}: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? |___ Yes Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) 1. 1Building Under Construction* I Finished Construction *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 NGVO 1929 Conversion/Comments Elevation reference mark used Does the elevation reference mark used appear on the FIRM? a) Top of bottom floor (including basement or enclosure) 4 . 5 ft.(#) b) Top of next higher floor **¼/.₽**_ft.(m) G c) Bottom of lowest horizontal structural member (V zones only) **△**/_f_ft.(m) ☐ d) Attached garage (top of slab) **⊘**_ ft.(**•••**) e) Lowest elevation of machinery and/or equipment servicing the building .**≨**_ ft.(**≋**) ☐ f) Lowest adjacent grade (LAG) ∞ <u>O</u> ft.(m) **2** ft.(m) ☐ g) Highest adjacent grade (HAG) ENT ☐ i) Total area of all permanent openings (flood vents) in C3h _ 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. ERTIFIER'S NAME LICENSE NUMBER TITLE COMPANY NAME COMPANY GOASTA CITY GA 01 SIGNATURE DATE TELEPHONE

IMPORTANT: In these spaces,			For Insurance Company Use:
	NEE ROAD		
POOLER	STA	GEORGIA	ZIP CODE Company NAIC Number
SECTION	D - SURVEYOR, ENGINEER	R, OR ARCHITECT CERTIF	ICATION (CONTINUED)
Copy both sides of this Elevation COMMENTS	Certificate for (1) community o	fficial, (2) insurance agent/c	ompany, and (3) building owner.
I HE ELEVAT	ni norths no		
ELEVATION	OF THE PIR C	מט היונינים	IT PAO.
			Check here if attachment
SECTION E - BUILDING ELE	VATION INFORMATION (SU	RVEY NOT REQUIRED) FO	OR ZONE AO AND ZONE A (WITHOUT BFE)
information for a LOMA or LOMR-FE1. Building Diagram Numbersee pages 6 and 7. If no diagree E2. The top of the bottom floor (inc. (check one) the highest adjace E3. For Building Diagrams 6-8 with ft.(m) lin.(cm) about 100 minutes ft.(m) lin.(cm) about 100 minutes lin.(cm) ab	F, Section C must be complete (Select the building diagran am accurately represents the luding basement of enclosure ent grade. openings (see page 7), the no	d. n most similar to the building building, provide a sketch o) of the building is ext higher floor or elevated is	_ ft.(m) in.(cm) above or below
•	·	•	I must certify this information in Section G.
	F - PROPERTY OWNER (O		
community-issued BFE) or Zone A	AO must sign here.	IVE'S NAME	I E for Zone A (without a FEMA-issued or
ADDRESS	1/1	CITY	STATE ZIP CODE
SIGNATURE	VIA	DATE	TELEPHONE
COMMENTS			
			I Charly have if attachment
	SECTION G COMMI	INITY INFORMATION (OP	Check here if attachment
The local official who is sutherized			ain management ordinance can complete
Sections A, B, C (or E), and G of th G1. The information in Section engineer, or architect who elevation data in the Comm	is Elevation Certificate. Comp C was taken from other docur is authorized by state or local nents area below.) eted Section E for a building to	elete the applicable item(s) a nentation that has been sign law to certify elevation infor ocated in Zone A (without a	and sign below. ned and embossed by a licensed surveyor, rmation. (Indicate the source and date of the FEMA-issued or community-issued BFE) or
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE O	CERTIFICATE OF COMPLIANCE/OCCUPANCY
G7. This permit has been issued for G8. Elevation of as-built lowest floo G9. BFE or (in Zone AO) depth of fl	r (including basement) of the b	Substantial Improveme	nt ft.(m) Datum: ft.(m) Datum:
LOCAL OFFICIAL'S NAME	N 11 A	TITLE	
COMMUNITY NAME	17/17	TELEPHONE	
SIGNATURE	' 1 ' '	DATE	
COMMENTS		<u> </u>	
<u> </u>			
	E *		I Check here if attachment