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.

BUILDING OWNER'S NAME FRED WILLIAMS HOMEBUILDER, INC BUILDING STREET ADDRESS (including Apt., Unit, Static, and/or Bidg. No.) OR PO ROUTE AND BOX NO. 181 SILVERTON ROAD CITY STATE POOLER FROPERTY DESCRIPTION (Lot and Block Numbers, Tax Farcel Number, Legal Description, etc.) LOT 130 STONEWATER PHASE 2 BUILDING USE (e.g., Residential, Addition, Accessory, etc. Use Community section if necessary.) Residential LATITUDE/LONGITUDE (OPTIONAL) (##P - ## - ## - ## - ## - ## - ## - ##	DN B: G. COOD ZONE(S)	Other.
BUILDING STREET ADDRESS (including April, Unit, Static, and/or Bidg, No.) OR PO ROUTE AND BOX NO. 181 SILVERTON ROAD CITY STATE POOLER FROPERTY DESCRIPTION (Lot and Block Numbers, Tax Farcel Number, Legal Description, etc.) LOT 130 STONEWATER PHASE 2 BUILDING USE (#.g., Residential), Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential LATITUDELONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (TO.) WHO - ##F - ##	ype): Oued Map DN BG G. COOD ZONE(S)	Other.
TITY STATE POOLER CITY POOLER STATE GA PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Farcel Number, Legal Description, etc.) LOT 130 STONEWATER PHASE 2 BUILDING USE (#.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential LATITUDELONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (T. W. ## -## -## ## or ## #####) NAD 1927 NAD 1993 SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NEIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME CHATHAM B4. MAP AND PANEL B5. SUFFIX NI MEER 130030-0075 C B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.	ype): Oued Map DN BG G. COOD ZONE(S)	Other.
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PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Farcel Number, Legal Description, etc.) LOT 190 STONEWATER PHASE 2 BUILDING USE (#.g., Residential, Non-residential, Addition, Accessory, etc. Use Community section if necessary.) Residential LATITUDE/LONGITUDE (OPTIONAL) (##P - ### - ### ### for ### ######) SOURCE: GPS (TO NAD 1993 USGS (FIRM PANT) USGS (FIRM) (INFORMATIONAL DATUM: SECTION B - FLOOD INSURANCE RATE MAP (FIRM) (INFORMATIONAL DATUM: B1, NFIP COMMUNITY NAME & COMMUNITY NUMBER B2, COUNTY NAME CHATHAM B4 MAP AND PANEL B5 SUFFIX H8, FIRM INDEX DATE B7, FIRM PANF! NI MOBER 130030-0075 C B8. FIRM PANF! SB. FIRM PANF! EFFECTIVE/REVISED DATE 130030-0075 C Gate of the Base Flood Elevation (BFE) date or base flood depth entered in B9.	ype): Cuard Map DN BG G COOD ZONE(S)	3. STATE
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NI MEER 130030-0075 C 9-20-85 EFFECTIVE/REVISED DATE 5-19-87 310. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.		A
	AE	99. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 13.0
[] FIS Profile ⊠ FIRM □ Community Determined □ Other (Describe):	·	
11. Indicate the elevation datum used for the BFE in B9 🔀 NGVD 1929 NAVD 1988 🔲		
312. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?		Designation Date
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQU		
	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 corr	pieted - see pag	es 6 and 7. If no diagram
accurately represents the building, provide a sketch or photograph.)		1
3. 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, A	R/A0	
Complete Items C3a-i below according to the building diagram specified in Item C2, State the datum used. If the datum is		
Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Us	e the space provi	ded or the Comments area of
Section D or Section G, as appropriate, to document the datum conversion.		
Datum Conversion/Comments		
Elevation reference mark usedDoes the elevation reference mark used appear on the FIRM? Yes No		OPA
a) Top of bottom floor (including basement or enclosure) 18. 3 ft. (in)	Seal	E O TON MY
b) Top of next higher floor N/Afl.(m)		CEGISTES TO
c) Bottom of lowest horizontal structural member (V zones only) N/Aft.(m)	Embassed	Law Vadd II
d) Attached garage (top of stab)	§ ₩ 🕪	Wa 6500 1*
e) Lowest elevation of machinery and/or equipment	ë M	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
servicing the building . N/A _ ft.(m)	<u>ā</u>	XX _ 5/23
f) Lowest adjacent grade (LAG) 17. 5ft.(m)	P E	SURVENS
g) Highest adjacent grade (HAG) 18. 1ft.(m)	License Ne	MAEL ADARS
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/	log	
i) Total area of all permanent openings (flood vents) in C3h MAsq. in. (sq. cm)	ے -	
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICAT	ION	1
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certifi		mation
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the		many",
r certally that the hindrification in Sections A, B, and C on this certainate represents my basic blocks to interpret the countries and that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1		
CERTIFIER'S NAME Michael A. Hussey LICENSE	NUMBER 2509	
TITLELand Surveyor COMPANY NAME		***
Thomas A	STATE	ZIP CODE
ADDRESS	GA	31406
ADDRESS 8307 Meadowbrody Road Savannah		
	912.354.2	

