

FROM :VINCE HELMLY

FAX NO. :912 9253523

Oct. 09 2007 08:49AM P2

Permit # 07-707

[Signature]

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1650-0009
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

A1. Building Owner's Name: R. RAY M. B. & S. / CRAFTBUILT HOMES, L.L.C.
A2. Building Serial Number, Address, Unit, Room, and/or Lot, Major & P.O. Roads and Lot No.:
BB GATEWAY DRIVE

City: Powder State: GEORGIA Zip Code: 31419

A3. Property Description (Lot and Block Number, Tax Parcel Number, Legal Description, etc.)
Lot 14 THE GATES AT SAVANNAH, QUARTERS 3

A4. Building Use (e.g., Residential, Non-residential, Agric., Agric. Acc., etc.) RESIDENTIAL Residential Non-Residential

A5. Latitude/Longitude Lat: N 32° 01.117 Long: W 81° 45.816 Horizontal Datum: NAD 1983 NAD 1927

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Occupant Number: 1

A8. For a building with a small space or enclosure, provide:

- a) Square footage of total space or enclosure: 0 sq ft
- b) No. of permanent fixed openings to the small space or enclosure with width 1.0 feet or more: 0 sq ft
- c) Total net area of fixed openings in A8b: 0 sq ft

A9. For a building with an attached garage, provide:

- a) Square footage of attached garage: 441 sq ft
- b) No. of permanent fixed openings to the attached garage width width 1.0 feet or more: 2 sq ft
- c) Total net area of fixed openings in A9b: 0 sq ft

SECTION B - FLOOD INSURANCE RATE MAP (FIRMS) INFORMATION

B1. FIRMS Community Name & Community Number: <u>Powder 13026</u>	B2. County Name: <u>CHATHAM</u>	B3. State: <u>GA</u>
B4. Map Panel Number: <u>13-0030-005</u>	B5. State Date: <u>9-26-95</u>	B6. FIRMS Panel Date: <u>6-19-87</u>

B10. Indicate the source of the most recent Flood Insurance Rate (FIRMS) date or base flood depth entered in Item B3.

FIRMS FEMA Surveyor Other (Describe) _____

B11. Indicate elevation datum used for FIRM in Item B6: NAD 1983 NAD 1927 Other (Describe) _____

B12. Is the building located in a Central Water Resources System (CWS) area or a Municipal Protected Area (MPA) Designation Only? CWS MPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

- C1. Building elevations are based on: Construction Drawings Building Under Construction Finished Construction
A new Elevation Certificate will be required when construction of the building is complete.
- C2. Elevation - Zones A1-A30, AE, AH, A99-100, VE, V1-V30, V (V1-V30), AR, AFNA, ARNE, ARW1-A30, ARW4, ARW5. Complete Item C2 by selecting according to the building diagram specified in Item A7.

Benchmark Utilized: Loc. C. Pt. 1

Verified Date: AG 40 1927

Comments/Comments: A/P

Check the measurement unit:

- a) Top of bottom floor (including basement, crawl space, or enclosed porch): 19.0 ft
- b) Top of roof (higher than): NA
- c) Bottom of the lowest finished standard number (IV Zones only): NA
- d) Second garage (top of garage): NA
- e) Lowest elevation of driveway or equipment servicing the building (Describe type of equipment in Comments): NA
- f) Lowest adjacent (finished) grade (NA): NA
- g) Highest adjacent (finished) grade (NA): NA

- NA (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certificate is to be signed and sealed by a local surveyor, engineer, or architect authorized by law to certify floodplain 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 70 U.S. Code, Section 1007.

Check here if comments are provided on back of form.

Certified by: VINCENT HELMLY License Number: 1882
Title: Land Surveyor Company Name: _____
Address: 1425 Old Dixie Hwy, Savannah, GA Zip Code: 31419
Phone: (912) 735-2523 Date: 10-8-07 (912) 735-2523



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Oct. 09 2007 01:30PM P1

IMPORTANT: In these spaces, copy the corresponding information from Section A, Building Permit Address (including Apt, Unit, Suite, Room #s, etc.) or P.O. Box and Box No.

88 GATEWAY DRIVE

Copy **P.O. BOX**

665861A 31419

For Insurance Company Use:
Policy Number

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

C 2-(c) = AIR CONDITIONER UNIT PAD

Signed: *Vince's Way* Date: 10-8-07 Check here if alterations

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AD AND ZONE A (WITHOUT BFE)

For Zones AD and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMAF request, complete Sections A, B, C, D, and E, and attach a survey. If applicable, check the appropriate box. In Florida, File a copy, enter review.

Check the appropriate box to show whether the elevation is above or below the Mean High Water (MHW) or the Normal Ground Grade (NGG).

E1. Existing basement, crawl space, or enclosed area is _____ feet inches above or below the MHW.
Existing basement, crawl space, or enclosed area is _____ feet inches above or below the NGG.E2. Existing garage, carport, or other structure, located at least 8' higher than the top of the building, is _____ feet inches above or below the MHW.E3. Existing garage, carport, or other structure, located at least 8' higher than the top of the building, is _____ feet inches above or below the MHW.
E4. Existing garage, carport, or other structure, located at least 8' higher than the top of the building, is _____ feet inches above or below the MHW.**SECTION F - SIGNATURES FOR COMMUNITY APPROVING CERTIFICATION**I, the undersigned, who completed Sections A, B, and C for Zone A (without a BFE), certify or community official (with BFE)
I, the undersigned, who completed Sections A, B, and C for Zone A (without a BFE), certify or community official (with BFE)

Property Owner's or Owner's Authorized Representative's Name

Address: *N/A* City: _____ State: _____ ZIP Code: _____

Signature: _____ Telephone: _____

Comments: _____

 Check here if alterations**SECTION G - INFORMATION FOR INSURANCE COMPANY USE (OPTIMUM)**Complete this section if you are providing information to an insurance company and completing Sections A, B, C (or D).
If you are not providing information to an insurance company, skip this section.

- G1. The information in Section C was taken from other documentation that has been submitted to the insurance company. It is represented by me to be up-to-date information. Provide the name and date of the original source to the insurance company.
- G2. A community official completed Section C for a building located in Zone A (without a BFE). I am not a community official.
- G3. The following information (Items G4-G8) is provided for _____.

GL Permit Number	GL Date Permit Issued	GL Date Certificate Of Occupancy Issued
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GL Date permit first issued for: New Construction General Improvement
and GL Date of last known (or pending) issuance of the permit: _____

GL BFE or (in Zone AD) depth of flooding of the building site: _____ feet inches BFE Depth _____
 feet inches BFE Depth _____

Local Official's Name: *N/A* Title: _____

Signature: _____ Date: _____

Comments: _____

 Check here if alterations