FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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					For Insurance Company Use:		
BUILDING OWNER'S NAME	Policy Number						
BUILDING STREET ADDRESS No. 249 LONGLEAF CIRCLE	Company NAIC Number						
CITY			STATE		CODE		
PROPERTY DESCRIPTION (L	ot and Block Numbers	Tax Parcel Number Lega	I Description etc.)	3132	22		
Lot 186 Hunters Ridge Subdiv	ision Phase 4B						
Residential		ition, Accessory, etc. Use	Comments section if necessary.)				
LATITUDE/LONGITUDE (OPTI (##" - ##" - ##.##" or ##.######		HORIZONTAL DATUM] NAD 1927 ☐ NAD		URCE: ☐ GPS (Type): ☐ USGS Quad Map	☐ Other:		
		SECTION B - FLO	OD INSURANCE RATE MAP (FIR	M) INFORMATION			
B1, NFIP COMMUNITY NAME	& COMMUNITY NUM	BER	B2. COUNTY NAME		B3. STATE		
130261 Pooler			Chatham		GA		
B4, MAP AND PANEL NUMBER 130030 0075	B5. SUFFIX	B6. FIRM INDEX DAT 9/20/95	B7. FIRM PANEL EFFECTIVE/REVISED D/ 9/3/92	B8. FLOOD ZONE(: AE	S) B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 12.0		
B10. Indicate the source of the	Base Flood Elevatio	n (BFE) data or base fle	•	(Describe):			
B11. Indicate the elevation data				D 1988 🔲 🔲 Other (Descr	ibe):		
B12. Is the building located in a	Coastal Barrier Res	ources System (CBRS) area or Otherwise Protected Area		lo Designation Date		
		SECTION C - BUILDIN	NG ELEVATION INFORMATION (SURVEY REQUIRED)			
C1. Building elevations are bas	ed on: 🗌 Construc	tion Drawings*	☐ Building Under Construction*		1		
A new Elevation Certificat	()						
(7) (7)	477		o the building for which this certifica	te is being completed - see pa	ges 6 and 7. If no diagram		
accurately represents the I							
	•		n BFE), AR, AR/A, AR/AE, AR/A1-/		L L L DEE:		
-	-		ed in Item C2. State the datum used surements and datum conversion of				
Section B, convert the data Section D or Section G, as				alculation. Use the space pro	vided or the Comments area or		
Datum Conversion		irrierit trie daturn conve	SIOI I.		417		
		e elevation reference ma	ark used appear on the FIRM?	lYes ⊠ No			
a) Top of bottom floor (in			19. 1 ft.(m)		CORO O		
b) Top of next higher flo	-	a oriologuroj	<u>// / /ft.(m)</u>	ssed Seal	COE		
c) Bottom of lowest hori		nber (V zones only)	<u>// //ft.(m)</u>	ssed	JOEONS! FEB.		
d) Attached garage (top		11501 (1 201100 0111))	18. 6ft.(m)	abos d D			
e) Lowest elevation of n	,	ipment	<u> </u>	E Bu	No.2500 1"		
servicing the building	, ,	•	<u>NA</u> ft.(m)	nber	1 2/3/4/		
f) Lowest adjacent grade	-		17.9ft.(m)	Nun	The survey of		
g) Highest adjacent grad	de (HAG)		18. 4ft.(m)	Se	A HUS		
h) No. of permanent ope			nt grade NA	License Number, Embo Signature, and D	T. M.		
i) Total area of all perma	anent openings (flood	d vents) in C3h <u>MA</u> sq	. in. (sq. cm)				
		SECTION D - SURVE	YOR, ENGINEER, OR ARCHITE	CT CERTIFICATION			
I certify that the information	n in Sections A, B,	and C on this certific	ngineer, or architect authorized eate represents my best efforts to or imprisonment under 18 U.S. (o interpret the data availabi			
CERTIFIER'S NAME Michael A.		, раничаль ру ше (и ипризониван иниві то о.э. (LICENSE NUMBER 250	09		
TITLELand Surveyor	<u> </u>			COMPANY NAME Stevenson & Palmer Engineering, Inc			
ADDRESS 1	\		CITY	STAT			
P.O. Box 15845 SIGNATURE	011		Savannah DATE	GA TELE	PHONE		
SIGNATURE	HA.Du	ser	12/d/00		FRUNE 55.0603		
1,		0					

IMPORTANT: In these spaces, copy the co			For Insurance Company Use:		
BUILDING STREET ADDRESS (Including Apt., Ur No. 249 LONGLEAG CIRCLE	it, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		Policy Number		
CITY Pooler	STATE GA	ZIP CODE 31322	Company NAIC Number		
	CTION D - SURVEYOR, ENGINEER, OR ARCHITECT (
Copy both sides of this Elevation Certificate fo	r (1) community official, (2) insurance agent/company, and	(3) building owner.			
COMMENTS					
			Check here if attachments		
	G ELEVATION INFORMATION (SURVEY NOT REQUIR				
For Zone AO and Zone A (without BFE), completed.	ete Items E1 through E4. If the Elevation Certificate is inter	aea tor use as supporting information	TOT A LUMA OF LUMK-F,		
·	ding diagram most similar to the building for which this certi	ficate is being completed – see pages	6 and 7. If no diagram accurately		
represents the building, provide a sketch or	photograph.)				
