

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.
SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME SWAMP FOX PLAYERS, INC.		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 710 FRONT STREET		Policy Number	
CITY GEORGETOWN	STATE S.C.	Company NAIC Number	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PART CITY LOTS 30 & 31		ZIP CODE 29440	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) COMMERCIAL			
LATITUDE/LONGITUDE (OPTIONAL) (###° - ###' - ###" or ###.###)		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 6002	B5. SUFFIX D	B6. FIRM INDEX DATE →	B7. FIRM PANEL EFFECTIVE/REVISED DATE 3/16/89	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 9.0

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____
- B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____
- B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes 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 **2** (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 **RMG** Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	_____ 5.8 ft. (mm)	License Number, Embossed Seal, Signature, and Date
<input type="checkbox"/> b) Top of next higher floor	_____ 8.6 ft. (mm)	
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ N/A ft. (mm)	
<input type="checkbox"/> d) Attached garage (top of slab)	_____ N/A ft. (mm)	
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	_____ 9.5 ft. (mm)	
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	_____ 8.2 ft. (mm)	
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	_____ 12.1 ft. (mm)	
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____ 0	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	_____ 0 sq. in. (sq. cm)	

Wendell C. Powers
S.C. #5303
8-10-04

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 <i>Wendell C. Powers</i>	DATE 8/10/04 TELEPHONE 843-546-4000

IMPORTANT: In these spaces, copy the corresponding information from the building's National Flood Insurance Program (NFIP) policy. BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

710 FRONT STREET

Policy Number

CITY GEORGETOWN

STATE S.C.

ZIP CODE 29140

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 C3-a = FLOOR LEVEL @ FRONT OF STAGE
C3-b = LOBBY ELEVATION
STAGE ELEV. = 9.5
C3-c = STAGE EQUIPMENT = 9.5

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
E2. The top of the bottom floor (including basement or enclosure) of the building is
E3. For Building Diagrams 6-8 with openings
E4. The top of the platform of machinery and/or equipment servicing the building is
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?

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.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

TELEPHONE

COMMENTS

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Check here if attachments

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.

- 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.
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

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:
ft. (m) Datum:

G9. BFE or (in Zone AO) depth of flooding at the building site is:

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS

Check here if attachments