FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

Replaces all previous editions

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: DING OWNER'S NAME Policy Number FRED WILLIAMS HOMEBUILDER, INC. BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number 22 GENTRY STREET CITY STATE ZIP CODE **POOLER** GA 31322 PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 79 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 B3. STATE** 130261 POOLER CHATHAM GA **B4. MAP AND PANEL** B7. FIRM PANEL B9 BASE FLOOD ELEVATION(S) NUMBER B5. SUFFIX B6. FIRM INDEX DATE B8. FLOOD ZONE(S) EFFECTIVE/REVISED DATE (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. ☐ FIS Profile X FIRM Community Determined Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: X NGVD 1929 NAVD 1988 Dother (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* □ Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. vilding 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 curately 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 Elevation reference mark used _Does the elevation reference mark used appear on the FIRM? 🔲 Yes 🖂 No a) Top of bottom floor (including basement or enclosure) 14. 1 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) NA . __ft(m) d) Attached garage (top of slab) 12. 6 ft.(m) e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 13 . 1 ft.(m) f) Lowest adjacent (finished) grade (LAG) 10.4ft.(m) g) Highest adjacent (finished) grade (HAG) 12. 1 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 CITY STATE ZIP CODE ABAL LANE SAVANNAH GA 31405 SIGNATURE DATE TELEPHONE 6/17/05 912-748-2100

See reverse side for continuation.

FEMA Form \$1-31, January 2003

	the corresponding information from Sect			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apl., U 22 GENTRY STREET	Unit, Suite, and/or Blog. No.) OR P.O. ROUTE AND BOX I	NO.		Policy Number
DITY POOLER	STATE GA		ZIP CODE 31322	Company NAIC Number
	ON D - SURVEYOR, ENGINEER, OR ARCH	IITECT CERTIFICA		
	for (1) community official, (2) insurance agent/comp			
COMMENTS		1417-8		
SECTION E - RI III DING EI	EVATION INFORMATION (SURVEY NOT I	DECLIIDED) FOD	ZONE AO AND ZON	Check here if attachmen
	plete Items E1 through E4. If the Elevation Certifica			
ection C must be completed.	Jee Rats Et allough E4. It the Elevation Caulica	ate is interioed for use	as supporting information	ATTO A LOWA OF LOWIN-F,
•	uilding diagram most similar to the building for which or photograph.)	h this certificate is bei	ng completed – see pag	es 6 and 7. If no diagram accurate
2. The top of the bottom floor (including base	ement or enclosure) of the building isft(m)ir	n.(cm) 🔲 above or	below (check one) to	ne highest adjacent grade. (Use
natural grade, if available). 3. For Building Diagrams 6-8 with openings ((see page 7), the next higher floor or elevated floor ((elevation b) of the bu	nilding is fl(m) in	(cm) shows the highest adjacent
grade. Complete items C3.h and C3.i on		(elevation b) of the bu	"Moning is ic(r)/iii.	on y above the highest adjacent
I. The top of the platform of machinery and/o	or equipment servicing the building isft.(m)ir	n.(cm) 🔲 above or	below (check one) the	ne highest adjacent grade. (Use
natural grade, if available). 5. For Zone AO only: If no flood deoth numb	er is available, is the top of the bottom floor elevate	rd in accordance with	the community's floodely	pin managamant ardinanaa?
	cal official must certify this information in Section G.		trie community's 1100opt	ain management ordinance?
	ON F - PROPERTY OWNER (OR OWNER'S		VE) CERTIFICATION	(, , , , , , , , , , , , , , , , , , ,
	presentative who completes Sections A, B, C (Item ne statements in Sections A, B, C, and E are correct			out a FEMA-issued or community-
PROPERTY OWNER'S OR OWNER'S AU		• • • • • • • • • • • • • • • • • • • •		
ESS	CI	ITY	STATE	ZIP CODE
SIGNATURE		ATE	TELEPI	10NE
COMMENTS				
		THE WALKER TO SEE	101	Charle have if attachmant
	SECTION G - COMMUNITY INFOR	MATION (OPTION	VAL)	Check here if attachment
e local official who is authorized by law or or	dinance to administer the community's floodplain m			A, B, C (or E), and G of this Eleva
rtificate. Complete the applicable item(s) an	•			
	n from other documentation that has been signed a tion. (Indicate the source and date of the elevation			er, or architect who is authorized b
	n E for a building located in Zone A (without a FEM)			AO.
	9) is provided for community floodplain managemen		,	
4. PERMIT NUMBER	G5, DATE PERMIT ISSUED	G6. DATE	CERTIFICATE OF COMPL	IANCE/OCCUPANCY ISSUED
•	Construction Substantial Improvement			
. Elevation of as-built lowest floor (including t			ft.(m)	Datum:
BFE or (in Zone AO) depth of flooding at th	e building site is:		ft.(m)	Datum:
OCAL OFFICIAL'S NAME		TITLE		
MMUNITY NAME TE		TELEPHONE		
GNATURE		DATE		
' 'ENTS	<u> </u>			
J				
				Check here if attachments