, , ,	nent or enclosure) of the building isft.(m)in.(cm) [
E3. For Building Diagrams 6-8 with openings (segrade.	ee page 7), the next higher floor or elevated floor (elevation	b) of the building isπ.(m)in.(cr	ny apove ine nignest adjacent		
	r is available, is the top of the bottom floor elevated in accor	dance with the community's floodplain	n management ordinance?		
Yes No Unknown. The loc	al official must certify this information in Section G.				
	CTION F - PROPERTY OWNER (OR OWNER'S REPRE				
The property owner or owner's authorized reprisign here.	resentative who completes Sections A, B, and E for Zone A	(without a FEMA-issued or commun	ity-issued BFE) or Zone AO must		
PROPERTY OWNER'S OR OWNER'S AUTHORI	ZED REPRESENTATIVE'S NAME				
ADDRESS	CITY	STATE	ZIP CODE		
)					
SIGNATURE	DATE	TELEF	PHONE		
COMMENTS					
			Check here if attachments		
	SECTION G - COMMUNITY INFORMATIO	N (OPTIONAL)	SS Hote is accommonly		
•	inance to administer the community's floodplain manageme	ent ordinance can complete Sections	A, B, C (or E), and G of this Elevation		
Certificate. Complete the applicable item(s) and	-	and the Person I			
	from other documentation that has been signed and embo ormation. (Indicate the source and date of the elevation dat		r, or architect who is authorized by		
	E for a building located in Zone A (without a FEMA-issued		٠,		
_ ,) is provided for community floodplain management purpos	• •			
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMP	PLIANCE/OCCUPANCY ISSUED		
G7. This permit has been issued for: New (Construction Substantial Improvement	J.			
G8. Elevation of as-built lowest floor (including b	,	ft.(m)	Datum:		
G9. BFE or (in Zone AO) depth of flooding at the		ft.(m)	Datum:		
LOCAL OFFICIAL'S NAME	TI	TLE			
COMMUNITY NAME	MMUNITY NAME TELEPHONE				
SIGNATURE	GNATURE DATE				
COMMENTS					
)		9	Chook hara if attachments		
			Check here if attachments		

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FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7. For Insurance Company Use SECTION A - PROPERTY OWNER INFORMATION Policy Number BUILDING OWNER'S NAME BUILDING STREET ADDRESS (Including Apr., Unit, Suite, sindor Blug, No.) OR P.O. ROUTE AND BOX NO. Company NAK Number No. 249 LONGLEAF CIRCLE ZIP CODE CITY 31372 GA Paoles PROPERTY DESCRIPTION (Lot) and Block Numbers. Tax Parcel Number, Logal Description, etc.) Lot 184) Lot 186 Hunters Ridge Subdivision Phase 48 BUILDING USE (u.g., Residential, Norvesidential, Addition, Accessory, etc., Use Comments section if necessary.) Residental SOURCE: [] GPS (Typu) HORIZONTAL DATUM: LATITUDE LONGITUDE (CIPTIONAL) Other. USGS Quad Map SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. STATE RO COUNTY NAME BY, NEIP COMMUNITY NAME & COMMUNITY NUMBER Chatham 199261 Paoler BASE FLOOD ELEVATION(S) B& FLOOD ZONE(S) BY. FIRM PANE 95 SLIFFIK ME FIRM INDEX CLATE (Zone AO, use dopth of floading) BA MAP AND PANEL EFFECTIVE/REVISED DATE 1/20/95 NUMBER 4000 130030 0575 B 10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. Other (Describe): Other (Describe): Community Determined S FIRM ☐ FIS Profile B11, Indicate the elevation datum used for the BFE in B9: X NGVD 1929 B12, is the building located in a Coostal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes X No Designation Date. SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Finished Construction C4. Building elevators are based on: Construction Drawings* Building Under Construction* A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number £ (Balect the building diagram most similar to the building for which this perificate 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, ARVA, ARVAE, ARVA1-A30, ARVAH, ARVAD Complete Items C33-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 deturn conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum convention. Conversion/Comments Does the elevation reference mark used appear on the FIRM? 📋 Yes 🔯 No. Elevation reference mark used_ <u>19</u>. <u>1</u>ft.(m) a) Top of bottom floor (including basement or enclosure) _ft_(m) Signature, Embossed Signature, ned Date b) Top of next higher floor ft (m) C) c) Bottom of lowest horizontal structural member (V zones Dhiy) 18 6ft (m) Li d) Attached garage (top of slab) a) Lowest elevation of machinery and/or equipment _fl.(m) servicing the building 17 - 9ft (m) [] [] Louist adjacent grade (LAG) 18, 4ft (m) Ci g Highest adjacent grade (IHAG) ☐ h) No, of permanent openings (flood vents) within 1 ft. above adjecent grade ___ i) Total area of all permanent openings (flood vents) in C3h ____sq. in. (eq. orn) 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 cartificate 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 1901. LICENSE NUMBER 2509 CERTIFIERS NAME Michael A. Hussey COMPANY NAME Stovenson & Palmer Engineering, Inc. TITLELand Surveyor 712 CODE CITY 24418 ADDRESS GA Savennah P.O. Box 15845 TELEPHONE 912-365-9803 SKINATURE REPLACES ALL PREVIOUS EDITIONS SEE REVERSE SIDE FOR CONTINUATION

FEMA Form 81-31, AUG 98

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	e corresponding information from Section A		For Insurance Company Uses: Policy Number				
ORTANT: In these spaces, copy the	and a second sec						
249 LONGLEAG CIRCLE	STATE	ZIP CODE	Company NAIC Number:				
	GA	51322	Charles and the state of the st				
ler	SECTION D. SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)						
St.	SECTION D - SURVEYOR, ENGINEER, OF A SECTION D. SURVEYOR, ENGINEER, COMMERCIAL COMMERCIA						
ly both sides of this Elevation Cardio	ate for (1) community official, (2) unsurante against official.						
