U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

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OMB No. 1660-0008 Expires February 28, 2009

Federal Emergency Management Agency National Flood Insurance Program Important: Read the instructions on pages 1-8. **SECTION A - PROPERTY INFORMATION** For Insurance Company Use: Ai ilding Owner's Name Policy Number HOMES A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number BRIGHTON WOODS DRIVE A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) GROWE A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) A5. Latitude/Longitude: Lat. N32°06'57.7" Long. W 081°15 Horizontal Datum: NAD 1927 4 NAD 1983 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: NA_{sqft} 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 b) No. of permanent flood openings in the attached garage enclosure(s) walls within 1.0 foot above adjacent grade walls within 1.0 foot above adjacent grade Total net area of flood openings in A8.b Total net area of flood openings in A9.b SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number B2. County Name B3. State 130261 YOUER GEORGIA CHATHAM B4. Map/Panel Number B7. FIRM Panel B6. FIRM Index B8. Flood B9. Base Flood Elevation(s) (Zone Date Effective/Revised Date Zone(s) AO, use base flood depth) 9-30-81 -30-8 30261 0001 45 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. . FIS Profile **U** FIRM Community Determined Other (Describe) licate elevation datum used for BFE in Item B9: WNGVD 1929 B11 NAVD 1988 Other (Describe) the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? B12 signation Date CBRS OPA SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: Finished Construction □ Construction Drawings* Building Under Construction* *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/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7. Benchmark Utilized Vertical Datum Conversion/Comments Check the measurement used. 4 feet a) Top of bottom floor (including basement, crawl space, or enclosure floor) meters (Puerto Rico only) Top of the next higher floor 4 feet b) meters (Puerto Rico only) NA Bottom of the lowest horizontal structural member (V Zones only) meters (Puerto Rico only) c) d) Attached garage (top of slab) 4 feet meters (Puerto Rico only) Lowest elevation of machinery or equipment servicing the building e) meters (Puerto Rico only) (Describe type of equipment in Comments) f) Lowest adjacent (finished) grade (LAG) meters (Puerto Rico only) g) Highest adjacent (finished) grade (HAG) 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 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. PLACE SEAL 's Name License Number HERE man Company Name Address

Signature

Date

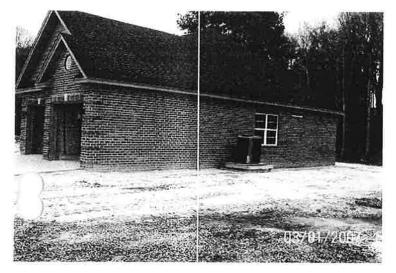
MADORTANT. In these secret	and the annual and the state of	Francisco A		
IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		For Insurance Company Use:		
	t., Unit, Suite, and/or Bidg. No.) or P.O. Rou WWW. DRIVE	IE AIIU DOX NO.	Policy Number	
City 7	State	ZIP Code	Company NAIC Number	
DOLER	CA.	3/322	The Mark State of the State of	
SECTION	N D - SURVEYOR, ENGINEER, OR AF	RCHITECT CERTIFICATION (CO	ONTINUED)	
Copy both sides of this Elevation Cert	tificate for (1) community official, (2) insurance	ce agent/company, and (3) building o	owner.	
Comments GECTION	C-CZ-e) OHTSIDE	AC UNIT. DECL	LANATION MANE	
ONLY TO	DENSON WAMED	HENROW. 1/	2	
Signature	_	Date		
SECTION E BUILDING ELE	EVATION INFORMATION (SURVEY NO	1-07	Check here if attachments	
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY NO	OT REQUIRED) FOR ZONE AU	AND ZONE A (WITHOUT BEE)	
and C. For Items E1-E4, use natural E1. Provide elevation information for	complete Items E1-E5. If the Certificate is in grade, if available. Check the measurement or the following and check the appropriate bo	t used. In Puerto Rico only, enter m	neters.	
b) Top of bottom floor (including	g basement, crawl space, or enclosure) is g basement, crawl space, or enclosure) is	leet meters		
E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is feet meters above or below the HAG.				
E3. Attached garage (top of slab) is			1-1	
	nd/or equipment servicing the building is n number is available, is the top of the botton			
	Unknown. The local official must certify		no community s noodplain management	
SECTION	N E DEODERTY OWNER (OR OWNE	D'S DEDDESENTATIVE CEDI	FIELGATION	
	N F - PROPERTY OWNER (OR OWNE			
oi AO must sign here. The state	rized representative who completes Sections ements in Sections A, B, and E are correct to		EMA-Issued or community-issued BFE)	
P ty Owner's or Owner's Authoriz	ed Representative's Name			
Address	City	ý State	ZIP Code	
Signature	Dat	te Telepi	hone	
Comments				
			Check here if attachments	
V	SECTION G - COMMUNITY IN			
The local official who is authorized by la and G of this Elevation Certificate. Con	aw or ordinance to administer the community nplete the applicable item(s) and sign below	ordinance of the control of the cont	e can complete Sections A, B, C (or E), tems G8. and G9.	
The information in Section C is authorized by law to certify	was taken from other documentation that ha elevation information. (Indicate the source	is been signed and sealed by a licen and date of the elevation data in the	sed surveyor, engineer, or architect who Comments area below.)	
	ed Section E for a building located in Zone A	·-	nity-issued BFE) or Zone AO.	
33. LJ The following information (Ite	ms G4G9.) is provided for community flood	lplain management purposes.		
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Cor	mpliance/Occupancy Issued	
67. This permit has been issued for:	New Construction Substantial	Improvement		
68. Elevation of as-built lowest floor (in			(PR) Datum	
9. BFE or (in Zone AO) depth of flood	ing at the building site:		(PR) Datum	
Local Official's Name	911	Title		
Community Name		Telephone		
Sr ure	15	Date		
Comments		¥		
		**	The state of the s	
			Check hore if attachmants	

Building Photographs See Instructions for Item A6.

	For Insurance Company Use:
احساding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number
359 BRIGHTON WOUNS DRIVE	
City State ZIP Code Foolen GA. 31322	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, following.

Side











Front



Rear