MAYOR Karen L. Williams

CITY MANAGER Heath Lloyd

CITY ATTORNEY
Craig Call



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.:
337,	339, 341, 343 Governor Gwinnett Way- Building 5
City:	Pooler State: GA ZIP Code: 31322
_	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
	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):
	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 NA
•	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 Numb	er:			
B2. County Name:						
B6. FIRM Index Date:	B7. FIRM Panel Effecti	ve/Revised Date:				
B8. Flood Zone(s):	B9. Base Flood Elevation	on(s) (BFE) (Zone AO, use Base Flood Dept	h):			
B10. Indicate the source of the BFE data or Ba		n Item B9:				
B11. Indicate elevation datum used for BFE in	Item B9: NGVD 192	9 NAVD 1988 Other/Source:				
	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?					
B13. Is the building located seaward of the Lin	nit of Moderate Wave Acti	on (LiMWA)?				
action position to the contract of the contrac			7 - 15 1 S T T T T			
SECTION C - BU	ILDING ELEVATION I	NFORMATION (SURVEY REQUIRED)				
C1. Building elevations are based on: Co *A new Elevation Certificate will be require			ed Construction			
Local Official's Name: Nicole Johnson, AICP, Cl	FM	Title: Director of Planning & Developmen	t			
Community Name: City of Pooler		Telephone: 912-748-7261, ext 306				
Signature Will Johnson Comments:	28	Date: 10/2/2024				

G11 has been completed on the original EC, see attached.

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

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: Horizon Home Builders	Policy Number:
A2: Building Street Address (including Apt., Unit; Suite, and/or Bldg: No.) or P.O. Route and Box No. 337, 339, 341, 343 Governor Gwinnett Way - Building 5	Company NAIC Number:
City: Pooler State: GA	ZIP Code: 31322
A3: Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nur Lots 178, 179; 180 and 181 of the Towne Park - Phase II Subdivision - 8th G. M. District	mber:
A4: Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	Arabakaran Garantan Baratan Kabupaten Baratan
A5. Latitude/Longitude: Lat. 32.1059907° Long081.2395135° Horizontal Datum:	IAD 1927 NAD 1983 🔲 WGS 84
A6: Attach at least two and when possible four clear photographs (one for each side) of the building	g (see Form pages 7 and 8)
A7. Building Diagram Number: 1A	
A8: For a building with a crawispace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): sq. fl.	56 C J. 72 J. 1 . 1 . 1
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	Frank Carlotte Comments of the
<ul> <li>c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot</li> <li>Non-engineered flood openings:</li> </ul>	above adjacent grade:
d) Total net open area of non-engineered flood openings in A8.csq. in.	er programme in the second
e) Total rated area of engineered flood openings in A8.c (attach documentation - see Instruction	ons): sq. ft.
f). Sum of A8:d and A8:e rated area (if applicable – see Instructions): sq. ft.	, esta
A9: For a building with an attached garage:  a) Square footage of attached garage: 1,092.00 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 adjunctive 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 instruction	ons):sq. ft.
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): sq. ft.	entra de la composición del composición de la co
TOPINI (TYYY) (TYYY) (TYYY) EDIYYYUZYI (COOTE — CIKODISEB	RIANTON:
B1.a. NFIP Community Name: City of Pooler B1.b. NFIP Community Ide	ntification Number: 130261
B2. County Name: Chatham B3. State: GA B4. Map/Panel No.:	13051C0126 B5. Suffix: H
B6. FIRM Index Date: 08/16/2018 B7. FIRM Panel Effective/Revised Date: 08/16/20	018
B8. Flood:Zone(s): A B9. Base Flood Elevation(s) (BFE) (Zone AO, use:	Base Flood Depth): 16 Feet
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:  FIS FIRM Community Determined Other: Determined per study for FEM	MA Case #09-04-3138A, 3/26/2009:
B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other	2
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prot Designation Date: CBRS	tected Area (OPA)? 📋 Yes 🔯 No
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

