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

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

## **ELEVATION CERTIFICATE**

## IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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

SECTION A - PROPERTY INFORMATION	FOR INSURANCE COMPANY USE					
A1. Building Owner's Name: N. L. Bassford, Jr.	Policy Number:					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 5240 Old Louisville Road (Building 39-A)	Company NAIC Number:					
	ZIP Code: 31322					
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nur Bassford Industrial Park, Phase Three (Plat Book 52, Page 362); Chatham County PIN: 5						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Non-Residential	al					
A5. Latitude/Longitude: Lat. 32.099536 Long81.214105 Horiz. Datum:	NAD 1927 X NAD 1983 WGS 84					
A6. Attach at least two and when possible four clear color photographs (one for each side) of the b	uilding (see Form pages 7 and 8).					
A7. Building Diagram Number:1B						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s): N/A sq. ft.						
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	Yes No N/A					
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot Non-engineered flood openings:N/A Engineered flood openings:N/A						
d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.						
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructi	ons): N/A sq. ft.					
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.						
A9. For a building with an attached garage:						
a) Square footage of attached garage:N/A sq. ft.						
b) Is there at least one permanent flood opening on two different sides of the attached garage	? ☐ Yes ☐ No ☒ N/A					
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adj Non-engineered flood openings: N/A Engineered flood openings: N/A						
d) Total net open area of non-engineered flood openings in A9.c:N/A sq. in.						
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructi	ons):N/A sq. ft.					
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions):N/A sq. ft.						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFO	RMATION					
B1.a. NFIP Community Name: City of Pooler B1.b. NFIP Com	nmunity Identification Number: 130261					
B2. County Name: Chatham B3. State: GA B4. Map/Panel No.:	13051C0127 B5. Suffix: H					
B6. FIRM Index Date: 08/16/2018 B7. FIRM Panel Effective/Revised Date: 08/16/20	018					
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use	Base Flood Depth): 12.0					
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:  ☐ FIS ☐ FIRM ☐ Community Determined ☐ Other:						
B11. Indicate elevation datum used for BFE in Item B9: 🔲 NGVD 1929 🔀 NAVD 1988 🔲 Othe	r/Source:					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date:						
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No					

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:		FOR INSURANCE COMPANY USE					
5240 Old Louisville Road (Building 39-A)			Policy Number:				
City: Pooler	State: GA	ZIP Code: 31322		Company NAIC Number:		per:	
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. Building elevations are based on: Cc *A new Elevation Certificate will be require				on* ⊠	Finished	i Cons	struction
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.  Benchmark Utilized: *Local Vertical Datum: NAVD 88							
Indicate elevation datum used for the elevation ☐ NGVD 1929 ☑ NAVD 1988 ☐ Ott	•	h) below.					
Datum used for building elevations must be the If Yes, describe the source of the conversion fa			on factor use		Yes	⊠ le mea	No asurement used:
a) Top of bottom floor (including basemer	nt, crawlspace, or end	closure floor):			☑ feet		meters
b) Top of the next higher floor (see Instruc	ctions):			N/A	feet		meters
c) Bottom of the lowest horizontal structur	ral member (see Instr	ructions):		N/A	feet		meters
d) Attached garage (top of slab):				N/A	feet		meters
e) Lowest elevation of Machinery and Equ (describe type of M&E and location in S				14.0	☑ feet		meters
f) Lowest Adjacent Grade (LAG) next to b	ouilding: 🔲 Natural	Finished		9.7	√ feet		meters
g) Highest Adjacent Grade (HAG) next to	building: Natural	Finished		9.8	✓ feet		meters
<ul> <li>h) Finished LAG at lowest elevation of atta support:</li> </ul>	ached deck or stairs,	including structural		N/A	] feet		meters
SECTION D - SU	RVEYOR, ENGINE	ER, OR ARCHITE	CT CERTIF	ICATIO	N		BALLE
This certification is to be signed and sealed by information. I certify that the information on this false statement may be punishable by fine or in Were latitude and longitude in Section A provide	s Certificate represent in the sent in the	ts my best efforts to it 8 U.S. Code, Section	nterpret the o	tate law data ava	to certify lable. I	r eleva under	ation stand that any
Check here if attachments and describe in the							
Certifier's Name: Joseph Akard Hale, Jr. License Number: GA LS 2886							
Title: Professional Land Surveyor							
Company Name: Kern & Company, LLC							
Address: 7 Mall Court							
City: Savannah State: GA ZIP Code: 31406							
Telephone: (912) 354-8400 Ext.: 407 Email: Jhale@Kernengineering.com							
Signature:a. haleh. Date: 02/06/2024 Place Seal Here							
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.							
Comments (including source of conversion fact	tor in C2; type of equ	ipment and location p	er C2.e; and	l descrip	tion of a	ny att	achments):

