

BUILDING PERMIT #: R8166 (2nd Elev)

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

JOB #: 24-140

SECTION A - PROPERTY OWNER INFORMATION
BUILDING OWNER'S NAME: William N. Allen
BUILDING STREET ADDRESS: River Marsh Blvd.
CITY: Dover Bluff, Camden
COUNTY: GEORGIA
STATE: GEORGIA
ZIP CODE:
PROPERTY DESCRIPTION: Lot 35, Block A, River Marsh Landing
BUILDING USE: Residential

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION
B1. NFIP 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: 07-03-99
B7. FIRM PANEL EFFECTIVE/REVISED DATE: 09-30-00
B8. FLOOD ZONE(S): AE
B9. BASE FLOOD ELEVATION(S): 13
B10. FIS Profile: [X] FIRM
B11. NGVD 1929 [X] NAVD 1988
B12. Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? [X] No

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)
C1. Building elevations are based on: [X] Finished Construction
C2. Building Diagram Number: 7
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, ARIA, ARIA/O
Elevation reference mark used: Q287
a) Top of bottom floor: 10.1 ft. (m)
b) Top of next higher floor: 19.6 ft. (m)
c) Bottom of lowest horizontal structural member: NA ft. (m)
d) Attached garage: 10.7 ft. (m)
e) Lowest elevation of machinery: 14.2 ft. (m)
f) Lowest adjacent grade (LAG): 9.7 ft. (m)
g) Highest adjacent grade (HAG): 14.6 ft. (m)
h) No. of permanent openings: 11
i) Total area of all permanent openings: 18,858 sq. in. (sq. cm)

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.
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: GEORGIA
ZIP CODE: 31523
SIGNATURE: [Signature]
DATE: 2-3-04
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

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. River Marsh Blvd.		Policy Number	
CITY Dover Buff, Camden	STATE GEORGIA	ZIP CODE	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 There are 9 VENTS IN BOTTOM AND 2 GARAGE DOOR OPENINGS TO REMAIN PERMANENTLY OPEN WITH NO DOORS TO BE INSTALLED.

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

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)

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 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	