FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

| | Important: Re | ead the instructions on pages 1 - | 7. | |
|---|--|---|--|---|
| 1 | SECTION A - | PROPERTY OWNER INFORMATION | N | For Insurance Company Use |
| BUILDING OWNER'S NAME | Policy Number | | | |
| BUILDING STREET ADDRESS (Including Apt., UNO. 275 LONGLEAF CIRCLE | Company NAIC Number | | | |
| CITY Pooler | | STATE GA | ZIP COE 31322 | DE |
| PROPERTY DESCRIPTION (Lot and Block Num | bers, Tax Parcel Number, Lega | Description, etc.) | | |
| Lot 199 Hunters Ridge Subdivision Phase 4B BUILDING USE (e.g., Residential, Non-residential Residential | , Addition, Accessory, etc., Use | Comments section if necessary,) | | |
| LATITUDE/LONGITUDE (OPTIONAL) | HORIZONTAL DATUM: | SOI IDCE: [| GPS (Type): | |
| (##º - ## - ##.##f" or ##.####b") | □ NAD 1927 □ NAD 19 | 983 | USGS Quad Map | ☐ Other: |
| | SECTION B - FLOOD | INSURANCE RATE MAP (FIRM) INF | ORMATION | |
| B1, NFIP COMMUNITY NAME & COMMUNITY I 130261 Pooler | - | 2, COUNTY NAME Chatham | | 33. STATE GA |
| B4, MAP AND PANEL B5, SUFFIX NUMBER 130030 0075 C | B6. FIRM INDEX DATE 9/20/95 | B7, FIRM PANEL EFFECTIVE/REVISED DATE 9/3/92 | B8, FLOOD ZONE(S) | B9, BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 12.0 |
| B10. Indicate the source of the Base Flood El | ☐ Community Dete BFE in B9: ☑ NGVD 192 | mined Other (Descri | Other (Describe): _ | Designation Date |
| | SECTION C - BUILDING I | ELEVATION INFORMATION (SURVE | Y REQUIRED) | |
| C2. Building Diagram Number 1 (Select the bu accurately represents the building, provide C3. Elevations – Zones A1-A30, AE, AH, A (w. Complete Items C3a-i below according to Section B, convert the datum to that used Section D or Section G, as appropriate, to Datum Conversion/Comments | e a sketch or photograph.) ith BFE), VE, V1-V30, V (w the building diagram specific for the BFE. Show field me. document the datum conve | th BFE), AR, AR/A, AR/AE, AR/A1-A3 ed in Item C2. State the datum used. If asurements and datum conversion cal ersion. | 0, AR/AH, AR/AO the datum is different fro culation. Use the space | om the datum used for the BFE in |
| Elevation reference mark usedDoe a) Top of bottom floor (including baser) b) Top of next higher floor c) Bottom of lowest horizontal structura d) Attached garage (top of slab) e) Lowest elevation of machinery and/o servicing the building f) Lowest adjacent grade (LAG) g) Highest adjacent grade (HAG) h) No. of permanent openings (flood ve | nent or enclosure) I member (V zones only) or equipment nts) within 1 ft. above adjace | | Hicense Number, Embossed Seal, Signature, and Date | |
| | SECTION D - SURVEYO | R, ENGINEER, OR ARCHITECT CER | TIFICATION | |
| This certification is to be signed and seale I certify that the information in Sections A, I understand that any false statement may CERTIFIER'S NAME Michael A. Hussey TITLELand Surveyor | d by a land surveyor, engi B, and C on this certificat | neer, or architect authorized by law te represents my best efforts to inter imprisonment under 18 U.S. Code, b L | to certify elevation info | |
| UDRESS I | | CITY | STATE | ZIP CODE |
| P.O. Box 15845 SIGNATURE | A | Savannah DATE | GA TELEPHO | 31416 NE |
| | V / > | 2/06/01 | 912-355-96 | 503 |

| AND BOX NO. TATE | 710 0005 | Policy Number | |
|-------------------------------------|---|--|--|
| | 710 0005 | And the state of t | |
| ` | ZIP CODE 31322 | Company NAIC Number | |
| ARCHITECT C | ERTIFICATION (CONTINUE | ED) | |
| agent/company, | and (3) building owner. | | |
| | | | |
| | | | |
| | | | |
| NOT REQUIRE | ED) FOR ZONE AO AND ZO | Check here if attachments | |
| | | | |
| (m)in.(cm) _ ated floor (elevati | above or Delow (chection b) of the building is ft. | k one) the highest adjacent grade. (m)in.(cm) above the highest adjacent | |
| oor elevated in ad Section G | ccordance with the communi | ty's floodplain management ordinance? | |
| | SENTATIVE) CERTIFICATION | DN | |
| | | | |
| | | | |
| CITY | S | TATE ZIP CODE | |
| DATE | | TELEPHONE | |
| | | | |
| | | Check here if attachments | |
| INFORMATION | (OPTIONAL) | | |
| dplain managem | ent ordinance can complete S | Sections A, B, C (or E), and G of this Elevat | |
| of the elevation out a FEMA-issu | data in the Comments area bed or community-issued BFB | pelow.) | |
| | G6, DATE CERTIFICATE OF (| COMPLIANCE/OCCUPANCY ISSUED | |
| nt | ft.(m) | Datum: Datum: | |
| TITLE | | | |
| TELE | PHONE | | |
| DATE | | | |
| | | | |
| | | | |
| | | Check here if attachments | |
| | NOT REQUIRE on Certificate is in for which this cert (m)in.(cm) ated floor (elevation oor elevated in an Section G. NER'S REPRES , and E for Zone in DATE INFORMATION obplain management of the elevation out a FEMA-issue nanagement purp int TITLE TELE | NER'S REPRESENTATIVE) CERTIFICATION, and E for Zone A (without a FEMA-issued or or complete Section of the elevation data in the Comments area is cout a FEMA-issued or community-issued BFE management purposes. G6. DATE CERTIFICATE OF County Gallery | |

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