NATION AL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires December 31, 2005

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: JILDING OWNER'S NAME FRED WILLIAMS HOMEBUILDER, INC Policy Number BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and Vor Bldg. No.) OR P.O. ROUTE AND BOX NO. 14 GENTRY STREET Company NAIC Number CITY STATE ZIP CODE **POOLER** GA PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 31322 LOT 75 BARRINGTON ESTATES, PHASE 6C BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary, Residential LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): (##" - ##' - ##.##" or ##.####") ☐ NAD 1927 ☐ NAD 1983 USGS Quad Map Other: _ SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME 130261 POOLER B3. STATE CHATHAM GA **B4. MAP AND PANEL B7. FIRM PANEL** NUMBER B5. SUFFIX **B6. FIRM INDEX DATE** B9. BASE FLOOD ELEVATION(S) EFFECTIVE/REVISED DATE B8. FLOOD ZONE(S) (Zone AO, use depth of flooding) 130030-0075 9-20-95 5-19-87 AE B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. 13.0 ☐ 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) C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under 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 C3.-a-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 N/A Conversion/Comments N/A ____ _Does the elevation reference mark used appear on the FIRM? 🔲 Yes 🛛 No Elevation reference mark used a) Top of bottom floor (including basement or enclosure) 14. 0 ft.(m) icense Number, Embossed Seal, b) Top of next higher floor **N/A**. __ft.(m) c) Bottom of lowest horizontal structural member (V zones only) N/A . ___ft.(m) d) Attached garage (top of slab) 12. 8 ft.(m) e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 13 . 0 ft.(m) f) Lowest adjacent (finished) grade (LAG) 11.0 ft.(m) g) Highest adjacent (finished) grade (HAG) 11. 7 ft.(m) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A i) Total area of all permanent openings (flood vents) in C3.h 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, CERTIFIER'S NAME Michael A Hussey LICENSE NUMBER 2509 **TITLELand Surveyor** COMPANY NAME N/A RESS CITY STATE ZIP CODE US SABAL LANE SAVANNAH GA 31405 SIGNATIURE DATE **TELEPHONE** 08/27/2005 912-748-2100 FEMA Form 81-31, January 2003 See reverse side for continuation. Replaces all previous editions

14 GENTRY STREET		D DOVINO		
14 GENIKT SIKEET	cluding Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AN	D ROX NO.		Policy Number
CITY POOLER	ST/ GA	ATE	ZIP CODE 31322	Company NAIC Number
7	SECTION D - SURVEYOR, ENGINEER, OR	ARCHITECT CERTIFIC)
y both sides of this Elevation	n Certificate for (1) community official, (2) insurance ager	nt/company, and (3) buildin	g owner.	
COMMENTS				
				Check here if attachmer
SECTION E - BUI	ILDING ELEVATION INFORMATION (SURVEY	NOT REQUIRED) FOR	ZONE AO AND ZON	E A (WITHOUT BFE)
ection C must be completed. 1. Building Diagram Number _(S represents the building, provid	BFE), complete Items E1 through E4. If the Elevation Consequence Select the building diagram most similar to the building for deas sketch or photograph.) Soluding basement or enclosure) of the building isft.(1)	or which this certificate is be	ing completed – see page	es 6 and 7. If no diagram accurate
	n openings (see page 7), the next higher floor or elevated	d floor (elevation b) of the b	uilding isft.(m)in.(cm) above the highest adjacent
	hinery and/or equipment servicing the building isft.(r	m)in.(cm) above or	below (check one) the	ne highest adjacent grade. (Use
5. For Zone AO only: If no flood o	depth number is available, is the top of the bottom floor e own. The local official must certify this information in Sec		n the community's floodpla	ain management ordinance?
	SECTION F - PROPERTY OWNER (OR OWN	IER'S REPRESENTAT	IVE) CERTIFICATION	
ssued BFE) or Zone AO must sig	uthorized representative who completes Sections A, B, C gn here. <i>The statements in Sections A, B, C, and E are</i>			out a FEMA-issued or community-
PROPERTY OWNER'S OR OW	NER'S AUTHORIZED REPRESENTATIVE'S NAME			-
RESS		CITY	STATE	ZIP CODE
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