

BUILDING PERMIT #:

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1 - 7.

JOB #: 123-288

SECTION A - PROPERTY OWNER INFORMATION. BUILDING OWNER'S NAME: Steve McDonald Construction. BUILDING STREET ADDRESS: 544 River Marsh Blvd. CITY: Waverly, CAMDEN, COUNTY, GEORGIA. STATE: GEORGIA. ZIP CODE: 31565. BUILDING USE: Residential.

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 143. B5. SUFFIX: C. B6. FIRM INDEX DATE: 07-. B7. FIRM PANEL EFFECTIVE/REVISED DATE: 09-30-88. B8. FLOOD ZONE(S): AE. B9. BASE FLOOD ELEVATION(S): 13.

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. B11. Indicate the elevation datum used for the BFE in B9. B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings, Building Under Construction, Finished Construction. C2. Building Diagram Number: 7. C3. Elevations - Zones A1-A30, AE, AH, A, VE, V1-V30, V, AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Elevation reference mark used: 227. Does the elevation reference mark used appear on the FIRM? No. List of elevations: Top of bottom floor (12.9 ft), Top of next higher floor (22.1 ft), Bottom of lowest horizontal structural member (NA ft), Attached garage (12.9 ft), Lowest adjacent grade (16.4 ft), Highest adjacent grade (11.8 ft), No. of permanent openings (12.6 ft), Total area of all permanent openings (3,531 sq. in.).

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. CERTIFIER'S NAME: NORMAN G. BLOOD. TITLE: PROFESSIONAL LAND SURVEYOR. ADDRESS: 805 OAK BLUFF ROAD. SIGNATURE: [Signature].

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

**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. 544 River Marsh Blvd.		For Insurance Company Use: Policy Number	
CITY Waverly, Camden,	STATE GEORGIA	ZIP CODE 31565	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  
 29 VENTS X 39 SQ. INCHES = 1131 SQ. INCHES  
 75 MANHOLE VENTS X 200 SQ. INCHES EACH = 1400 SQ. INCHES

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

Check here if attachments

For Zone AO and Zone A (without BFE), 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 BFE) 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.)
- 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-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 \_\_\_\_\_

Check here if attachments