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

337, 339, 341, 343 Governo	g Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and B	FOR INSURANCE COMPANY USE
City: Pooler	State: GA ZIP Code: 3132	Policy Number:  Company NAIC Number:
্রা ।	ione-emiratiéiarax monitiéas na rei	N(EATANETURED):
C1. Building elevations are bas *A new Elevation Centificate	ed on Grantruction Drawings* Granilding Un will be required when construction of the building is	der Construction*   Finished Construction omblete.
C2. Elevations - Zones A1-A3	9, AE, AH; AO, A (with BFE), VE; V1=V30, V (with BFE -h below according to the Building Diagram specified in	), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, n Item A7. In Puerto Rico only, enter meters:
Indicate elevation datum used for NGVD 1929 NAVD	or the elevations in items a) through h) below.	
if res; describe the source of the	ons must be the same as that used for the BFE. Conve	rsion factor used? 🔲 Yes 🗵 No.
a) Top of bottom floor (incli	uding basement, crawlspace, or enclosure floor):	
b) Top of the next higher flo	por (see instructions):	28.20 ⊠ feet ☐ meters
c) Bottom of the lowest hor	izontal structural member (see Instructions):	[] feet [] meters
d) Attached garage (top of	V Transcon Edmontor make to service a 18 hard in a	17.20 ⊠ feet ☐ meters
<ul> <li>e) Lowest elevation of Mac (describe type of M&amp;E ar</li> </ul>	hinery and Equipment (M&E) servicing the building ad location in Section D Comments area):	17.20 🖾 feet 🗇 meters
	LAG) next to building: Natural   Finished	16.70 ⊠ feet ☐ meters
g) Highest Adjacent Grade	(HAG) next to building: Natural Kinished	17,10 ⊠ feet ☐ meters
h) Finished LAG at lowest a support:	elevation of attached deck or stairs, including structural	
	ION P-SURVEYOR EXCINEER ORARGIU	विकालवस्याविक्रभावर्थः
This certification is to be signed a information. I certify that the information in the	and sealed by a land surveyor, engineer, or architect a mation on this Certificate represents my best efforts to ble by fine or imprisonment under 18 U.S. Code, Section	uthorized by state law to certify elevation
A ser No. Indicate		iga enpola fibrana de de en en la BS ∏ No
Check here if attachments and	describe in the Comments area.	on 5 - are noted in the first of the second of Co.
Certifier's Name: Jimmy R. Too	le License Number GA RL	S. No. 3119
itle: Registered Land Survey	or, Savannah Branch Survey Manager	ORG V
ompany Name: EMC Enginee	ring Services, Inc.	(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
ddress: 27 Chatham Center S	South Drive, Suite A	
city: Savannah	State: GA ZIP Code:	31405
ignature: JN 206	7 Date: 01/2	
elephone: (912) 644-3250	Ext.: Email: Jimmy_Toole@emc=eng.	.com Place Seal Here
opy all pages of this Elevation Ce	rtificate and all attachments for (1) community official; (2	2) insurance agent/company, and (3) building owner.
omments (including source of co	priversion factor in C2; type of equipment and location alloing. A9a. Garage area for the entire four-unity of building at rear of the building.	per C2 e. and description of any attachments):
	the state of the s	and the second of the second o

