U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008

Fideral Emergency Management Agency National Flood Insurance Program

important: Read the instructions on pages 1-8.

Expires February 28, 2009

_		The same of the sa					
_A	illding Owner's Name	SECTION A - PROPERTY INFOR	MATION				
-A2	Building Street Address (Including Apt., Unit, Suite, at						
	307 BRIGHTON WOOD	SDRIVE		i seriet de reference pour les années de Le Marie de la company de			
	City POOLER	State Ga		P Code 3/377			
A3.	Property Description (Lot and Block Numbers, Tax Pa	arcel Number, Legal Description, etc.)	V 100 W. V 100 W.				
A 4.	Building Use (e.g., Residential, Non-Residential, Add	ition, Accessory, etc.) ZESID	ENTIAL	v × v.			
A5.	Building Use (e.g., Residential, Non-Residential, Add Latitude/Longitude: Lat. <u>M 32° 06' 9 2.2</u>	Long. NO81° 15' 51,6	Horizontal Dat	tum: NAD 1927 4NAD 1983			
A6.	Attach at least 2 photographs of the building If the Ce Building Diagram Number	rtificate is being used to obtain flood in:	surance.				
A8.	For a building with a crawl space or enclosure(s), pro	vide: A9. For	a building with an attach	ed narane navide			
	Square footage of crawl space or enclosure(s)	NA sqft a)	Square footage of attach	ned garage 455 sq ft			
	 No. of permanent flood openings in the crawl spa enclosure(s) walls within 1.0 foot above adjacent 		No. of permanent flood o walls within 1.0 foot above	penings in the attached garage			
	c) Total net area of flood openings in A8.b		Total net area of flood op	penings in A9.b o sq in			
		OOD INSURANCE RATE MAP (FI	RM) INFORMATION				
	NFIP Community Name & Community Number	B2. County Name	В	3. State			
	OCER SCOR61A 130 20 Map/Panel Number 85. Suffix 86. FIRM			<i>0</i> 4.			
	Date		B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)			
-	0261 0001 A 9-30.		AS	16			
B10.			ım B9.				
: D44	Fis Profile GFIRM Community D		The second second				
B12.	Indicate elevation datum used for BFE in Item B9: Les the building located in a Coastal Barrier Resources	NGVD 1929 NAVD 1988 System (CRRS) area or Otherwise Per	Other (Describe)	Yes 4No			
	Designation Date	CBRS OPA	MOIOU AIGE (CF.A) E	7 18 G 10			
-	PECTION C. BUILD	Wa =1 = 1/4 = 1/4 1/4 = 1/4 = 1/4					
	· · · · · · · · · · · · · · · · · · ·	ING ELEVATION INFORMATION					
C1. E	Building elevations are based on: Construction I A new Elevation Certificate will be required when cons	Drawings*	Construction*	Finished Construction			
C2. E	Elevations - Zones A1-A30, AE, AH, A (with BFE), VE.	V1-V30, V (with BFE), AR, AR/A, AR/A	AE, AR/A1-A30, AR/AH.	ARVAO. Complete Items C2.a-o			
D	lelow according to the building diagram specified in Ite	m A7.	4710 A				
_	tenchmark Utilized S/D PLAT Conversion/Comments WA	Vertical Date	m NGUD 7	7			
_			Check the measureme	ant used			
a) Top of bottom floor (including basement, crawl spa	non or englosum flour) /2 /					
b		26.3		s (Puerto Rico only) s (Puerto Rico only)			
C) Bottom of the lowest horizontal structural member		feet meter	s (Puerto Rico only)			
d)			Teet meter	s (Puerto Rico only)			
e)	 Lowest elevation of machinery or equipment service (Describe type of equipment in Comments) 	ang the building	meter	s (Puerto Rico only)			
f)	Lowest adjacent (finished) grade (LAG)	15.8	2 Teet meter	s (Puerto Rico only)			
g	Highest adjacent (finished) grade (HAG)		reet meter	s (Puerto Rico only)			
		EYOR, ENGINEER, OR ARCHITE					
This	certification is to be signed and sealed by a land surve	eyor, engineer, or architect authorized b	y law to certify elevation				
l und	nation. I certify that the information on this Certificate lerstand that any false statement may be punishable b	by fine or imprisonment under 18 U.S. C	ne data avallable. ode, Section 1001.	345 X			
			कारत व्य व ्यक्त करणा व्यवस्थान व्यवस्था । व्यवस्था स्थाप व्य				
	Check here if comments are provided on back of form.						
Certif	Certifier's Name / / License Number SEAL						
Title	Title D. Company Name (Company Name)						
LE LANKER CAMP SILWEGING INC							
Address P.O. Bux 92 Chulmono Hill State GA. ZIP Code 3737324							
2	ature /// 3-	Date Telephone 912	-756-4366				
1	7-	116	170 7702				

