

MAYOR
Karen L. Williams

CITY MANAGER
Heath Lloyd

CITY ATTORNEY
Craig Call



CITY of POOLER
— GEORGIA —

CITY COUNCIL
Wesley Bashlor
Michael Carpenter
Aaron C. Higgins
Thomas Hutcherson
M. Shannon Valim
John M. Wilcher

Memo of Review for Correctness and Completion

The attached FEMA Elevation Certificate has been reviewed by this office.
The items noted below are not correct on the attached form and should read as entered on this page.

- Building Address must be entered
- You must clearly show what corrections are made
- Signature and date must be on form.

SECTION A – PROPERTY INFORMATION

- A1. Building Owner's Name: _____
- A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
181 Wood Haven Lane

- City: Pooler State: GA ZIP Code: 31322
- A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number:

- A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): _____
- A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: NAD 1927 NAD 1983 WGS 84
- A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).
- A7. Building Diagram Number: _____
- A8. For a building with a crawlspace or enclosure(s):
- a) Square footage of crawlspace or enclosure(s): _____ 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 above adjacent grade:
Non-engineered flood openings: _____ Engineered flood openings: _____
 - d) Total net open area of non-engineered flood openings in A8.c: _____ sq. in.
 - e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft.
 - f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.
- A9. For a building with an attached garage:
- a) Square footage of attached garage: _____ 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 adjacent grade:
Non-engineered flood openings: _____ Engineered flood openings: _____
 - d) Total net open area of non-engineered flood openings in A9.c: _____ sq. in.
 - e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft.
 - f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

- B1.a. NFIP Community Name: _____ B1.b. NFIP Community Identification Number: _____
B2. County Name: _____ B3. State: _____ B4. Map/Panel No.: _____ B5. Suffix: _____
B6. FIRM Index Date: _____ B7. FIRM Panel Effective/Revised Date: _____
B8. Flood Zone(s): _____ B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): _____
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 Other/Source: _____
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date: _____ CBRS OPA
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? Yes No

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.

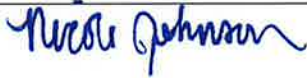
Local Official's Name: Nicole Johnson, AICP, CFM

Title: Director of Planning & Development

Community Name: City of Pooler

Telephone: 912-748-7261, ext 306

Signature



Date: 10/2/2024

Comments:

G8 has been completed on the original EC, see attached.

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 PAGES 9-19

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

		FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Asa Henry Nails and Stephanie Burnice Nails</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>181 Wood Haven Lane</u>		Company NAIC Number: _____
City: <u>Pooler</u>	State: <u>GA</u>	ZIP Code: <u>31322</u>
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot 426 Westbrook Subdivision Phase 7B-1</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>N 32°04'06.33"</u> Long. <u>W 81°17'41.52"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84		
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number: <u>1B</u>		
A8. For a building with a crawspace or enclosure(s):		
a) Square footage of crawspace or enclosure(s): <u>0.00</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the crawspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u>		
d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0.00</u> sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>0.00</u> sq. ft.		
A9. For a building with an attached garage.		
a) Square footage of attached garage: <u>987.00</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>0</u> Engineered flood openings: <u>0</u>		
d) Total net open area of non-engineered flood openings in A9.c: <u>0.00</u> sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>0.00</u> sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>0.00</u> sq. ft.		
SECTION B - FLOOD HAZARD DATA AND INFORMATION		
B1.a. NFIP Community Name: <u>City of Pooler</u>		B1.b. NFIP Community Identification Number: <u>130261</u>
B2. County Name: <u>Chatham County</u>	B3. State: <u>GA</u>	B4. Map/Panel No.: <u>13051C0108</u> B5. Suffix: <u>G</u>
B6. FIRM Index Date: <u>08/16/2018</u>	B7. FIRM Panel Effective/Revised Date: <u>08/16/2018</u>	
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>14.0</u>	
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____		
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA		
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>181 Wood Haven Lane</u>	FOR INSURANCE COMPANY USE
City: <u>Pooler</u> State: <u>GA</u> ZIP Code: <u>31322</u>	Policy Number: _____ Company NAIC Number: _____

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. 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: eGPS VRS Network Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

- NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? Yes No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | <u>17.60</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions) | <u>25.77</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>15.60</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | <u>15.48</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | <u>14.70</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | <u>16.30</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | <u>15.00</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state 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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments and describe in the Comments area.

