

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME CENTEX CONSTRUCTION		Policy Number
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 4 GLENWOOD COURT		Company NAIC Number
CITY POOLEY	STATE GEORGIA	ZIP CODE 31419
PROPERTY DESCRIPTION (Lot and Block Numbers, Tract, Parcel Number, Legal Description, etc.) LOT 79 HAZELTON GROVE		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
LATITUDE/LONGITUDE (OPTIONAL) (#.#-##.## or ##.###/###.###)		
HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER POOLEY 130261		B2. COUNTY NAME CHATHAM		B3. STATE GEORGIA	
B4. MAP AND PANEL NUMBER 130030-0175	B5. SUFFIX C	B6. FIRM INDEX DATE 7-20-95	B7. FIRM PANEL EFFECTIVE/REVISED DATE 5-19-87	B8. FLOOD ZONE(S) A	B9. BASE FLOOD ELEVATION(S) (Zone A0, use depth of flooding) NONE

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date: _____

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. Building Diagram Number: _____ (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.)

C3. Elevations - Zones: A1-A20, AE, AH, A (with BFE), VE, V1-V3, V (with BFE), AR, ARA, ARAE, ARA1-A30, ARAH, ARAO

Complete items C3-a-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 or Section G, as appropriate, document the datum conversion.

Datum: **1929** Conversion/Comments: **N/A**

Elevation reference mark used on the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (including basement) or enclosure: **19.0 ft (m)**
- b) Top of next higher floor: _____ ft (m)
- c) Bottom of lowest horizontal structural member (V zones only): **N/A** ft (m)
- d) Attached garage (top of slab): **18.5 ft (m)**
- e) Lowest elevation of machinery and equipment servicing the building (Describe in Comments area): **18.5** ft (m)
- f) Lowest adjacent (finished) grade (LFG): **15.5** ft (m)
- g) Highest adjacent (finished) grade (HAG): **19.2** ft (m)
- h) No. of permanent openings (floors) within 1 ft. above adjacent grade: **0**
- i) Total area of all permanent openings (floors) in C3.h: **0** sq. ft. (sq. cm)



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 in Sections A, B, and C 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.

CERTIFIER'S NAME: **VINCENT HELMSLY** LICENSE NUMBER: **1882**

TITLE: **LAND SURVEYOR** COMPANY NAME: **VINCENT HELMSLY**

ADDRESS: **119 BURTIN ROAD** CITY: **SAVANNAH** STATE: **GA.** ZIP CODE: **31405**

SIGNATURE: *Vincent Helmsly* DATE: **7-11-06** TELEPHONE: **(912) 925-3523**

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (including Apt., Unit, Suffix, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

4 GLENWOOD COURT

CITY POOLER

STATE

GEORGIA

ZIP CODE

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.

COMMENTS

C 3 (D) = AIR CONDITION UNIT PAD

Check here if attachments

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

For Zone AO and Zone A (without BFE), complete items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F,

Section C must be completed.

E1. 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.)

E2. The top of the bottom floor (including basement, natural grade, if available)

enclosure) of the building is 3 ft.(m) 5 in.(cm) above or below (check one) the highest adjacent grade. (Use

E3. For Building Diagrams 6-8 with openings (see pages 7, the next higher floor or elevated floor (elevation b) of the building is

ft.(m) in.(cm) above the highest adjacent floor.

E4. The top of the platform of machinery and/or equipment serving the building is

3 ft.(m) 0 in.(cm) above or below (check one) the highest adjacent grade. (Use

E5. For Zone AO only: if no flood depth number is reliable, 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.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-

issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

TELEPHONE

COMMENTS

N/A

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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

G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information.

Indicate the source and date of the elevation data in the Comments area below.

G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-

issued BFE) or Zone AO.

G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER

G5. DATE PERMIT ISSUED

G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

ft.(m)

Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is:

ft.(m)

Datum: _____

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS

N/A