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments): SECTION A5: Method of determination by use of GPS receiver. SECTION B9: The Base Flood Elevation according to the Flood Insurance Study Flood Profile is 11.9' (NAVD 88). SECTION C2: Bench Mark used for this certificate obtained by use of the Real Time Network operated by eGPS Solutions. SECTION C2.e: The elevation is for the electrical transformer located on the floor inside the building. Top of platform for the elevated heat pump affixed to exterior wall at elevation 27.5'. Water heater and air conditioning M&E located on top of interior office space.

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite,	and/or Bld	lg. No.) o	r P.O. Route and Box No.	FOR INSURANCE COMPANY USE	
5240 Old Louisville Road (Building 39-A)	Ctata	GA	ZIP Code: 31322	Policy Number:	
City: Pooler	State: _	GA	ZIP Code: 31322	Company NAIC Number:	
SECTION E - BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED)  FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)					
For Zones AO, AR/AO, and A (without BFE), comintended to support a Letter of Map Change requeenter meters.	For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only,				
Building measurements are based on: Cons *A new Elevation Certificate will be required when			Building Under Cone building is complete.	struction*  Finished Construction	
E1. Provide measurements (C.2.a in applicable E measurement is above or below the natural F				k the appropriate boxes to show whether the	
<ul> <li>a) Top of bottom floor (including basement, crawlspace, or enclosure) is:</li> </ul>			feet r	neters 🔲 above or 📋 below the HAG.	
<ul><li>b) Top of bottom floor (including basement, crawlspace, or enclosure) is:</li></ul>			feet [] r	neters 📋 above or 🔲 below the LAG.	
E2. For Building Diagrams 6–9 with permanent floer that higher floor (C2.b in applicable Building Diagram) of the building is:	ood openi	ings prov		and/or 9 (see pages 1–2 of Instructions), the neters ☐ above or ☐ below the HAG.	
E3. Attached garage (top of slab) is:			feet r	meters   above or below the HAG.	
E4. Top of platform of machinery and/or equipme servicing the building is:	ent		[ feet [ r	meters   above or below the HAG.	
E5. Zone AO only: If no flood depth number is av floodplain management ordinance?			of the bottom floor elevate inknown The local off	ed in accordance with the community's icial must certify this information in Section G.	
SECTION F - PROPERTY OWNER	(OR OV	NNER'S	AUTHORIZED REPR	ESENTATIVE) CERTIFICATION	
The property owner or owner's authorized represe sign here. The statements in Sections A, B, and E	entative w	ho comp	eletes Sections A, B, and best of my knowledge	E for Zone A (without BFE) or Zone AO must	
Check here if attachments and describe in the					
Property Owner or Owner's Authorized Represent	tative Nan	ne:			
Address:					
City:			State	e: ZIP Code:	
Telephone: Ext.:	_ Email:				
Signature:			Date:		
Comments:					
10					