## **ELEVATION CERTIFICATE**

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (inclu	uding Apt., Unit, Suite, a	ınd/or Bldg. No:) o	r P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
337, 339, 341, 343 Gover				Policy Number:
City: Pooler-	40 Apr. Committy (1997)	State: GA	ZIP Code: 31322	Company NAIC Number
Secue	MORICHUE-EKK ONEKCEL		IMFORMANIEM (EURVI BANDSENIEM (MINISTE	RY MOT LECURED) IT EAS)
intended to support a Letter- enter meters.	A (without BFE), comp of Map Change reques	plete Items E1–E5 st, complete Sect	. For Items E1≐E4, use natur ions A, B, and C. Check the r	ral grade, if available. If the Certificate is measurement used. In Puerto Rico only,
*A-new Elevation Certificate:	will be required when	construction of th	e building is complete.	ction Finished Construction
E1. Provide measurements measurement is above of	(C.2 a in applicable Bu or below the natural HA	uilding Diagram) f AG and the LAG	or the following and check th	e appropriate boxes to show whether the
a) Top of bottom floor (i crawlspace, or enclo	including basement, sure) is:	1 84 <u>24 4</u>	(I) feet (II) mete	ers above or below the HAG.
b) Top of bottom floor (i crawlspace, or enclos		3 3 1965 3 3 1965	féët 🛄 mete	10
E2. For Building Diagrams 6 next higher floor (C2.b ir Building Diagram) of the	n applicable	w V v a	. deet i mete	d/or 9 (see pages 1-2 of Instructions), the
E3. Attached garage (top of			[] · feet · [] · mete	irs above or Below the HAG.
E4: Top of platform of machi servicing the building is:	inery and/or equipmen	ti-	feet [:] mete	rs- above or below the HAG.
E5: Zone AO only: If no floor	d depth number is avai	liable, is the top o	of the bottom floor elevated in	n accordance with the community's must certify this information in Section G.
noodplan management	manife. The way		indiscription	to the manager of the constitution of the same of the
AL MINER DE SA LAGRE	a day and a second		والمرابع فالمحار والمستحدث والمرابع والمرابع	MOJIKOPHIJEĐO (P.V.J.K.)KE
મા-ગાળાગ્લ	€.7 รถเชื่อเพล Sauthorized represen	OROWNERS  Itative who complete correct to the	AUTHORIZED REPRESENTED FOR E for best of my knowledge	a an investment of the section of th
SECTION FOR The property owner or owner	C. PRINY OWNER ( 's, authorized represen Sections A. B; and E e	(OROWNERS) stative who complains correct to the	AUTHORIZED REPRESE	KIOTKOSKITKE E (S. STATIKE
SECTION FOR A STATE OF CHECK Here if attachments A Property Owner or Owner's A	CPERITY OWNER( 's, authorized represent Sections A, B, and E a s and describe in the Country of	(OR OWNERS)  Itative who complete correct to the	AUTHORIZED REPRESENTED FOR E for best of my knowledge	KIOTKOSKITKE ES (S. STATIKE
SECTION COUNTRY The property owner or owner sign here. The statements in Check here if attachment. Property Owner or Owner's A	C PRINY OWNER ( 's authorized represent Sections A, B; and E a s and describe in the C thronized Represental	(OR OWNERS)  Itative who complete correct to the	AUTHORIZED REPRESENTED REPRESENTED BEST OF MY KNOWLEDGE	ENTAINE GERUIFICATION  Zone A (without BFE) or Zone AO must
SECTION COUNTRY The property owner or owner sign here. The statements in Check here if attachment. Property Owner or Owner's A	CPERITY OWNER( 's, authorized represent Sections A, B, and E a s and describe in the Country of	(OR OWNERS)  Itative who complete correct to the	AUTHORIZED REPRESENTED FOR E for best of my knowledge	ENTAINE GERUIFICATION  Zone A (without BFE) or Zone AO must
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SECTION FOR The property owner or owner sign here: The statements in Check here if attachments A Address:  City:  Signature:	CPERITY OWNER ( 's, authorized represent Sections A, B, and E is and describe in the Court of th	(OR OWNERS)  Itative who complete correct to the comments area.  Itive Name:	AUTHORIZED REPRESIONS A, B, and E for best of my knowledge  State:	ENLAUVE) CERUIFICATION  r Zone A (without BFE) or Zone AO must  ŽIP Code:
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SECTION FOR The property owner or owner sign here. The statements in Check here if attachment Property Owner or Owner's Address:  City:  Signature:  Telephone:	CPERITY OWNER ( 's, authorized represent Sections A, B, and E is and describe in the Court of th	(OR OWNERS)  Itative who complete correct to the comments area.  Itive Name:	AUTHORIZED REPRESIONS A, B, and E for best of my knowledge  State:	ENLAUVE) CERUIFICATION  r Zone A (without BFE) or Zone AO must  ŽIP Code:
SECTION FOR The property owner or owner sign here. The statements in Check here if attachment Property Owner or Owner's Address:  City:  Signature:  Telephone:	CPERITY OWNER ( 's, authorized represent Sections A, B, and E is and describe in the Court of th	(OR OWNERS)  Itative who complete correct to the comments area.  Itive Name:	AUTHORIZED REPRESIONS A, B, and E for best of my knowledge  State:	ENLAUVE) CERUIFICATION  r Zone A (without BFE) or Zone AO must  ŽIP Code:
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SECTIONIFOCA  The property owner or owner sign here: The statements in Check here if attachment Property Owner or Owner's A Address:  City:  Signature:  Telephone:	CPERITY OWNER ( 's, authorized represent Sections A, B, and E is and describe in the Court of th	(OR OWNERS)  Itative who complete correct to the comments area.  Itive Name:	AUTHORIZED REPRESIONS A, B, and E for best of my knowledge  State:	ENLAUVE) CERUIFICATION  r Zone A (without BFE) or Zone AO must  ŽIP Code:
SECTION FOR The property owner or owner sign here. The statements in Check here if attachment Property Owner or Owner's Address:  City:  Signature:  Telephone:	CPERITY OWNER ( 's, authorized represent Sections A, B, and E is and describe in the Court of th	(OR OWNERS)  Itative who complete correct to the comments area.  Itive Name:	AUTHORIZED REPRESIONS A, B, and E for best of my knowledge  State:	ENLAUVE) CERUIFICATION  r Zone A (without BFE) or Zone AO must  ŽIP Code:

