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U.S. DEPARTMENT OF HOMELAND SECURITY

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008

Federal Emergency Management Agency Expires February 28, 2009 National Flood Insurance Program Important: Read the instructions on pages 1-8. SECTION A - PROPERTY INFORMATION For Insurance Company Use: A1. Building Owner's Name
SALPES PROPERTIES Policy Number A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. 358 SPANTON CRESCENET Company NAIC Number State COLEIZ ZIP Code DEORGIS A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc. 3/322 LOT 188 WESTBIRGOK DUBDIVISION A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDEA

A5. Latitude/Longitude: Lat. N 3204'30.1" Long. W 81°17'43.9" Horizontal Datum: NAD 1927 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number A8. For a building with a crawl space or enclosure(s), provide: A9. For a building with an attached garage, provide: a) Square footage of crawl space or enclosure(s) a) Square footage of attached garage b) No. of permanent flood openings in the crawl space or sa ft b) No. of permanent flood openings in the attached garage enclosure(s) walls within 1.0 foot above adjacent grade M-A walls within 1.0 foot above adjacent grade Total net area of flood openings in A6.b Total net area of flood openings in A9.b SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B\*. NFIP Community Name & Community Number B2. County Name B3. State LOWAL OF POOLEIR 130261 CHATHAM CDEORGIA B4. Map/Panel Number **B5. Suffix B6. FIRM Index** 87. FIRM Panel 89. Base Flood Elevation(s) (Zone Ba. Flood Date Effective/Revised Date AO, use base flood depth) Zone(s) 130261 0075 09-03-81 05-19-87 **KE** 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) LOMR CASE H 00-04-051P FEB 16.01 B11. Indicate elevation datum used for BFE in Item B9: 🗷 NGVD 1929 NAVD 1988 B12. :s the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Other (Describe) CBRS OPA SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: ☐ Construction Drawings\* 'A new Slevation Certificate will be required when construction of the building is complete. Building Under Construction\* Finished Construction 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/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized PLATTED SUBDIVISION B.M. Vertical Datum & COVD 1929 Conversion/Comments 0.94' ADDED TO NAVD '88 VALUE TO CONVERT TO NOVD '29 VALUE Check the measurement used. Top of bottom floor (including basement, crawl space, or enclosure floor) 2) **M** feet Top of the next higher floor maters (Puerto Rico only) b) Bottom of the lowest horizontal structural member (V Zones only) feet meters (Puerto Rico only) C) lifeet Attached garage (top of slab) meters (Puerto Rico only) d) leet Lowest elevation of machinery or equipment servicing the building maters (Puerto Rico anty) **反** feet (Describe type of equipment in Comments) melers (Puerto Rico only) Lowest adjacent (finished) grade (LAG) ß K feet meters (Puerto Rico only) Highest adjacent (finished) grade (HAG) g) 15 7 x feet meters (Puerto Rico only) SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION 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 talse 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. EATON MARHAM O. BOX

Company Name Acdress

Telephone

FEMA Form 81-31, February 2006

Signature

See reverse side for continuation.

