

BUILDING PERMIT #:

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

05-361
UNDER CONSTRUCTION

Important: Read the instructions on pages 1 - 7.
SECTION A - PROPERTY OWNER INFORMATION

JOB #: 26-147

BUILDING OWNER'S NAME
Kristan Kelsey (Dennis Usher)

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
53 Deer Lane

CITY
Waverly, Camden

COUNTY, STATE
GEORGIA 31565

ZIP CODE
31565

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 16, Red Bluff Sub.

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
Residential

LATITUDE/LONGITUDE (OPTIONAL)
(##-##-## or ##-###-###)

HORIZONTAL DATUM SOURCE: GPS (Type) USGS Quad Map Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER CAMDEN COUNTY 130262		B2. COUNTY NAME CAMDEN COUNTY		B3. STATE GEORGIA	
B4. MAP AND PANEL NUMBER 130262 012S	B5. SUFFIX C	B6. FIRM INDEX DATE 0703-95	B7. FIRM PANEL EFFECTIVE/REVISED DATE 09-30-88	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 12

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 the 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 **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.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete items C3a-f 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, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum: Conversion/Comments:

Elevation reference mark used **T142** Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) **13.8** ft. (m)

b) Top of next higher floor **NA** ft. (m)

c) Bottom of lowest horizontal structural member (V zones only) **NA** ft. (m)

d) Attached garage (top of slab) **NA** ft. (m)

e) Lowest elevation of machinery and/or equipment servicing the building **NA** ft. (m)

f) Lowest adjacent grade (LAG) **11.0** ft. (m)

g) Highest adjacent grade (HAG) **11.1** ft. (m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade **0**

i) Total area of all permanent openings (flood vents) in C3h **0** sq. ft. (sq. cm)

NORMAN G. BLOOD
2360
[Signature]
1-30-06

License Number, Enclosure Seal, Signature, and Date

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 **NORMAN G. BLOOD** LICENSE NUMBER **2360**

TITLE **PROFESSIONAL LAND SURVEYOR** COMPANY NAME **SOUTHEASTERN LAND SURVEYORS, INC.**

ADDRESS **805 OAK BLUFF ROAD** CITY **BRUNSWICK** STATE **GA** ZIP CODE **31523**

SIGNATURE *[Signature]* DATE **1-30-06** TELEPHONE **912-262-0001**

FEMA Form 81-31, AUG 99

SEE REVERSE SIDE FOR CONTINUATION

REPLACES ALL PREVIOUS EDITIONS

THIS CERTIFICATION IS MADE TO THE ABOVE NAMED, HIS MORTGAGEE/GUARANTOR/INSURER EXCLUSIVELY. NO FURTHER LIABILITY IS ASSUMED. SHOULD THIS PROPERTY SELL TO A THIRD PARTY, THIS INFORMATION MUST BE CHECKED AND RECERTIFIED. MODIFICATION OF STRUCTURE MAY RESULT IN A CHANGE OF FLOOD INSURANCE RATES.

THIS CERTIFICATION IS NOT TRANSFERABLE

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

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 53 Deer Lane		For Insur: _____ Company Use:	
CITY Waverly, Camden	STATE GEORGIA	31565	ZIP CODE
COUNTY		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
 THIS IS A FOUNDATION. THE GARAGE IS STILL A
 DIRT FLOOR. FLOOD VENTS WILL BE INSTALLED AS
 REQUIRED.

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

For Zone AO and Zone A (without DFE), 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 _____ (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 or enclosure) of the building is _____ ft. (m) _____ in. (cm) _____ above or _____ below (check one) the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft. (m) _____ in. (cm) above the highest adjacent grade.
- E4. For 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.

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

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued DFE) or Zone AO must sign here.

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

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____ TELEPHONE _____

COMMENTS _____

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

_____ Check here if attachments

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 DFE) 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
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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 _____

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