

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME PERRIN C. & PATRICIA A. BRYANT		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2313 S. BAY STREET (GARAGE)		Company NAIC Number	
CITY GEORGETOWN	STATE S.C.	ZIP CODE 29440	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 3A, DIVISION OF LOT 3, SECT. 1, MARYVILLE FARMS (T.M. 5-46-121)			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) ($^{\circ}$ - $'$ - $''$ or $^{\circ}$ - $'$ - $''$)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
		SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER CITY OF GEORGETOWN 450087		B2. COUNTY NAME GEORGETOWN		B3. STATE S.C.	
B4. MAP AND PANEL NUMBER 450087 0002	B5. SUFFIX D	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE 3/16/	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 11.0
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (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.)

C3. 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 C3.a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum: NGVD '29 Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>9.0</u> ft. ()
<input type="checkbox"/> b) Top of next higher floor	<u>N/A</u> ft. ()
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u> ft. ()
<input type="checkbox"/> d) Attached garage (top of slab)	<u>9.0</u> ft. ()
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>N/A</u> ft. ()
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>8.2</u> ft. ()
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>8.8</u> ft. ()
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>NA</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>NA</u> sq. in. ()

License Number, Embossed Seal, Signature, and Date

Wendell Powers
S.C. # 5303
4/14/05

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.

I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME

WENDELL C. POWERS

LICENSE NUMBER

S.C. # 5303

TITLE

LAND SURVEYOR

COMPANY NAME

POWERS & ASSOCIATES

ADDRESS

606-B FRONT STREET

CITY

GEORGETOWN

STATE

S.C.

ZIP CODE

29440

SIGNATURE

Wendell Powers

DATE

4/14/05

TELEPHONE

843-546-0000

EMA Form 81-31, January 2003

See reverse side for continuation.

Replaces all previous editions

will need a new Eleo. Certif

2313 S. DAY STREET
 CITY GEORGETOWN STATE S.C. ZIP CODE 29440
 Policy Number _____
 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 NOTE: THIS CERTIFICATE IS FOR THE GARAGE ON THIS LOT. C3-a is same as C3-e

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 E5. 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. (Use natural grade, if available.)
- 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. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is _____ ft. (m) _____ in. (cm) _____ above or _____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, C, and E are correct to the best of my knowledge.

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.

- 1. 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.)
- 2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- 3. 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 _____

7. This permit has been issued for: New Construction Substantial Improvement
 1. Elevation of as-built lowest floor (including basement) of the building is: _____ ft. (m) Datum: _____
 1. 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