(+)

	he corresponding information from Sect			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Ap.) No 181 SILVERTON ROAD	, Unit, Suite, and/or Blog, No.) OR P.O. ROUTE	AND BOX NO.		Policy Number
CITY		STATE	ZIP CODE	Company NAK; Number
POOLER		GA	31322	
	SECTION D - SURVEYOR, ENGINEER,	***		
PROSERVE TO THE PROPERTY OF TH	ite for (1) community official, (2) insurance a	agent/company, and (3) t	oulding owner.	
COMIVENTS N/A	· ·			
		TA:		
			L.,	
				Check here if attachment
SECTION E - BUILD	ING ELEVATION INFORMATION (SURV	EY NOT REQUIRED) F	OR ZONE AO AND ZONE	A (WITHOUT BFE)
or Zone AO and Zone A (without BFE), co	omplete Items E1 through E4. If the Elevati	ion Certificate is intended	for use as supporting inform	ation for a LOMA or LOMR-F,
ection C must be completed.				
	building diagram most similar to the buildin	ng for which this certificat	te is being completed – see p	ages 6 and 7. If no diagram accurate
represents the building, provide a sketo			_	
	asement or enclosure) of the building is _			
	gs (see page 7), the next higher floor or ele-	vated floor (elevation b) o	of the building isft(m)	in (cm) above the highest adjacent
grade.	والمراجع وال	loos olganisadia	man salah dipa mananan sala da #	delan assument and and and
	mber is available, is the top of the bottom fi e local official must certify this information in		ice with the community's 1100	opan management cromance?
	SECTION F - PROPERTY OWNER (OR O		TATIVE CERTIFICATION	
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sign here.	l representative who completes Sections A			munity-issued BFE) or Zone AO must
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sign here. PROPERTY OWNER'S OR OWNER'S AUTH ADDRESS SIGNATURE. COMMENTS The local official who is authorized by law or ertificate, Complete the applicable item(s) The information in Section C was to state or local law to certify elevation. A community official completed Sec. The following information (Items G4.) G4. PERMIT NUMBER 7. This permit has been issued for: No. 8. Elevation of as-built lowest floor (including including incl	SECTION G - COMMUNI r ordinance to administer the community's to a sign below. aken from other documentation that has been information. (Indicate the source and dataction E for a building located in Zone A (with 4-G9) is provided for community floodplain of the construction. GS DATE PERMIT ISSUED ew Construction. Substantial Improvering basement) of the building is:	CITY CITY DATE TY INFORMATION (OP floodplain management of the elevation data in thout a FEMA-issued or of management purposes.	TELE TIONAL) ordinance can complete Sect the Comments area below.) ommunity-issued BFE) or Zo DATE CERTIFICATE OF COM.	TE ZIP CXXXE PHONE Check here if attachment lons A, B, C (or E), and G of this Eleva pineer, or architect who is authorized b one AO. VPLIANCE/CXXCUPANCY ISSUED Datum:
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FEMA Form 81-31, AUG 99

REPLACES ALL PREVIOUS EDITIONS