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.: FOR INSURANCE COMPANY USE
337, 339, 341, 343 Governor Gwinnett Way - Building 5	Policy Number:
City: Pooler State: GA ZIP Code: 31322	Company NAIC Number:
DAG GEOKELLLOSER) KONKLASTKI YNKULLLOS— DKONSEB	CHILITA CHARLE CALLETTE
The local official who is authorized by law or ordinance to administer the community's flo Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s)	and sign below when:
G1. The information in Section C was taken from other documentation that has be engineer, or architect who is authorized by state law to certify elevation informelevation data in the Comments area below.)	een signed and sealed by a licensed surveyor, nation: (indicate the source and date of the
G2.á. A local official completed Section E for a building located in Zone A (without a E5 is completed for a building located in Zone AO.	a BFE), Zone AO, or Zone AR/AO, or when item
G2.b. A local official completed Section H for insurance purposes.	, we respect gettecharts took the to give the
G33: In the Comments area of Section G, the local official describes specific corre	
G4: The following information (Items G5=G11) is provided for community floodpla G5: Permit Number: G6. Date Permit Issued:	iin management purposes? control te qui for et (seusobau a estadosce
G7. Date Certificate of Compliance/Occupancy Issued.	P. Fig. 1. Anning Williams of cases in the public of two filled in old to large state \$25 and the light seem.
G8:34 This permit has been issued for New Construction Substantial improve	
G9:a: Elevation of as-built-lowest floor (including basement) of the	to was to solve to the east of
	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:	Constitution of the consti
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural	
් ව ම <b>inember</b> (සිට්ට් 122 ද ම සිත් සිත්වේ සිත සිට්ට් සිත්වේ ම සිට්ට්ර් ක්රී වෙන්න සිට්ට්ර් මෙන්න 	feet meters Datum:
G11. Variance issued? Yes 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 correct to the best of my knowledge: If applicable, I have also provided specific correction	I the information in Section G and certify that it is in the Comments area of this section.
Local Official's Name: BR2 to Croous, #2 CP, CEM Title: C	ZTY PLANNER
NFIP Community Name: C277 of Pooler	Free and the Free at the State of the State
Telephone: 712-748-7261 Ext.: 304 Email: BCRooks a Pook	レフュッル
Address: 100 hs Hwy 50 5h	(A) (A)
city: POOLER s	itate: GA ZIP Code: 3/322
Signature: Date: 2	13/24
Comments (including type of equipment and location, per C2.e; description of any attaching Sections A, B, D, E, or H):	ments; and corrections to specific information in