Replaces all previous editions

Building Street Add	es, copy the corresponding inf	ormation from Se	ection A.	For Insurance Company Use:
358 SPACTOR	Ant Hait Crito and/a- Eld- at 1	P.O. Route and Bo	x No.	Policy Number
City POOLER	COEOR		ZIP Code	Company NAIC Number
SECT	ION D - SURVEYOR, ENGINEE	R. OR ARCHITEC	-3/322	
Copy both sides of this Elevation (	Certificate for (1) community official, (	2) insurance anentic	omnamy and (2) hulding	ONTINUED)
	SCAB ON A 13	DCIK-1-1C	1	
ITEMS CZa -	CZ - CONC	2 - W-2		ES SHOWN ON
Signature	-	DATE DATE		
SECTION E BUILDING	-> DEP	T 10 000	7	Check here if attachm
SEGLION E - BOICDING E	LEVATION INFORMATION (SU	RVEY NOT REQL	IRED) FOR ZONE AC	AND ZONE A (WITHOUT BEE)
For Zones AO and A (without REE)	Complete Hara Ct Co Inc.			
E1. Provide elevation information	for the following and about the	asurement used. In	Puerto Rico only, enter m	eters.
grade (HAG) and the lowest	adjacent grade (LAG).	opnate boxes to short	w whether the elevation is	eters. above or below the highest adjacent
	ing basement, crawl space, or enclosing basement, crawl space, or enclos		feet meters	above or below the HAG.
				above or below the LAG
E3. Attached garage (top of slab)				the HAS.
E4. Top of platform of machinery	and/or equipment convision the build	rs   above or	below the HAG.	(14-12)
AURE AU DRIV. If HO HOOD den	th number is suclimble to the second	옷을 잃다 되었는데요 없다	☐ feet ☐ meters ☐	above or below the HAC.
ordinance? Yes No	Unknown. The local official mu	st certify this informa	ated in accordance with the	e community's floodplain managem
THE PROPERTY UNITED BY COMPLEX STUDY	ON F - PROPERTY OWNER (OR			FICATION
The property owner or owner's author Zone AO must sign here. The sta	elements in Sections A, B, and E are	Sections A, B, and E correct to the best of	for Zone A (without a FE	MA issued or community-issued BF
Property Owner's or Owner's Author	ized Representative's Name	100100000000000000000000000000000000000	ту кложносуе.	
Address		Cit.		
Signature		City	State	ZIP Code
Comments	750 7 4	Date	Telepho	one
Contracting			(	11-1
	10.1			
	SECTION G - COMMUN	ITY INCORDA 210		Check here if attachm
ne local official who is authorized by it id G of this Elevation Certificate. Cor	SECTION G - COMMUN aw or ordinance to administer the co	MUNITURNATIC	ON (OPTIONAL)	
d G of this Elevation Certificate. Con	mplete the applicable item(s) and sign	n below. Check the	measurement used in iter	an complete Sections A, B, C (or E)
A community official complete	elevation information. (Indicate the	source and date of the	he elevation data in the C	omments area below.)
The following information (ite	ed Section E for a building located in ms G4G9.) is provided for commun	Zone A (without a Fi	EMA-Issued or community	y-issued BFE) or Zone AO.
4. Permit Number	G5. Date Permit Issued			
		G6.	Date Certificate Of Comp	liance/Occupancy Issued
This permit has been issued for:	New Construction Subs	tantial Improvement		
. Bevalion of as-built lowest floor (in	cluding besement) of the building:		feet meters (Pi	R) Datum
. BFE or (in Zone AO) depth of floodi	ng at the building site:		feet meters (P	7 3 V 4 D 3 4 D 2 N
ocal Officiel's Name	<del></del>	Title		
ommunity Name		Telephone		
gnature				
To me of		Date	(	N-A)
omments			/	
				Check here if attachmen
IA Form 81-31, February 2006	MITTER TO THE TOTAL TOTA			The second secon

## Building Photographs See Instructions for Item A6.

Building Street Address (inch id	uilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		For Insurance Company Use:
358 SPANTER	4 CRESCENT	.O. Route and Box No.	Policy Number
POOLETZ	COEDECIA	ZIP Code 3/322	Company NAIC Number

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,



FRONT VIEW OF HOUSE



LEFT SIDE VIEW OF HOUSE DNI) CORRECE

## Building Photographs Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No.			For insurance Company Use:
JOD DPANT	ing Apt., Unit, Suite, and/or Bidg. No.) or I	P.O. Route and Box No.	Policy Number
City POOLE, Z	CDEORCOIA	ZIP Code	Company NAIC Number

if submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."



REDIR VIEW OF House



RIGHT SIDE VIEW OF HOUSE