

132A-071B

CERTIFICATION OF ELEVATION

DATE: February 5, 1988

ADDRESS OF PROPERTY 3299 Marsh View Lane
Lot 3, Marsh View Manor,
Camden County, Georgia

FLOOD ZONE A V OTHER "V" **

Required lowest finished floor elevation 13.00 MSL
(If V Zone, required elevation of the bottom of
the lowest horizontal structural member)

Actual lowest floor elevation 14.38 MSL

The undersigned hereby certifies to the above information.



Park D. Privett, Jr.
Privett & Associates, Inc.

STATE OF Georgia

REGISTRATION NO. 2218

F.B. 109, Pg. 27

** Only a small portion of subject property which lies near the
marsh is in flood zone "V-16"(El. 17)

FLOODPLAIN DEVELOPMENT/SPECIAL USE PERMIT

132A-071B

Date: 12-1-87

Permit# 1953

FIRM # 130260 402 B

Location of Property: LOT 3 MARSH UELW MANOR

Applicant: MORTON HOMES

P.O. 212 SEA ISLAND
Address

(A) 882 LAKES
Phone

Type of Development: _____ Excavation: _____ Fill: _____ Grading: Buildings
or other structures: _____ Other alterations (Specify): _____

Size of Development: _____

Location in Floodplain: a. _____ In Velocity Zone
b. In Numbered A Zone (12)
c. _____ In Unnumbered A Zone

Development Standards Data (Ref: Ordinance# _____):

1. If a. above is checked, attach engineering certification and supporting data as required.
2. Required lowest floor elevation 13.0 MSL(NGVD).
3. Proposed lowest floor elevation _____ MSL(NGVD).
Attach surveyed certification as required.
4. Flood-proofing information (if Applicable):
 - a. Required flood-proofed elevation _____ MSL(NGVD)
 - b. Actual (as built) flood-proofed elevation _____ MSL(NGVD).
Attach engineering certification and supporting data as required.

Applicant acknowledgement: I understand that the issuance of this permit is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required. I agree to comply with all applicable provisions of Ordinance# _____ and all other laws or ordinances affecting the proposed development.

Applicant (Signature) W.A. [Signature] Date _____

Has the correct fee been paid? () Yes () No Amount \$ 5.00

Date of Issuance _____ By _____

Department Use only:

Inspection # _____ By _____

Inspection # _____ By _____

Inspection # _____ By _____

Inspection # _____ By _____