

033C-011

CERTIFICATION OF ELEVATION

DATE: September 22, 1989

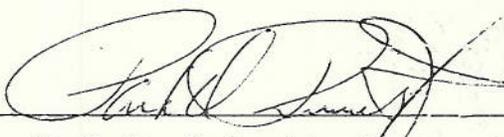
ADDRESS OF PROPERTY Lot 11, Springhill - Unit One,
Camden County, Georgia

FLOOD ZONE A V OTHER _____

Required lowest finished floor elevation 9.00 * MSL
(If V Zone, required elevation of the bottom of
the lowest horizontal structural member)

Actual lowest floor elevation 9.69 MSL

The undersigned hereby certifies to the above information.



Park D. Privett, Jr.
Privett & Associates, Inc.

STATE OF Georgia

REGISTRATION NO. 2218

F.B. 80, Pg. 14

* Base flood elevation was determined by Army Corps of
Engineers per Camden County Official.

FLOODPLAIN DEVELOPMENT/SPECIAL USE PERMIT

0336-011

Date: 3-28-89

Permit# R-1273

FIRM # 13839003500

Location of Property: 4314 SPRINGHILL CT - LOT 11 - SPRINGHILL PHASE I

Applicant: Hammond Construction

Address: 198 HWY 40 W. KINGSLAND

Phone: (912) 729-7160

Type of Development: R2 Excavation: _____ Fill: _____ Grading: Buildings

Other structures: _____ Other alterations (Specify): _____

Size of Development: LOT

- Location in Floodplain: a. _____ In Velocity Zone
- b. _____ In Numbered A Zone
- c. In Unnumbered A Zone

Development Standards Data (Ref: Ordinance# _____):

1. If a. above is checked, attach engineering certification and supporting data as required.
2. Required lowest floor elevation 9.0 MSL(NGVD).
3. Proposed lowest floor elevation 10.0 MSL(NGVD). Attach surveyed certification as required.
4. Flood-proofing information (if Applicable):
 - a. Required flood-proofed elevation _____ MSL(NGVD)
 - b. Actual (as built) flood-proofed elevation _____ MSL(NGVD). Attach engineering certification and supporting data as required.

Applicant acknowledgement: I understand that the issuance of this permit is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required. I agree to comply with all applicable provisions of Ordinance# _____ and all other laws or ordinances affecting the proposed development.

Applicant (Signature) [Signature] Date 3-28-89

Has the correct fee been paid? (Yes () No Amount \$ 5.00

Date of Issuance 3-28-89 By Tish Watson

Department Use only:

Inspection # _____	By _____
Inspection # _____	By _____
Inspection # _____	By _____
Inspection # _____	By _____