

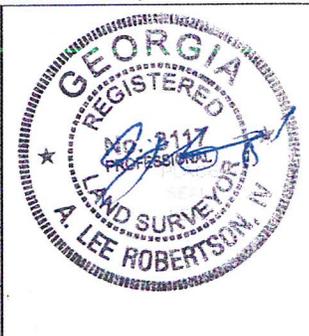
DEPARTMENT OF HOMELAND SECURITY  
**Federal Emergency Management Agency**  
**ELEVATION CERTIFICATE**  
**IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16**

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

<b>SECTION A- PROPERTY INFORMATION</b>						<b>FOR INSURANCE COMPANY USE</b>	
A1. Building Owner's Name <b>O'QUINN</b>				Policy Number:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>4843 LAUREL ISLAND PKWY</b>				Company NAIC Number:			
City <b>KINGSLAND</b>		State <b>GA</b>		Zip Code <b>31548</b>			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>A PORTION OF TAX PARCEL 094 015, DB2017PG12</b>							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>RESIDENTIAL</b>							
A5. Latitude/Longitude: Lat. <b>30 49 58.31N</b> Long. <b>081 40 18.88W</b> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <b>8</b>							
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) <b>3234</b> sq ft				a) Square footage of attached garage <b>NA</b> sq ft			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <b>46</b>				b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>NA</b>			
c) Total net area of flood openings in A8.b <b>4150</b> sq in				c) Total net area of flood openings in A9.b <b>NA</b> sq in			
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>SECTION B- FLOOD INSURANCE RATE MAP (FIRM) INFORMATION</b>							
B1. NFIP Community Name & Community Number <b>CAMDEN COUNTY 130262</b>			B2. County Name <b>CAMDEN</b>			B3. State <b>GA</b>	
B4. Map/Panel Number <b>1339C0383</b>	B5. Suffix <b>G</b>	B6. FIRM Index Date <b>12/21/2017</b>	B7. FIRM Panel Effective/ Revised Date <b>12/21/2017</b>	B8. Flood Zone(s) <b>AE</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>8</b>		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____							
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: <input type="checkbox"/> CBRS <input type="checkbox"/> OPA							
<b>SECTION C- BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)</b>							
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction							
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. *A new Elevation Certificate will be required when construction of the building is complete.							
Benchmark Utilized: <b>NGS MONUMENT DESIGNTIAON D143</b>				Vertical			
Datum: <b>NAVD88</b>							
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> 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)	<b>10.80</b>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters				
b) Top of the next higher floor	<b>14.33</b>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters				
c) Bottom of the lowest horizontal structural member (V zones only)	<b>NA</b>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters				
d) Attached garage (top of slab)	<b>NA.0</b>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters				
e) Lowest elevation of machinery of equipment servicing the building (Describe type of equipment and location in Comments)	<b>12.3</b>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters				
f) Lowest adjacent (finished) grade next to building (LAG)	<b>9.8</b>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters				
g) Highest adjacent (finished) grade next to building (HAG)	<b>10.0</b>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters				
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<b>9.4</b>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters				

ELEVATION CERTIFICATE

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SECTION D- SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION			
<p>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 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.</p>			
<input type="checkbox"/> Check here if attachments.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certifier's Name <b>A LEE ROBERTSON IV</b>		License Number <b>3117</b>	
Title <b>PRINCIPAL</b>		Company Name <b>A LEE ROBERTSON IV AND ASSOC INC</b>	
Address <b>81 TRACE CHAIN ROAD</b>		City <b>WOODBINE</b>	State    Zip Code <b>GA    31569</b>
Signature 		Date <b>7/18/18</b>	Telephone <b>912-673-9493</b>
			
Copy both sides 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) <b>AC PAD ON WOOD PAD AT 12.3'. GPS STATIC SESSION AND POST PROCESSING TO NGS MONUMENT USING DUAL FREQUENCY DUAL CONSTELLATION TOPCON GPS.</b>			
Signature 		Date <b>7/18/18</b>	
SECTION E- BUILDING 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.			
E.1 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="checkbox"/> feet <input type="checkbox"/> 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="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG	
E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____		<input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG	
E3. Attached Garage (top of slab) is _____		<input type="checkbox"/> feet <input type="checkbox"/> 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="checkbox"/> feet <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.			
Address _____		City _____	State _____
Signature _____		Date _____	Telephone _____
Comments _____			
<input type="checkbox"/> 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. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters.

- G1.  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.  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 -G10) 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: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

G10. Community's design flood elevation: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

Local Official's Name	Title
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Community Name	Telephone
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Signature	Date
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Comments

Check here if attachments.

### BUILDING PHOTOGRAPHS

See instructions for Item A6

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<b>IMPORTANT:</b> In these spaces, copy the corresponding information from Section A.	<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>4843 LAUREL ISLAND PKWY</b>	Policy Number:
City <b>KINGSLAND</b> State <b>GA</b> Zip Code <b>31548</b>	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



**BUILDING PHOTOGRAPHS**

Continuation Page

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<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>4843 LAUREL ISLAND PKWY</b>			Policy Number:
City <b>KINGSLAND</b>	State <b>GA</b>	Zip Code <b>31548</b>	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



Left Side View



Right Side View