Certifier's Name: James M. Keaton License Number: 002743

Title: Land Surveyor

Company Name: Mark Keaton DBA Chatham Surveying Services

Address: 120 Saint Andrews Way

City: Savannah State: GA ZIP Code: 31410

Signature: [Signature] Date: 11/01/2023

Telephone: (912) 507-8200 Ext.: _____ Email: chathamss@aol.com



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 factor in C2, type of equipment and location per C2.e, and description of any attachments):
This house is Diagram 1B, slab on stem wall construction. Item A9a is an attached garage. Item C2a is the lowest habitable floor. Item C2b is a finished bonus room over the garage. The main second story habitable floor is elevation 30.1. Item C2e is 5 exterior HVAC units on a concrete pad at grade at the left side of the house. There is also a generator on a concrete pad at the rear of the garage at elevation 15.7. Item C2h is the lowest adjacent grade at the rear porch. Latitude and Longitude established with satellite imagery.

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 181 Wood Haven Lane
City: Pooler State: GA ZIP Code: 31322
FOR INSURANCE COMPANY USE
Policy Number:
Company NAIC Number:



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, enter meters.
Building measurements are based on: [] Construction Drawings* [] Building Under Construction* [] Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.
E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.
a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ [] feet [] meters [] above or [] below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ [] feet [] meters [] above or [] below the LAG.
E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1-2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ [] feet [] meters [] above or [] below the HAG.
E3. Attached garage (top of slab) is: _____ [] feet [] meters [] above or [] below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is: _____ [] feet [] meters [] above or [] below the HAG.
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? [] Yes [] No [] Unknown The local official must certify this information in Section G.



The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge
[] Check here if attachments and describe in the Comments area.
Property Owner or Owner's Authorized Representative Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Signature: _____ Date: _____
Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 181 Wood Haven Lane
City: Pooler State: GA ZIP Code: 31322
FOR INSURANCE COMPANY USE
Policy Number:
Company NAIC Number:

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- G1. [X] The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information.
G2.a. [] A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
G2.b. [] A local official completed Section H for insurance purposes.
G3. [] In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
G4. [] The following information (Items G5-G11) is provided for community floodplain 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 Improvement
G9.a. Elevation of as-built lowest floor (including basement) of the building: [] feet [] meters Datum:
G9.b. Elevation of bottom of as-built lowest horizontal structural member: [] feet [] meters Datum:
G10.a. BFE (or depth in Zone AO) of flooding at the building site: [] feet [] meters Datum:
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: [] feet [] meters Datum:
G11. Variance issued? [] Yes [X] No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.

Local Official's Name: Kirby Ryer, CFM Title: Zoning Administrator
NFIP Community Name: City of Pooler
Telephone: 412 748 7261 Ext: 105 Email: kryer@pooler-ga.gov
Address: 100 SW Hwy 50
City: Pooler State: GA ZIP Code: 31322
Signature: Kirby Ryer Date: 11/4/23

Comments (including type of equipment and location, per C2.e; description of any attachments, and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 181 Wood Haven Lane	FOR INSURANCE COMPANY USE
City: <u>Pooler</u> State: <u>GA</u> ZIP Code: <u>31322</u>	Policy Number: _____ Company NAIC Number: _____



The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5-9. Top of bottom _____ feet meters above the LAG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6-9. Top of next higher floor (i.e., the floor above basement, crawspace, or enclosure floor) is: _____ feet meters above the LAG

H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes No



The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
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. 181 Wood Haven Lane	FOR INSURANCE COMPANY USE
City: <u>Pooler</u> State: <u>GA</u> ZIP Code: <u>31322</u>	Policy Number: _____ 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 VIEW PHOTO TAKEN 11-01-2023

Clear Photo One



Photo Two

Photo Two Caption: LEFT SIDE VIEW PHOTO TAKEN 11-01-2023

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
181 Wood Haven Lane

FOR INSURANCE COMPANY USE

City: Pooler State: GA ZIP Code: 31322

Policy Number: _____

Company NAIC Number: _____

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 VIEW PHOTO TAKEN 11-01-2023

Clear Photo Three



Photo Four

Photo Four Caption: RIGHT SIDE VIEW PHOTO TAKEN 11-01-2023

Clear Photo Four