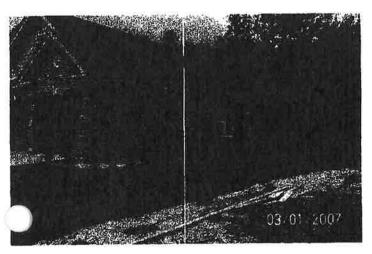
IMPORTANT: In these space	es, copy the correspondi	ng Information from Se	ction A.	Formation of Company State Company					
Building Street Address (including	Apt, Unit, Suite, and/or Bldg.	No.) or P.O. Route and Box	No.	Traffic Tunes					
Pooler	DIO COCOUS DIE	State /	ZIP Code	Appropriate the second					
roover	TOUR CURVEYOR THE	CA.	3/322						
- JEV	TION D - SURVEYOR, ENG	INEER, OR ARCHITEC	T CERTIFICATION (CO	ONTINUED)					
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner. Comments									
- GECTIAN	C- CZ-e) 0	HTSIDE AC	HOUT, DE	CLANATION MAR					
DAVLY TO	PERSON WA.	nes Hence	on 11						
Slamatura -			1						
Signature		3-1-07		Check here if attachmen					
SECTION E - BUILDING	LEVATION INFORMATIO	N (SURVEY NOT REQU	IRED) FOR ZONE AO	AND ZONE A (WITHOUT BFE)					
For Zones AO and A (without BFE and C. For Items E1-E4, use nate	E), complete items E1-E5. If the	e Certificate is intended to s	Support a LOMA or LOMR-	F request, complete Sections A, B,					
 Provide elevation informatio 	n for the following and check th	e appropriate boxes to sho	w whether the elevation is	above or below the highest adjacent					
a) Top of bottom floor (Included	ding basement, crawl space, or	enclosure) is		above or below the HAG.					
 b) Top of bottom floor (included) 	ding basement, crawl space, or	enclosure) is	feet meters	above of Delaw the LAC					
(MOTORON OX.D.III ING GIRBIE	inis) of the building is	· Teet maters	above or below	Instructions), the next higher floor the HAG.					
E3. Attached garage (top of state	y and/or equipment servicing th	meters above or							
E5. Zone AO only: If no flood de	epth number is available, is the	top of the bottom floor elev-	ated in accordance with the	above or :below the HAG, e community's floodplain management					
ordinance? Yes N	O Unknown. The local offi	cial must certify this informa	ation in Section G.						
SECT	ION F - PROPERTY OWNE	R (OR OWNER'S REP	RESENTATIVE) CERT	FICATION					
The property owner or owner's aut	horized representative who cor	noietes Sections A. B. and	F for Zone & /without a EE	MA-Issued or community-issued BFE)					
or Zone AO must sign here. The s Property Owner's or Owner's Author	itatements in Sections A, B, an	d E are correct to the best of	f my knowledge.						
^ -dress	The state of the s	1		**************************************					
ress		City	State	ZIP Code					
orginature		Date	Telepho	one					
Comments	4								
	V	- 10							
	SECTION G - CC	MMUNITY INFORMATI	ON (OPTIONAL)	Check here if attachmen					
The local official who is authorized b	v law or ordinance to administe	r the community's floodolai	a management ordinar or	can complete Sections A, B, C (or E),					
Con the more continuous.	combigra and abbitcapier ((2)	SALID RIGHT DESCRIPTION. CUECK INC.	measurement used in Ite	rns G8. aand G9.					
to distributed by law to cer	ary elevation information. (indi-	cate the source and date of	the elevation data in the C	ed surveyor, engineer, or architect who					
2. A community official comp	leted Section E for a building to	cated in Zone A (without a	FEMA-issued or communit	ty-issued BFE) or Zone AO.					
	Items G4G9.) is provided for		et e transportation :						
G4. Permit Number	G5. Date Permit Issued	, G6	. Date Certificate Of Com	pliance/Occupancy Issued					
7. This permit has been issued for:		Substantial Improvemen	nt						
8. Elevation of as-built lowest floor		lding:,	feet meters (F	PR) Datum					
9. BFE or (in Zone AO) depth of flo	oding at the building site:		feet meters (F	PR) Datum					
Local Official's Name	· · · · · · · · · · · · · · · · · · ·	Title							
Community Name		Telephor	10						
Signature:		Date							
Comments				141 3					
- 1			<u>`````</u>	9					
The same year in the same year in the same year.		* * * * * * * * * * * * * * * * * * * *	N952						
<u> </u>		. 1986	*	Check here if attachment					
				Shoot Hold II attach (1187)					

Building Photographs See Instructions for Item A6.

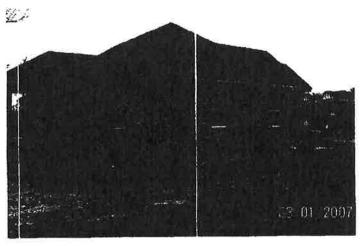
	For insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number
307 BRIGHTON WOURS DRIVE	
City State ZIP Code POULER, GA. 3/322	Company NAIC Number
700000	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

Side









Front



Rear