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.

	ION A - PROPERTY OWNER INFORMATION	N .	For Insurance Company Use			
BUILDING OWNER'S NAME Jeri Patri	Policy Number					
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No. 260 LONGLEAF CIRCLE	Company NAIC Number					
CITY	STATE	ZIP COD	E			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Numb	GA	31322				
Lot 240 Hunters Ridge Subdivision Phase 4B						
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, Residential						
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL I (##" - ## - ## ##" or ##.####") NAD 1927 □		GPS (Type): USGS Quad Map	Other:			
SECTION B -	FLOOD INSURANCE RATE MAP (FIRM) INF	ORMATION				
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME		3. STATE			
130261 Pooler	Chatham	1	S. STATE			
B4, MAP AND PANEL B5, SUFFIX B6, FIRM INDEX 9/20/95 C	EFFECTIVE/REVISED DATE 9/3/92	B8, FLOOD ZONE(S) AE	B9, BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 12.0			
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. 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						
	LDING ELEVATION INFORMATION (SURVE		2-03/1010/1 Pato			
*A new Elevation Certificate will be required when construction C2. Building Diagram Number 1 (Select the building diagram most accurately represents the building, provide a sketch or photog C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V3 Complete Items C3a-i below according to the building diagram Section B, convert the datum to that used for the BFE. Show Section D or Section G, as appropriate, to document the datum Conversion/Comments Elevation reference mark used Does the elevation re	similar to the building for which this certificate is raph.) 30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A3 a specified in Item C2. State the datum used. If field measurements and datum conversion call m conversion. The rence mark used appear on the FIRM? 20. 9 ft.(m) ft.(m) ft.(m) 20. 4ft.(m) 19. 2ft.(m) 19. 7ft.(m) /e adjacent grade	0, AR/AH, AR/AO the datum is different fro culation. Use the space	m the datum used for the BFE in			
SECTION D - SU	RVEYOR, ENGINEER, OR ARCHITECT CEF	RTIFICATION				
This certification is to be signed and sealed by a land survey I certify that the information in Sections A, B, and C on this of I understand that any false statement may be punishable by CERTIFIER'S NAME Michael A. Hussey	or, engineer, or architect authorized by law certificate represents my best efforts to inte fine or imprisonment under 18 U.S. Code,	to certify elevation info				
TITLELand Surveyor	COMPANY NAME Steve	nson & Palmer Engineerin	ıg, İnc			
DRESS P.O. Box 15845	CITY Savannah	STATE GA	ZIP CODE 31416			
SIGNATURE	DATE 8/28/00	TELEPHO 912-355-9				
	_1					

	the corresponding information from Section				For Insurance Company Use
BUILDING STREET ADDRESS (Including A) No. 260 LONGLEAG CIRCLE	ol., Unit, Suite, and/or Bldg, No.) OR P,O. ROUTE AN	ND BOX NO.			Policy Number
CITY Pooler	STAT GA	TE	ZIP CODE 31322	1	Company NAIC Number
	SECTION D - SURVEYOR, ENGINEER, OR A	RCHITECT	CERTIFICATION (CONTIN	JED)	
Copy both sides of this Elevation Certific	cate for (1) community official, (2) insurance ag	ent/company	, and (3) building owner.		
COMMENTS					
V					
					Check here if attachments
SECTION E - BUILDI	NG ELEVATION INFORMATION (SURVEY N	IOT REQUIR	RED) FOR ZONE AO AND 2	ZONE A (WI	
	omplete Items E1 through E4. If the Elevation				
Section C must be completed.					
	building diagram most similar to the building for	which this ce	rtificate is being completed -	-see pages 6	and 7. If no diagram accurately
represents the building, provide a ske	icn or pnotograpn.) pasement or enclosure) of the building is ft.(n	a) in (cm) [☐ above or ☐ below (ch	erk one) the	highest adjacent grade
	gs (see page 7), the next higher floor or elevate				
grade.		,			,,,,,
*	umber is available, is the top of the bottom floo		accordance with the commu	ınity's floodp	lain management ordinance?
	e local official must certify this information in S		COENT ATIVE CERTIFICAT	FION	
	ECTION F - PROPERTY OWNER (OR OWNE				· IDEE) 7 40 4
sign here.	Trepresentative who completes Sections A, B, a	ana E tor∠one	A (Mithout a FEMA-Issued)	or community	/-issued BFE) or Zone AU must
PROPERTY OWNER'S OR OWNER'S AUTH	HORIZED REPRESENTATIVE'S NAME				
\DDRESS		CITY		STATE	ZIP CODE
SIGNATURE		DATE		TELEPHONE	
COMMENTS					
					Check here if attachments
	SECTION G - COMMUNITY IN				
,	ordinance to administer the community's flood	olain manage	ment ordinance can complet	te Sections A	., B, C (or E), and G of this Elevation
Certificate. Complete the applicable item(s	s) and sign below. aken from other documentation that has been s	signed and or	whoseod by a licensed sun.v	wor onginee	or architectude is authorized l
	on information. (Indicate the source and date o	_	•		i, or architect willo is authorized
•	ection E for a building located in Zone A (withou				AO.
G3, 🔲 The following information (Items G	4-G9) is provided for community floodplain ma	nagement pu	rposes.		
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		G6. DATE CERTIFICATE C	OF COMPLIAN	ICE/OCCUPANCY ISSUED
37. This permit has been issued for 🗀 Ne	w Construction				
38. Elevation of as-built lowest floor (includ			ft.(m)		Datum:
39. BFE or (in Zone AO) depth of flooding			ft.(m)		Datum:
LOCAL OFFICIAL'S NAME		TIT	ÎLE		
COMMUNITY NAME		TE	LEPHONE		
SIGNATURE		DA	TE		
COMMENTS					
<u>y</u>					
<i>/</i>					Check here if attachments
					CHOCK HOLO II ULLOOTIITIONIO