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

Building Street Address (inc			r P.O. Route and Box No.:	FC	OR INSURA	NCE COMPANY US
337, 339, 341, 343 Gove	rnor Gwinnett Wa			Po	licy Number	9 × ×
City: Pooler		State: GA	ZIP Code: 31322	Co	mpany NAIC	Number.
833	ATTENTION OF THE STATE OF THE S	OOJATUSIA SENTA	RHECHTINFORMAN RINSURANGEPURF	SES CY SUPPLY	RY) Vairsoxe	33
he property owner, owner odetermine the building's earest tenth of a foot (near structions) and the app.	first floor height for i rest tenth of a mete ropriate Building E he top of the floor (a	insurance purposes. r in Puerto Rico). Re Diagrams (at the end is indicated in Found	Sections A. B. and I must ference the Foundation 1 of Section I Instruction ation Type Diagrams) abo	also be con Type Diag s) to comp ve the Low	npleted. Ent ams (at the plete this se est Adjacen	ter heights to the end of Section H ection.
<ul> <li>a) For Building Diagrams</li> <li>floor (include above-grams</li> <li>subgrade crawispaces</li> <li>b) For Building Diagrams</li> </ul>	ade floors only for b or enclosure floors)	uildings with is:		t ∏ me		bove the LAG
higher floor (i.e., the flo enclosure floor) is:					- 144	10.00
	quipment servicing t Foundation Type [	the building (as listed	in Item H2 instructions) ection H instructions) for the	levated to e appropri	or above the ate Building	floor indicated by the Diagram?
[] Yes: X No						
গ্রন্থনিয়েটা ∸ন			A TROVING TOPE	e aan	. EER	STYPE ST
ne property owner or owner B; and H; are correct to the dicate in Item G2.b and sig	ie best of my knowle gn Section G:	edge. <b>Note:</b> If the lo	al floodplain management	official co	mpleted Sec	tion H; they should
ne property owner or owner B; and H are correct to the dicate in Item G2.b and sign Check here if attachmen operty Owner or Owner's	e best of my knowle gn Section G ts are provided (inc Authorized Represe	edge. Note: If the loc	al floodplain management os) and describe each atta	official co	mpleted Sec	tion H; they should
he property owner or owner B, and H are correct to the dicate in Item G2 b and sign Check here if attachmen operty Owner or Owner's ddress: EMC Engineerin	e best of my knowle gn Section G ts are provided (inc Authorized Represe	edge. Note: If the loc	al floodplain management os) and describe each atta ny R. Toole, RES	official co	mpleted Sec	tion H; they should
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## **ELEVATION CERTIFICATE**

### IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for each, may only be able to take front and back pictures of fownhouses/rowhouses), Identify all photographs with the date taken and "Front View." "Rear View." Right Side View." Photographs must show the foundation. When food openings are present, include at least one close-up photograph of representative food openings or vents, as indicated in Sections A8 and A9.  Photo One Capition: Front View  Photo One Capition: Front View  Photo Two	Building Street Address (including Apt., L	Jnit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
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/owhouses), Identify all photographs with the date taken and "Front View." "Rear View." Right Side View." or "Let Side (www. 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  Photo Two	337, 339, 341, 343 Governor Gwini City: Pooler		
Photo One Caption: Front View  Photo Two	able to take front and back pictures of t "Right Side View," or "Left Side View."	ownhouses/rowhouses). Identify all photographs with Photographs must show the foundation. When flood o flood openings or vents, as indicated in Sections A8 at	e of the building (for example, may only be the date taken and "Front View," "Rear View,"
Photo Two			
Photo Two	Photo One Caption: Front View		GCD/Prote One
	Photo Two Caption: Left Side View	Photo Two	19.

## **ELEVATION CERTIFICATE**

### IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19. **BUILDING PHOTOGRAPHS**

		Continu	ation Page			
Building-Street Address (incl 337, 339, 341, 343 Gove	uding Apt., Unit, Suite, and/or Bld rnor Gwinnett Way - Building	g. No.), or   5	P.O. Route	and Box No.:		CE COMPANY USE
City: Pooler	State:	and the second	ŽIP Čode:	31322	Policy Number: Company NAIC	Number:
Insert the third and fourth pl View;" or "Left Side View;" \ vents, as indicated in Section	notographs below. Identify all ph Mhen flood openings are presen ins A8 and A9:	otograph t, include	is with the d	ate taken and "From e close-up photogra	it View;" "Rear Vie	w," "Right Side
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