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.

k		SECTION	A - PROPERTY OWNER IN	FORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME	Policy Number					
BUILDING STREET ADDRESS No. 271 LONGLEAF CIRCLE	Company NAIC Number					
CITY POOLER			STATE GA		ZIP CI 31322	
PROPERTY DESCRIPTION (L LOT 197 HUNTERS RIDGE S					0102	
BUILDING USE (e.g., Residentia RESIDENTIAL			Comments section if necessar	r.)		
LATITUDE/LONGITUDE (OPTI		HORIZONTAL DATUI			GPS (Type):	_
(##º-##'-##.##" or ##.####	⊅) □	NAD 1927 🔲 NA	D 1983		USGS Quad Map	Other:
		SECTION B - FLO	OOD INSURANCE RATE M	AP (FIRM) INFO	RMATION	
B1. NFIP COMMUNITY NAME	& COMMUNITY NUMB	BER .	B2. COUNTY NAME			
130261 POOLER			CHATHAM			GA
B4, MAP AND PANEL NUMBER 130030 0075	B5. SUFFIX C	B6. FIRM INDEX DA 9/20/95	TE B7. FIRMF EFFECTIVE/RE\ 9/03/9	ISED DATE	B8. FLOOD ZONE(S AE	B9. BASE FLOOD ELEVATION (Zone AO, use depth of flooding 12.0
310. Indicate the source of the	Base Flood Elevatio	n (BFE) data or base	lood depth entered in B9.		1.	
	⊠ FIRM	Community D		Other (Describ		
311. Indicate the elevation date					Other (Describ	
312. Is the building located in a						Designation Date
			ING ELEVATION INFORM			
1. Building elevations are bas		_	Building Under Constr	iction"	Finished Construction	
*A new Elevation Certifica				contificato la bala	a completed acc non	on 6 and 7. If no disarom
 Building Diagram Number accurately represents the 	-, -	•	to trie building for which this	Certificate is Deiri	y completed - see pag	es o anu 7. Il 110 ulagram
3. Elevations – Zones A1-A3	• .		ith RFF) AR AR/A AR/AF	AR/A1-A30 AR/	AH AR/AO	
						ne datum used for the BFE in
•	-					ided or the Comments area of
Section D or Section G, as						
Datum Conversion						
Elevation reference mark	usedDoes the	e elevation reference r	nark used appear on the FIF	M? 🗌 Yes 🛭	☑ No	To Tolling Co.
a) Top of bottom floor (i	including basement c	r endosure)	<u>20</u> . <u>5</u> ft.(m)		eal,	/ CORON
b) Top of next higher flo			20.5 ft.(m) W/A ft.(m) W/A ft.(m) 20.0 ft.(m) M/A ft.(m) 18.5 ft.(m) 19.8 ft.(m) ent grade W/A			1 OZGISTER
c) Bottom of lowest hor	izontal structural mer	nber (V zones only)	<u>₩/₩</u> ft.(m)			Mary De
d) Attached garage (top			<u>20</u> . <u>0</u> ft.(m)		dm:	At Cuardon .
e) Lowest elevation of r	•	uipment	7.004V40		ie,	140.2000
servicing the building	•		<u>/V/A</u> ft	m)	umb	10/2
f) Lowest adjacent grad			18.5ft.(m)		Sig	SURVE
g) Highest adjacent gra		MI 46 L Bo	<u>19</u> . <u>8</u> ft.(m)		Sue	AEL A. HU
h) No. of permanent op		•			Ĕ	1 Comments
i) Total area of all perm	anent openings (floor					
			EYOR, ENGINEER, OR A			
This certification is to be s I certify that the information I understand that any false	n in Sections A, B,	and C on this certi	ficate represents my best	efforts to interp	ret the data available	formation. e.
CERTIFIER'S NAME MICHAEL		punisnable by line	or improviment under 1		LICENSE NUMBER 250	9
TITLELAND SURVEYOR		2	COMP	ANY NAME HUS S	EY, GAY, BELL & DEYO	DUNG, INC.
ADDRESS PO BOX 14247			CITY	INAH	STATE GA	ZIP CODE 31416
SIGNATURE, A	01		DATE			PHONE
SISTATION L	14.	Jun	1/17/03			54-4626
		9				

:00

ORTANT: In these spaces, copy the co		For Insurance Company Use:				
	it, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BC	X NO.		F	Policy Number	
NO. 271 LONGLEAF CIRCLE CITY POOLER	STATE GA		ZIP CODE 31322	C	Company NAIC Number	
	CTION D - SURVEYOR, ENGINEER, OR AR	RTIFICATION (CONTINUE	ED)			
Copy both sides of this Elevation Certificate fo	r (1) community official, (2) insurance agent/cor	npany, and (3) building owner.			
COMMENTS	, , , , , , , , , , , , , , , , , , , ,		,			
					Check here if attachment	
SECTION E - BUILDIN	G ELEVATION INFORMATION (SURVEY NO	T REQUIRE	D) FOR ZONE AO AND ZO	NE A (WITH	OUT BFE)	
For Zone AO and Zone A (without BFE), comple	ete Items E1 through E4. If the Elevation Certifi	cate is intend	ed for use as supporting info	rmation for a L	-OMA or LOMR-F,	
Section C must be completed.						
E1. Building Diagram Number _(Select the build	• •	ich this certific	ate is being completed – sec	e pages 6 and	7. If no diagram accurately	
represents the building, provide a sketch or E2. The top of the bottom floor (including basem		in (cm)	above or D below (chec	k one) the high	hest adiacent grade	
E3. For Building Diagrams 6-8 with openings (se						
grade.						
E4. For Zone AO only: If no flood depth numbe			ance with the community's fl	oodplain mana	agement ordinance?	
	al official must certify this information in Section					
	CTION F - PROPERTY OWNER (OR OWNE				IDEE 7 40 1	
The property owner or owner's authorized reprising here.	resentative who completes Sections A, B, and E	tor∠one A (without a FEMA-Issued or co	ommunity-Issu	ied BFE) or Zone AO must	
PROPERTY OWNER'S OR OWNER'S AUTHORI	ZED REPRESENTATIVE'S NAME					
ADDDEEC		CITY		STATE	ZIP CODE	
ADDRESS						
SIGNATURE		DATE		TELEPHONE		
COMMENTS						
					7	
	CECTION C. COMMUNITY IN	CODMATION	(ODTIONAL)		Check here if attachment	
The local official who is authorized by law or ord	SECTION G - COMMUNITY IN			octions A. D. (C (or E) and C of this Elevation	
The local official who is authorized by law of ord Certificate. Complete the applicable item(s) and		rmanagemer	ni ordinance can complete 5	ections A, D, C	C (Or E), and G or this Elevation	
G1. The information in Section C was taken		d and embos	sed by a licensed surveyor, o	engineer, or a	rchitect who is authorized by	
	ormation. (Indicate the source and date of the e					
G2. 🔲 A community official completed Section				Zone AO.		
G3. The following information (Items G4-G9) is provided for community floodplain manager	ment purpose	S.			
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED		G6. DATE CERTIFICATE C	F COMPLIANO	CE/OCCUPANCY ISSUED	
G7. This permit has been issued for: New	Constauction Culestantial Improvement					
G7. This permit has been issued for: I new the 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		ТІТ				
COMMUNITY NAME			_EPHONE			
SIGNATURE		DA				
COMMENTS						
V						
1				7_		
					Check here if attachment	