## 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. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: BUILDING OWNER'S NAME FRED WILLIAMS HOMEBUILDER, INC Policy Number BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number CITY STATE ZIP CODE **POOLER** 31322 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 60 BARRINGTON ESTATES, PHASE 2 BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc., Use Comments section if necessary.) Residential LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM SOURCE GPS (Type) ( ##º - ## - ## ## OT ## #####º) □ 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 **B5** SUFFIX **B6 FIRM INDEX DATE B7 FIRM PANEL** B8 FLOOD ZONE(S) NUMBER B9. BASE FLOOD ELEVATION(S) 9-20-95 EFFECTIVE/REVISED DATE ΑE 130030-0075 (Zone AO, use depth of flooding) С 5-19-87 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. 13.0 ☐ FIS Profile Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 NAVD 1988 CONTROL Other (Describe): 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. 2. 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-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 \_\_\_\_ Conversion/Comments Elevation reference mark used \_Does the elevation reference mark used appear on the FIRM?  $\;\square\;$  Yes  $\;\boxtimes\;$  No a) Top of bottom floor (including basement or enclosure) 14. 2 ft.(m) b) Top of next higher floor Embossed Seal N/A. \_\_ft.(m) c) Bottom of lowest horizontal structural member (V zones only) N/A . \_\_ft.(m) d) Attached garage (top of slab) 13. 8ft.(m) e) Lowest elevation of machinery and/or equipment servicing the building License Number N/A. \_\_ft.(m) f) Lowest adjacent grade (LAG) 11 . 9ft (m) g) Highest adjacent grade (HAG) 13. 1ft.(m) h) No. of permanent openings (flood vents) within 1 ft, above adjacent grade  $\underline{N}{}^{\!\!\!\!/}$ 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. CERTIFIER'S NAME Michael A. Hussey LICENSE NUMBER 2509 TITLELand Surveyor COMPANY NAME ODRESS CITY STATE 29 Junco Way ZIP CODE Savannah GA 31419 SIGNATURE DATE TELEPHONE ngroning 912-925-3866

| IMPORTANT: In these spaces, copy th   | e corresponding information from Section   | A.   |   |                              | For Insurance Company Use         |
|---|--|--|---|------------------------------|-----------------------------------|
| BUILDING STREET ADDRESS (Including Apl. 152 BARRINGTON ROAD   | , Unit, Suile, and/or Bldg. No.) OR P.O. ROUTE AND   | BOX NO   |   |                              | Policy Number                     |
| CITY<br>POOLER  | STA<br><b>GA</b>   | ATE  | ZIP CODE<br>31322   |                              | Company NAIC Number               |
|   | SECTION D - SURVEYOR, ENGINEER, OR A   | ARCHITECT C                                    |   | ED)                          |                                   |
| Copy both sides of this Elevation Certificat  | te for (1) community official, (2) insurance agen  | t/company an                                   | d (3) building owner  |                              |                                   |
| COMMENTS<br>N/A   |  |  | a (o) contains  |                              |                                   |
| N/A   |  |  |   |                              |                                   |
|   |  |  |   |                              |                                   |
|   |  |  |   |                              |                                   |
|   |  | 58   |   | [                            | Check here if attachment          |
| SECTION E - BUILDI  | NG ELEVATION INFORMATION (SURVEY N   | NOT REQUIRE                                    | ED) FOR ZONE AO AND ZO                                      | ONE A (WIT                   | HOLIT DEED                        |
| For Zone AO and Zone A (without BFE), con   | mplete Items E1 through E4. If the Elevation C   | ertificate is inte                             | ended for use as supporting in                              | nformation f                 | or a LOMA or LOMR-F               |
| deciron o masi de completea.  |  |  |   |                              |                                   |
| represents the building, provide a sketch   | building diagram most similar to the building for  | r which this cer                               | tificate is being completed -                               | see pages (                  | 3 and 7 If no diagram accurately  |
| E2. The top of the bottom floor (including bas  | sement or enclosure) of the building is # /n   | n) in (cm)                                     | about or D bolow (short                                     | de amal dha f                |                                   |
| Lo. 1 of building biograms and with openings  | (see page 7), the next higher floor or elevated  | floor (elevation                               | n b) of the building is ft/r                                | one)tner<br>m\in <i>lc</i> m | Ighest adjacent grade.            |
| grado.  |  |  |   |                              |                                   |
| =4. For Zone AO only: If no flood depth num<br>Yes No Unknown. The l  | nber is available, is the top of the bottom floor el   | levated in acco                                | ordance with the community's                                | s floodplain r               | nanagement ordinance?             |
|   | ocal official must certify this information in Sect  |  | CENTATO EL CEDITICIO DE                                     |                              |                                   |
| The property owner or owner's authorized r  | ECTION F - PROPERTY OWNER (OR OWN epresentative who completes Sections A, B, at  | nd E for Zone                                  | SENTATIVE) CERTIFICATION                                    | ON                           |                                   |
| sign here,  | opinional wife completes decitoris A, B, al  | nd E for Zone /                                | 4 (Milliout a FEINA-Issued or                               | community                    | issued BFE) or Zone AO must       |
| PROPERTY OWNER'S OR OWNER'S AUTHO   | RIZED REPRESENTATIVE'S NAME  |  |   |                              |                                   |
| ADDRESS   |  | CITY   |   | STATE                        | ZIP CODE                          |
| SIGNATURE   |  | DATE   |   | TELEPHONE                    | 1                                 |
| COMMENTS  |  |  |   |                              |                                   |
|   |  |  |   |                              | Check here if attachments         |
| ha land official in the second  | SECTION G - COMMUNITY IN   | FORMATION                                      | (OPTIONAL)  |                              |                                   |
| The information in Section C was take state or local law to certify elevation in Acommunity official completed Section. | ordinance to administer the community's floodpl<br>nd sign below.<br>en from other documentation that has been sig<br>information. (Indicate the source and date of the<br>on E for a building located in Zone A (without a<br>G9) is provided for community floodplain manage | ned and embo<br>e elevation dat<br>FEMA-issued | ssed by a licensed surveyor,<br>a in the Comments area belo | engineer, o                  | or architect who is authorized by |
| G4 PERMIT NUMBER  | G5 DATE PERMIT ISSUED  |  | G6 DATE CERTIFICATE OF                                      | COMPLIANC                    | E/OCCUPANCY ISSUED                |
| 7. This permit has been issued for:   New   | Construction Substantial Improvement   | l  |   |                              |                                   |
| <ol><li>Elevation of as-built lowest floor (including</li></ol>   | basement) of the building is:  |  | ft.(m)  |                              | Datum:                            |
| 9. BFE or (in Zone AO) depth of flooding at the building site is:   |  |  | ft.(m)  |                              | Datum:                            |
| OCAL OFFICIAL'S NAME  |  | TITLE  |   |                              |                                   |
| COMMUNITY NAME  |  | TELEPHONE                                      |   |                              |                                   |
| GNATURE   |  | DATE   |   |                              |                                   |
| OMMENTS   |  |  |   |                              |                                   |
|   |  |  | · · · · · · · · · · · · · · · · · · ·                       |                              |                                   |
|   |  |  |   |                              |                                   |
|   |  |  |   |                              | Check here if attachments         |
|   |  |  |   |                              |                                   |