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite,	and/or Bldg. No.) or P.O. Route and Box	No.: FOR INSURANCE COMPANY USE			
5240 Old Louisville Road (Building 39-A)		Policy Number:			
City: Pooler	State: GA ZIP Code: 31322	Company NAIC Number:			
SECTION G - COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)					
The local official who is authorized by law or ordin Section A, B, C, E, G, or H of this Elevation Certifi	ance to administer the community's flo cate. Complete the applicable item(s)	odplain management ordinance can complete and sign below when:			
G1. The information in Section C was take engineer, or architect who is authorize elevation data in the Comments area by	d by state law to certify elevation infor	een signed and sealed by a licensed surveyor, nation. (Indicate the source and date of the			
G2.a. A local official completed Section E for E5 is completed for a building located	a building located in Zone A (without in Zone AO.	a BFE), Zone AO, or Zone AR/AO, or when item			
G2.b.   A local official completed Section H for	r insurance purposes.				
G3.	ne local official describes specific corre	ctions to the information in Sections A, B, E and H.			
G4.	611) is provided for community floodpla	in management purposes.			
G5. Permit Number:	G6. Date Permit Issued:				
G7. Date Certificate of Compliance/Occupancy	/ Issued:				
G8. This permit has been issued for: X New	Construction   Substantial Improve	ment			
G9.a. Elevation of as-built lowest floor (including building:	basement) of the	feet meters Datum:			
G9.b. Elevation of bottom of as-built lowest horiz member:	rontal structural	feet meters Datum:			
G10.a. BFE (or depth in Zone AO) of flooding at the	ne building site:	feet meters Datum:			
G10.b. Community's minimum elevation (or depth requirement for the lowest floor or lowest hember:	in Zone AO) norizontal structural	feet meters Datum:			
G11. Variance issued?  Yes X No If y	es, attach documentation and describe	e in the Comments area.			
The local official who provides information in Sect correct to the best of my knowledge. If applicable,	ion G must sign here. I have complete I have also provided specific correction	d the information in Section G and certify that it is ns in the Comments area of this section.			
Local Official's Name: Brian Crooks	, AZCP, CPM Title: (	ity planner			
NFIP Community Name: City of 1	) <sub>+0</sub> (~~				
	1 Email: barooks e pool	w-,9 a- : 90V			
Address: 100 WS Hwy 80 SW					
City: Post-		State: CA ZIP Code: 3/3 22			
Signature: Brian Con		19/24			
Comments (including type of equipment and local Sections A, B, D, E, or H):	lion, per C2.e; description of any attacl	nments; and corrections to specific information in			

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite	, and/or Bldg. No.) o	or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE			
5240 Old Louisville Road (Building 39-A)		Policy Number:				
City: Pooler	State: <u>GA</u>	ZIP Code: 31322	Company NAIC Number:			
SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)						
The property owner, owner's authorized represe to determine the building's first floor height for in nearest tenth of a foot (nearest tenth of a meter Instructions) and the appropriate Building De-	surance purposes. in Puerto Rico). <i>Re</i>	Sections A, B, and I must a ference the Foundation 1	also be completed. Enter heights to the Type Diagrams (at the end of Section H			
H1. Provide the height of the top of the floor (as	indicated in Found	ation Type Diagrams) abo	ve the Lowest Adjacent Grade (LAG):			
<ul> <li>a) For Building Diagrams 1A, 1B, 3, and floor (include above-grade floors only for bu crawlspaces or enclosure floors) is:</li> </ul>	<b>5–8.</b> Top of bottom ildings with	[ ] fee	et 🔲 meters 🔲 above the LAG			
b) For Building Diagrams 2A, 2B, 4, and higher floor (i.e., the floor above basement, enclosure floor) is:	6–9. Top of next crawlspace, or	[_] fee	et			
H2. Is all Machinery and Equipment servicing the H2 arrow (shown in the Foundation Type D  Tyes No	ne building (as lister lagrams at end of S	d in Item H2 instructions) e ection H instructions) for the	elevated to or above the floor indicated by the ne appropriate Building Diagram?			
SECTION I - PROPERTY OWNE	R (OR OWNER'S	AUTHORIZED REPRE	ESENTATIVE) CERTIFICATION			
The property owner or owner's authorized repre A, B, and H are correct to the best of my knowle indicate in Item G2.b and sign Section G.	sentative who comp dge. <b>Note:</b> If the lo	oletes Sections A, B, and ⊦ cal floodplain managemen	H must sign here. The statements in Sections tofficial completed Section H, they should			
☐ Check here if attachments are provided (incl	uding required phot	os) and describe each atta	achment in the Comments area.			
Property Owner or Owner's Authorized Represe	ntative Name:					
Address:						
City:		State:	ZIP Code:			
Telephone: Ext.:	Email:					
Signature:		Date:				
Comments:						

# IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:			FOR INSURANCE COMPANY USE	
5240 Old Louisville Road (Building 39-A)				Policy Number:
City: Pooler	State:_	GA	ZIP Code: 31322	Company NAIC Number:

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption:

Front & Right Side View (02/06/2024)

Clear Photo One



Photo Two

Photo Two Caption:

Front & Left Side View (02/06/2024)

Clear Photo Two

# IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:			FOR INSURANCE COMPANY USE	
5240 Old Louisville Road	(Building 39-A)			Policy Number:
City: Pooler	State:	GA	ZIP Code: 31322	Company NAIC Number:
Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View." "Rear View." "Right Side				

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption:

Rear & Right Side View (02/06/2024)

Clear Photo Three



Photo Four

Photo Four Caption:

Rear & Left Side View (02/06/2024)

Clear Photo Four