

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

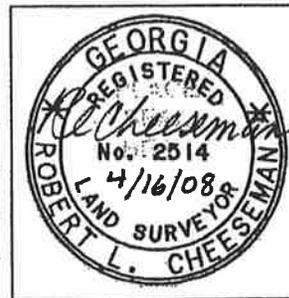
Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name: J. E. STEWART, Jr.		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. DOVER BLUFF DRIVE, DOVERS BLUFF CLUB		Company NAIC Number
City WAVERLY	State GEORGIA	ZIP Code 31565
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) ALL OF LOTS 11 & 12 PLUS THE EASTERN 35' OF LOT 13, DOVERS BLUFF SUBD.		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. _____ Long. _____		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 8		
A8. For a building with a crawl space or enclosure(s), provide:		
a) Square footage of crawl space or enclosure(s) 1200 sq ft	A9. For a building with an attached garage, provide:	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 0	a) Square footage of attached garage _____ sq ft	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in	c) Total net area of flood openings in A9.b _____ sq in	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number CAMDEN COUNTY, GA. 130262		B2. County Name CAMDEN		B3. State GEORGIA	
B4. Map/Panel Number 13039C0143	B5. Suffix C	B6. FIRM Index Date 6/01/84	B7. FIRM Panel Effective/Revised Date 9/30/88	B8. Flood Zone(s) AE(13)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 13.00 FEET
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 (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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 *A new Elevation Certificate will be required when construction of the building is complete.	
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-g below according to the building diagram specified in Item A7. Benchmark Utilized BRO347 Vertical Datum NAD 83 Conversion/Comments _____	
Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor) 14.02 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor _____ <input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) _____ <input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) _____ <input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) _____ <input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG) 9.65 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG) 13.00 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

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 comments are provided on back of form.			
Certifier's Name ROBERT L. CHEESEMAN		License Number 2514	
Title PRESIDENT		Company Name R. L. CHEESEMAN LAND SURVEYING, INC.	
Address 102 LINDEN DRIVE		City WAYCROSS	
State GEORGIA		ZIP Code 31501	
Signature _____		Date 4/16/08	
Telephone _____		Telephone 912-283-8040	



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A5. Latitude/Longitude: Lat. _____ Long. _____ 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 8		
A8. For a building with a crawl space or enclosure(s), provide:		
a) Square footage of crawl space or enclosure(s) 1200 sq ft	A9. For a building with an attached garage, provide:	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 0	a) Square footage of attached garage _____ sq ft	
c) Total net area of flood openings in A8.b _____ sq in	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____	
	c) Total net area of flood openings in A9.b _____ sq in	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number CAMDEN COUNTY, GA. 130262		B2. County Name CAMDEN		B3. State GEORGIA	
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B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
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Benchmark Utilized **BRO347** Vertical Datum **NAD 83**

Conversion/Comments _____

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	14.02 <input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	_____ <input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
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d) Attached garage (top of slab)	_____ <input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
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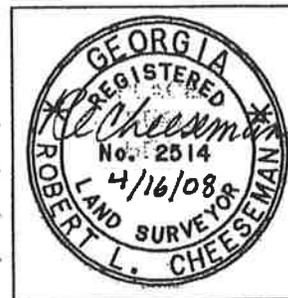
ROBERT L. CHEESEMAN 2514

Certifier's Name **R. L. CHEESEMAN LAND SURVEYING, INC.** License Number

Title **102 LINDEN DRIVE** Company Name **WAYCROSS** State **GEORGIA** ZIP Code **31501**

Address **4/16/08** City **912-283-8040** State **GEORGIA** ZIP Code

Signature _____ Date _____ Telephone _____



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ROBERT L. CHEESEMAN Certifier's Name PRESIDENT Title 102 LINDEN DRIVE Address Signature	2514 License Number R. L. CHEESEMAN LAND SURVEYING, INC. Company Name WAYCROSS GEORGIA 31501 City State ZIP Code 4/16/08 912-283-8040 Date Telephone
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