FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1.7

		SECTION	A . DPODEDTY ON	NER INFORMATION		Υ				
'UILDING OWNER'S NAME	For Insurance Company Use:									
RED WILLIAMS HOME	Policy Number									
BUILDING STREET ADDRESS 6 BARRINGTON COURT	Company NAIC Number									
CITY POOLER	ODE									
PROPERTY DESCRIPTION (L LOT 66 BARRINGTON ESTAT	ot and Block Numbers	i, Tax Parcel Number, Leg	al Description, etc.)	GA	31322					
BUILDING USE (e.g., Residentia Residential		dition, Accessory, etc. Us	Comments section if r	ecessary.)		1995-1996				
LATITUDELONGITUDE (OPTI	ONALL	HODIZONITAL DATLI								
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type):										
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION										
B1. NFIP COMMUNITY NAME		B2. COUNTY NAME		20 024						
130261 POOLER			СНАТНАМ			B3. STATE GA				
B4. MAP AND PANEL NUMBER - 130030-0075	B5. SUFFIX	B6. FIRM INDEX DAT 9-20-95	EFFECTIV	IRM PANEL E/REVISED DATE 5-19-87	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 13.0				
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.										
FIS Profile	⊠ FIRM	Community De	etermined	Other (Describ	oe):	-				
B11. Indicate the elevation date	um used for the BH	E in B9: 🔯 NGVD 192	29	□ NAVD 1988	Other (Describ	e):				
B12. Is the building located in a	Coastal Damer Re	Sources System (CBR	S) area or Otherwise	Protected Area (OPA)? ☐ Yes ☒ No	Designation Date				
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)										
A new Flevation Cartificat	ed on: L Constru	ction Drawings"	Building Under C	onstruction	Finished Construction					
*A new Elevation Certificate will be required when construction of the building is complete.										
C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)										
Complete Name Coasian transport of the pulling, provide a sketch or photograph.)										
Complete Items C3a-i belo	w according to the	huilding diagram enecid	ini bre), AR, ARVA, /	NRAE, ARVA1-A30, AI	R/AH, AR/AO					
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in										
Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.										
Datum Conversion		22,000	5151611.			\				
Elevation reference mark u	sedDoes th	e elevation reference n	nark used appear on	he FIRM? To Ves	⊠ No ==					
a) Top of bottom floor (in	ncluding basement	or endosure)	14. 4 ft		4	200				
b) Top of next higher floo	EPTGO									
 c) Bottom of lowest horiz 	A CONTRACTOR OF MILES									
d) Attached garage (top of slab) NAft(m) 14. Oft(m)										
b) Top of next higher floor c) Bottom of lowest horizontal structural member (V zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery and/or equipment servicing the building f) Lowest adjacent grade (LAG) g) Highest adjacent grade (HAG) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N										
servicing the building	•			_ft.(m)	ber ture	NE 11,0102/				
f) Lowest adjacent grade			12.4ft.(m)	_ ("/	Zum gna	3/20/10/20/21				
g) Highest adjacent grad			13. 3ft.	m)	Sis	CHAEL A. HUSS				
h) No. of permanent ope	nings (flood vents)	within 1 ft. above adjac	ent grade NV	,	<u>8</u>	MEL A. HO				
i) Total area of all perma	nent openings (floo	d vents) in C3h <u>WA</u> sq	in. (sq. cm)							
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION										
This certification is to be sig	ned and sealed b	v a land surveyor en	nineer or architect	authorized by levels		rmation				
i coming man mo imonnation	III SOCIIOIIS A. D.	ana won this centile.	ala rantacante mu t	ant affaria in intrin-	-446 4 4 11 14	THE STATE OF THE S				
CERTIFIER'S NAME Michael A. Husens										
SERVIN IEROTOWNE MICHAEL A.	148909			u	CENSE NUMBER 2509					
TITLELand Surveyor	04		CC	MPANY NAME						
ADDRESS Sabal Line	()		CIT		STATE	ZIP CODE				
NATURE	VII			/annah	GA	31405				
The state of the s	The	1	DA		- TELEPHO					
	01		3/1	our)	912,748.2	100				

IMPORTANT: In these spaces, copy the	e corresponding information from Section	A			For Insurance Company Use:		
BUILDING STREET ADDRESS (Including Apt., 6 BARRINGTON COURT		Policy Number					
CITY *~ POOLER	STA GA	NTE	ZIP CODE 31322	- +	Company NAIC Number		
S	ECTION D - SURVEYOR, ENGINEER, OR	ARCHITECT CER		UED)			
Copy both sides of this Elevation Certificate	e for (1) community official, (2) insurance agen	t/company, and (3	3) building owner	<u> </u>			
COMMENTS N/A			, <u>g</u>				
NA .							