UMENTS							
			Check here if attachments				
		2015 40 AND 7018					
OCCTION E - BUILD	NG ELEVATION INFORMATION (SURVEY NOT REQUIF	(ED) FOR ZONE AD AND ZOM	Service See of OMA NO LOMPS-F.				
SECTION STATES	NG ELEVATION INFORMATION (SURVEY NOT RECUISIVE Complete Items E1 through E4. If the Elevation Certificate is	intended for use as supporting t	mornaum or a Louis				
Zone AD and Zone A (working are).	Military and a second		and 5 and 7. If no discram accurately				
tion C must be completed.	e building dagram most similar to the building for which this c	ertificate is being completed - see	ballers a select 1 1111				
LEGISTALIS AND DESIGNATION DATE AND ADDRESS AND ADDRES	such or photograph.) besement or enclosure) of the building isft.(m)in.(cm) inc. (ear) none 71 the part higher floor or elevated floor (elev	☐ Spoke of ☐ balow (closer	in (cm) shows the highest adacent				
m II F - Pile - MANA & DILAMA COMPA	Refer to the Control of the Control						
For Building Halgrams 6-0 vices referr			/s floodoluin management ordinance?				
grade.	number is available, is the top of the bottom floor elevated in	U SCCOLORUCE ANTA and contrational					
T Van No Unknown.	THE LOCAL CHARGE STATES OF ALL	HEATHER CEPTIFICATIO	N				
118 110 2	The local official must carry this maintain in decision in Section F - PROPERTY OWNER (OR OWNER'S REP	RESENTATIVE) CERTIFICATION	community issued BFE) or Zone AO must				
and and a group of authoriz	SECTION F - PROPERTY OWNER (OR OWNER'S REP and representative who completes Sections A. B. and E for Zo	ME A MITTEL A PENA-SEURO	ATTION IN PROPERTY.				
US DIODS A OWNER OF OWNER SECONDS	Ki ki						
ign here.							
PROPERTY OWNERS OR OWNERS AL	JTHORIZED REPRESENTATIVES NAME		TATE ZIP CODE				
	CITY		STATE ZIP CODE				
ADDRESS	DATE		FELEPHONE				
SIGNATURE	UNIC -						
COMMENTS			Check here if attachments				
			Officer Halle II				
	SECTION G - COMMUNITY INFORMA	TION (OPTIONAL)	S D (as E) and G of this Flore				
	SECTION G - COMMUNITY INFORMA aw or ordinance to administer the community's floodplein man	ragement ordinance can complete	sections A. B. C (or E). 2:10 G of Vas Ex-				
The local official who is authorized by it	handed and sign below		- mahitect who is authorize				
Certificate. Complete me applicame	lem(s) and sign below. Was taken from other documentation that has been signed at	nd embossed by a licensed surve	yor, engineer, or and mean tribute				
G1. [] The importation of cashot of	was taken from other documentation that has been signed as wation information. (Indicate the source and date of the ele-	vation data in the Comments are	SEEL or Zone AO				
SETTE OF IOCH BIAM O CALMA OF	evation information. (Indicate the source and date of the ele- ed Section E for a building located in Zone A (without a FEM	(A) issued or community-issued a	SPC) of Zuric Par				
CO. [] The Collection information (Ne	ed Section E for a building localist in Zelectric managements G4-G9) is provided for community floodytain manageme	nt purposes.	SALAN ISSUED				
	GO. ONTE PERMIT ISSUED	GE. DATE CERTIFICATE C	OF COMPLIANCE/COCUPANOY ISSUED				
GA, PERMIT NUMBER							
an entire a sitting lange begind for	□ New Construction □ Substantial Improvement	± /\	Datum;				
A PI AND AS ON BUILD TOURS TOUR	(MCDGDC Dasciller) if or one between 2		<u> </u>				
GS. BFE or (in Zone AO) depth of its	noding at the building site is:		7				
		TITLE					
LOCAL OFFICIAL'S NAME		TELEPHONE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
COMMUNITY NAME		GENERAL STATES					
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