

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

OMB Control Number: 1660-0008
Expiration: 11/30/2018

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

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Richard M. Rettstadt				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 511 La Mare Lane				Company NAIC Number:	
City Waverly		State GA		Zip Code 31565	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 135, Tuscan Landing					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential					
A5. Latitude/Longitude: Lat. <u>31.11649°N</u> Long. <u>81.66656°W</u> Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number 8					
A8. For a building with a crawlspace or enclosure(s):			A9. For a building with an attached garage:		
a) Square footage of crawlspace or enclosure(s) 2301 sq ft			a) Square footage of attached garage 471 sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 18			b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 3		
c) Total net area of flood openings in A8.b 2394* sq in			c) Total net area of flood openings in A9.b 600 sq in		
d) Engineered flood openings? <input checked="" type="radio"/> Yes <input type="radio"/> No			d) Engineered flood openings? <input checked="" type="radio"/> Yes <input type="radio"/> No		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Camden County 130262			B2. County Name Camden		B3. State GA
B4. Map/Panel Number 13039C0135F	B5. Suffix F	B6. FIRM Index Date 12/16/2008	B7. FIRM Panel Effective/ Revised Date 12/16/2008	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 13
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> Finished Construction * A new Elevation Certificate will be required when construction of the building is complete.					
C2. 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 C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.					
Benchmark Utilized: Mag nail in cul-de-sac* Vertical Datum: NAVD88					
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
Datum used for building elevations must be the same as that used for the BFE.				Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>7.1</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
b) Top of the next higher floor	<u>14.2</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="radio"/> feet	<input type="radio"/> meters		
d) Attached garage (top of slab)	<u>8.9</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>14.0</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
f) Lowest adjacent (finished) grade next to building (LAG)	<u>7.1</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
g) Highest adjacent (finished) grade next to building (HAG)	<u>7.9</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>N/A</u>	<input type="radio"/> feet	<input type="radio"/> meters		

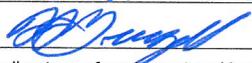
ELEVATION CERTIFICATE, page 2

OMB Control Number: 1660-0008
Expiration: 11/30/2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 511 La Mare Lane		Policy Number:	
City Waverly	State GA	Zip Code 31565	Company NAIC Number:
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>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.</i>			
<input checked="" type="checkbox"/> Check here if attachments.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Certifier's Name Phillip Jackson		License Number GA 2804	
Title RLS	Company Name Jackson Surveying, Inc.		
Address 3528 Darien Hwy, Suite 217	City Brunswick	State GA	Zip Code 31525
Signature <i>Phillip Jackson</i>	Date 12/16/2016	Telephone 912-265-3856	
			
Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.			
Comments (including type of equipment and location, per C2(e), if applicable) A5) Lat/long is scaled A8c) 9 are smart vents C2) Mag nail in cul-de-sac of La Marie Lane as established by GPS C2e) Lowest level of machinery installed is a/c unit, located at right side of house FB 97, PG 2			
Signature <i>Phillip Jackson</i>		Date 12/16/2016	
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)			
For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.			
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).			
a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.			
E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
E3. Attached garage (top of slab) is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
E4. Top of platform of machinery and /or equipment servicing the building is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> 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? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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 BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.			
Property Owner or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			
<input type="checkbox"/> Check here if attachments.			

ELEVATION CERTIFICATE, page 3

OMB Control Number: 1660-0008
Expiration: 11/30/2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 511 La Mare Lane		Policy Number:	
City Waverly	State GA	Zip Code 31565	
		Company NAIC Number:	
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. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters.			
G1. <input type="checkbox"/> 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)			
G2. <input type="checkbox"/> 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. <input type="checkbox"/> The following information (Items G4-G10) is provided for community floodplain management purposes.			
G4. Permit Number MP2016-036	G5. Date Permit Issued 3-30-2016	G6. Date Certificate of Compliance/Occupancy Issued 12-19-2016	
G7. This permit has been issued for: <input checked="" type="radio"/> New Construction <input type="radio"/> Substantial Improvement			
G8. Elevation of as-built lowest floor (including basement) of the building:	<u>7.1</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters	Datum <u>1988</u>
G9. BFE or (in Zone AO) depth of flooding at the building site:	<u>13.0</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters	Datum <u>1988</u>
G10. Community's design flood elevation:	<u>14.0</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters	Datum <u>1988</u>
Local Official's Name SCOTT BRAZEN	Title CRS, EMS COORDINATOR		
Community Name CAMDEN COUNTY	Telephone 912-510-9320		
Signature 	Date 12-19-2016		
Comments (including type of equipment and location, per C2(e), if applicable) AC IS LOWEST ELECTRICAL EQUIP.			
<input type="checkbox"/> Check here if attachments.			

ELEVATION CERTIFICATE, page 4

BUILDING PHOTOGRAPHS

See instructions for Item A6.

OMB Control Number: 1660-0008

Expiration: 11/30/2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 511 La Mare Lane		Policy Number:	
City Waverly	State GA	Zip Code 31565	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front view" and "Rear view"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



FRONT VIEW - All photos taken 12-15-16



LEFT SIDE VIEW

BUILDING PHOTOGRAPHS

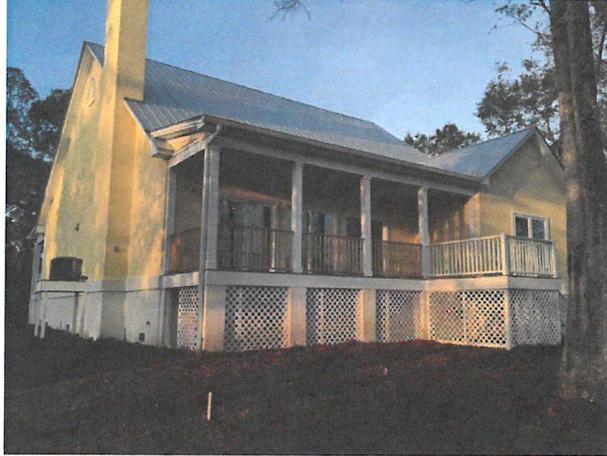
ELEVATION CERTIFICATE, page 5

Continuation Page

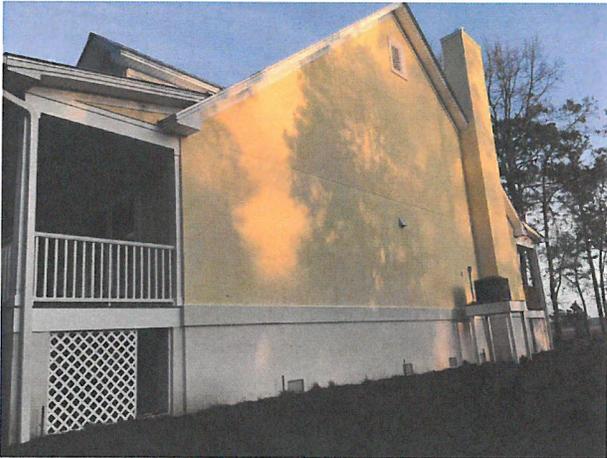
OMB Control Number: 1660-0008
Expiration: 11/30/2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 511 La Mare Lane			Policy Number:
City Waverly	State GA	Zip Code 31565	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View" and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



REAR VIEW



RIGHT VIEW