				Г	Check here if attachmen		
SECTION E - BUILDIN	NG ELEVATION INFORMATION (SURVEY)	NOT REQUIRED)	FOR ZONE AO AND 2	ONE A (WIT	HOUT BEEN		
For Zone AO and Zone A (without BFE), com	plete Items E1 through E4. If the Elevation C	ertificate is intende	ed for use as supporting	information fo	or a LOMA or LOMR-F.		
- completed,							
opioconto dio bonding, provide a shellar	ouilding diagram most similar to the building for or photograph.)				,		
E2. The top of the bottom floor (including bas	ement or enclosure) of the building is # /r	n) in.(cm) \square a	bove or helow (che	edr one) the hi	ighaet adiacont arada		
and a ballaring biograms of with openings	(see page 7), the next higher floor or elevated	floor (elevation b)	of the building isft.	(m) in.(cm)	above the highest adjacent		
Yes No Unknown. The k	ber is available, is the top of the bottom floor e ocal official must certify this information in Sect	levated in accorda	ance with the community	's floodplain m	nanagement ordinance?		
SE	ECTION F - PROPERTY OWNER (OR OWN	ION G. ED'S DEDDESES	TATILE OF DIESO AT	1011			
The property owner or owner's authorized re	epresentative who completes Sections A, B, a	nd E for Zone A (v	without a EEMA include	ION			
sign here.	, , , , , , , , , , , , , , , , , , ,	ING IT IOI ZOILE Y (A	MINIOUL A FEIVIAHSSUED (xr community-i	ssued BFE) or Zone AO must		
PROPERTY OWNED'S OR OWNER'S AUTHOR							
PROPERTY OWNER'S OR OWNER'S AUTHOR	RIZED REPRESENTATIVE'S NAME						
ADDRESS		СПҮ		STATE	ZIP CODE		
SIGNATURE		DATE		TELEPHONE			
JOMMENTS		-		TELEFTIONE			
					Check here if attachments		
	SECTION G - COMMUNITY INFORMATION (OPTIONAL)						
he local official who is authorized by law or or	rdinance to administer the community's floods	lain management	ordinance can complete	Sections A. F.	C (or E) and G of this Flower		
state or local law to certify elevation in	in from other documentation that has been sig	ned and embosse	ed by a licensed surveyo	r, engineer, or	architect who is authorized by		
State of look latt to octally cicyadoll il	nformation. (Indicate the source and date of the n E for a building located in Zone A (without a	a playation data in	the Comments are by	Vacable 1			
The following information (Items G4-G	9) is provided for community floodplain manage	lement purposes.	Difficulty assued BFE)	or Zone AU.			
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	1		COMPLIANCE			
		00	5. DATE CERTIFICATE OF	COMPLIANCE	EJOCCUPANCY ISSUED		
7. This permit has been issued for: New	Construction						
 Elevation of as-built lowest floor (including least) BFE or (in Zone AO) depth of flooding at the 	basement) of the building is:		ft.(m)		Datum:		
LOCAL OFFICIAL'S NAME	e building site is:		ft.(m)		Datum:		
		TITLE					
COMMUNITY NAME		TELEPHONE					
SIGNATURE		DATE					
COMMENTS							
					Chook hove 15-41 The		
/			5/		Check here if attachments		