U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28, 2009

Important: Read the instructions on pages 1-8. National Flood Insurance Program

SECTION A - PROPERTY INFORMATION	For Insurance Company Use:		
1. Building Owner's Name BEAZER HOMES	Policy Number		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Company NAIC Number		
City POOLER State GEORGIA	ZIP Code		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)			
enclosure(s) walls within 1.0 foot above adjacent grade walls within 1.0 foot above c) Total net area of flood openings in A8.b sq in c) Total net area of flood openings in A8.b sq in	thed garage, provide: thed garage		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1. NFIP Community Name & Community Number B2. County Name CHOTHAN	B3. State GEORGIA		
B4. Map/Panel Number B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood	B9. Base Flood Elevation(s) (Zone		
130030-0020 C Date Effective/Revised Date Zone(s) AE 4 X	AO, use base flood depth)		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. FIS Profile FIRM Community Determined Other (Describe) B11. Indicate elevation datum used for BFE in Item 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)? Pesignation Date CBRS OPA			
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIR	ED)		
*A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AI-below according to the building diagram specified in Item A7. Benchmark Utilized VO I	Finished Construction I, AR/AO. Complete Items C2.a-g 929		
Conversion/Comments N(P			
b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) f) Lowest adjacent (finished) grade (LAG) feet meter meter in meter in the properties of the	ers (Puerto Rico only)		
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATIO	N L		
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 on this Certificate 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 1001. Check here if comments are provided on back of form. Certified's Name License Number 1882.			
Title Company Name	Chron Bonn		
Address / Cure Ex Da. City Savannah State GA. ZIP Code 314	FALT UEVA		

MPORTANT: In these sna	ces, copy the corresponding infor	mation from Section A.	For Insurance Company Use:
Building Street Address (includin	g Apt., Unit, Suite, and/or Bldg. No.) or P		Policy Number
355 KEN	INGTON PLACE.	ZIP Coo	de Company NAIC Number
POBLER.	Slate	The second of th	Company NAIC Number
. SEC	TION D - SURVEYOR, ENGINEER,	OR ARCHITECT CERTIFICATION	N (CONTINUED)
Copy both sides of this Elevation	Certificate for (1) community official, (2)	insurance agent/company, and (3) built	ding owner.
Comments C 2-(C)	= ALR COMDITION	UN-5 PAO.	
		3-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
Signature Oe	Left T	Date 9-17-07	7 Check here if attachments
SECTION E - BUILDING	ELEVATION INFORMATION (SUR		E AO AND ZONE A (WITHOUT BFE)
			010.5
	FE), complete items E1-E5. If the Certific dural grade, if available. Check the meet		_OMR-F request, complete Sections A, B, titer meters.
E1. Provide elevation informat	ion for the following and check the appro		tion is above or below the highest adjacent
grade (HAG) and the lower a) Top of bottom floor (inc	st adjacent grade (LAG). uding basement, crawl space, or enclosy	ma) is . ☐ feet ☐ meter	rs above or below the HAG.
b) Top of bottom floor (inc	uding basement, crawl spake, of ericlosi	reiks . L. feet meter	rs above or below the LAG.
E2. For Building Diagrams 6-8 (elevation C2.b in the diag	with permanent flood openings provided rams) of the building is	in Section Alterns 8 and/or 9 (see pag ☐ feet ☐ meters ☐ above or ☐	e 8 of Instructions), the next higher floor below the HAG.
E3. Attached garage (top of sla	ab) is leet nileter	s above or below the HAG.	
C.C.C.	ry and/or equipment servicing the building		rs above or below the HAG. with the community's floodplain management
	No Unknown. The local official mus		will use contributely 5 indeepoint management
	TION F - PROPERTY OWNER (OR	CALLED CONTRACTOR OF THE PARTY	THE PERSON AND PARTY THE PARTY OF THE PARTY
	unnonzed representative who completes a stetements in Sections A, B, and E are		ut a FEMA-issued or community-issued BFE)
Property Owner's or Owner's Au	thorized Representative's Name		
Address		City	State ZIP Code
Signature	<u> </u>	1	= -
Signature		Date	Telephone ·
Comments	1 1.		
			☐ Check here if attachmer
	SECTION G - COMMU	WITY INFORMATION (OPTIONAL)	
he local official who is authorized	by law or ordinance to administer the co	mmunity's floodotain management ordi	nance can complete Sections A. B. C (or F)
	Complete the applicable item(s) and sign	45 - 17. 4 T. C. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	od in Items G8. and G9. In licensed surveyor, engineer, or architect who
is authorized by law to d	erify elevation information. (Indicate the	n that has been signed and sealed by a source and date of the elevation data	I wensed surveyor, engineer, or architect who in the Comments area below.)
	npleted Section E for a building located in		mmunity-issued BFE) or Zone AO.
3. The following informatio	n (Nems G4G9.) is provided for commu	nity floodplain management purposes.	
G4. Permit Number	G5. Date Permit Issued	G8. Date Certificate (Of Compliance/Occupancy Issued
7. This permit has been issued f	or. New Construction Suit	estantial Improvement	
1220 FM 100 100 100 100 100 100 100 100 100 10	or (including basement) of the building:		neters (PR) Datum
9. BFE or (in Zone AO) depth of			eters (PR) Datum
Local Official's Name	-110		
	$\Delta \Pi D$	Title	
Community Name		Telephone	\sim
Signature		Date	
Comments	The state of the s	- Turner	
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			Check here if attachmen

FF14 C. ... 04 04 C I