

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

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 DOWLING | | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 43 HICKORY BLUFF DRIVE | | Company NAIC Number: | |
| City WAVERLY | | State GA | Zip Code 31565 |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 10 HICKORY BLUFF EXT1 | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL | | | |
| A5. Latitude/Longitude: Lat. 31 05 25.73N Long. 081 34 31.26W 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 5 | | | |
| 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) NA sq ft | a) Square footage of attached garage NA sq ft | | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade NA | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA | | |
| c) Total net area of flood openings in A8.b NA sq in | c) Total net area of flood openings in A9.b NA 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 | | |
| 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 13039C0155 | 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="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 | | | |
| SECTION C- BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | | | |
| 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: LOCAL Vertical Datum: NAVD88 | | | |
| 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) | 14.20 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | NA | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V zones only) | NA | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | NA | <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) | 14.05 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 9.6 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 9.9 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | 9.7 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

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| 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 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. | | | | |
| <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 A LEE ROBERTSON IV | | License Number 3117 | | |
| Title PRINCIPAL | | Company Name A LEE ROBERTSON IV AND ASSOC INC | | |
| Address 81 TRACE CHAIN ROAD | | City WOODBINE | State GA | Zip Code 31589 |
| Signature | | Date 06/21/17 | Telephone 912-673-9493 | |
| | | | | |
| 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) AC PAD ON WOODEN PLATFORM BEING INSTALLED AT TIME OF SURVEY. ELEVATIONS FROM BENCHMARK SYSTEM FOR HICKORY BLUFF COMMUNITY BY THOMAS AND ASSOCIATES. | | | | |
| Signature | | Date 6/21/17 | | |
| 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. | | | | |
| 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 | ZIP Code |
| Signature | | Date | Telephone | |
| Comments | | | | |
| <input type="checkbox"/> Check here if attachments. | | | | |

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| <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 A LEE ROBERTSON IV | | License Number 3117 | | |
| Title PRINCIPAL | | Company Name A LEE ROBERTSON IV AND ASSOC INC | | |
| Address 81 TRACE CHAIN ROAD | | City WOODBINE | State GA | Zip Code 31569 |
| Signature | | Date 06/21/17 | Telephone 912-673-9493 | |
| 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) AC PAD ON WOODEN PLATFORM BEING INSTALLED AT TIME OF SURVEY. ELEVATIONS FROM BENCHMARK SYSTEM FOR HICKORY BLUFF COMMUNITY BY THOMAS AND ASSOCIATES. | | | | |
| Signature | | Date | | |
| 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. | | | | |
| 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 | ZIP Code |
| 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 |
|-------------------|------------------------|---|

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 |
|-----------------------|-------|

| | |
|----------------|-----------|
| Community Name | Telephone |
|----------------|-----------|

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Comments

Check here if attachments.