

160B-009A

CERTIFICATION OF ELEVATION

DATE: October 7, 1987

NAME OF PROPERTY OWNER: Bill Walker

ADDRESS OF PROPERTY...: Lot 9, North River Oaks S/D

G.M.D.#.....: 29th

FLOOD ZONE.....: A 12

Required lowest finished floor elevation 13 .0 feet MSL.

(If V Zone, required elevation of the bottom of the lowest horizontal structural member: _____ feet MSL.)

Actual lowest floor elevation: 13.63 MSL

Actual ground elevation: 12.60 feet MSL.



LEONARD E. HENRY, R.L.S.

Henry and Associates

Post Office Box 1246

Kingsland, GA 31548

State of Georgia,

Registration No. 1842

Reference Work Order # 00472

FLOODPLAIN DEVELOPMENT/SPECIAL USE PERMIT

160B-809A

Date: 9-10-87

Permit# 1894

FIRM # 130262 420B

Location of Property: LOT 9 BLOCK A NORTH RIVER OAKS

Applicant: WILLIAM WALKER

986 N. RIVER OAKS CT. ST. MARYS ()
Address Phone

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

Size of Development: 20,615 sq ft

Location in Floodplain: a. _____ In Velocity Zone
b. A12 In Numbered A Zone
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 12.0 MSL (NGVD).
3. Proposed lowest floor elevation 12.71 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) William J. Walker Date 9-10-87

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

Date of Issuance 9-10-87 By Tish Watson

Department Use only:

Inspection # _____ By _____

Inspection # _____ By _____

Inspection # _____ By _____

Inspection # _____ By _____