U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPANY US					ANCE COMPANY USE		
A1. Building Owner's Name					Policy Numb	er:	
HENRY & KRISTINA		odina Anta I tota Onita					
Box No. 9847 GA HWY 204	• • •				Route and	Company N.	AIC Number:
City		State ZIP Code					
ELLABELL	ABELL Georgia 31308						
A3. Property Descri PARCEL #038 01 0		l Block Numbers, Tax	Parcel	Number, Legal Des	scription, etc.)		
A4. Building Use (e	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longitu	A5. Latitude/Longitude: Lat. 32.094632 Long81.400349 Horizontal Datum: NAD 1927 X NAD 1983						927 × NAD 1983
A6. Attach at least	2 photograph:	s of the building if the (Certifica	ate is being used to	obtain flood insura	ance.	
A7. Building Diagra	m Number _	5					
A8. For a building v	vith a crawlsp	ace or enclosure(s):					
a) Square foot	age of crawls	pace or enclosure(s)		0 sq ft			
b) Number of p	ermanent floo	od openings in the crav	vispace	e or enclosure(s) wi	thin 1.0 foot above	adjacent gra	ade 0
c) Total net area of flood openings in A8.b 0 sq in							
d) Engineered flood openings?							
A9. For a building with an attached garage:							
a) Square footage of attached garage o sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0							
c) Total net area of flood openings in A9.b 0 sq in							
d) Engineered flood openings?							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number B2. County Name B3. State							
BRYAN COUNTY 130016		BRYAN			Georgia		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/	B8. Flood Zone(s	` (Zo	se Flood Elevation(s) ne AO, use Base
13029C0185	С	05/05/2014		evised Date //2009	AE	24.30	od Depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No							
Designation Date: CBRS OPA							

OMB No. 1660-0008 **ELEVATION CERTIFICATE** Expiration Date: November 30, 2018 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 9847 GA HWY 204 City State ZIP Code Company NAIC Number **ELLABELL** Georgia 31308 SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* X 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-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: LOCAL Vertical Datum: NAVD 88, ELEV. 22.70' Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929
☐ NAVD 1988
☐ Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. a) Top of bottom floor (including basement, crawlspace, or enclosure floor) ___ 34.79 × feet meters b) Top of the next higher floor N/A x feet meters c) Bottom of the lowest horizontal structural member (V Zones only) N/A.__ x feet ☐ meters N/A.__ d) Attached garage (top of slab) x feet meters e) Lowest elevation of machinery or equipment servicing the building <u>34</u>. <u>59</u> x feet meters (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) 23.85 x feet meters g) Highest adjacent (finished) grade next to building (HAG) 24.0 x feet meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including <u>23</u>. <u>85</u> X feet meters structural support 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. Were latitude and longitude in Section A provided by a licensed land surveyor? ⊠Yes □ No Check here if attachments. Certifier's Name License Number JOHN O. PARKER 1850 Title R.L.S. Company Name J. O. PARKER SURVEYING Address P. O. BOX 233 City State ZIP Code **GLENNVILLE** Georgia 30427 Signature Date Telephone 03/27/2018 (912) 237-2994 Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. Comments (including type of equipment and location, per C2(e), if applicable)

A/C UNIT SERVICES HOME. IT IS LOCATED ON THE LEFT SIDE OF THE HOUSE.

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Building Street Address (including Apt., Unit, Suite, and/or 9847 GA HWY 204	Bldg. No.) or P.O. Route and E	Box No.	Policy Number:		
City State ELLABELL Geor			Company NAIC Number		
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)					
For Zones AO and A (without BFE), complete Items E1–E5 complete Sections A, B,and C. For Items E1–E4, use nature enter meters.	If the Certificate is intended to	o support a	LOMA or LOMR-F request, ment used. In Puerto Rico only,		
E1. Provide elevation information for the following and che the highest adjacent grade (HAG) and the lowest adjacent a) Top of bottom floor (including basement,	ck the appropriate boxes to shent grade (LAG).	ow whether	the elevation is above or below		
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		t 🗌 meter	s above or below the HAG.		
crawlspace, or enclosure) is	feet				
E2. For Building Diagrams 6–9 with permanent flood openi the next higher floor (elevation C2.b in the diagrams) of the building is	ngs provided in Section A Iten				
E3. Attached garage (top of slab) is	feet	_	<u> </u>		
E4. Top of platform of machinery and/or equipment servicing the building is		: meter	s 🔲 above or 🔲 below the HAG.		
E5. Zone AO only: If no flood depth number is available, is floodplain management ordinance? Yes No	the top of the bottom floor ele Unknown. The local of	vated in acc ficial must o	cordance with the community's 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, 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, and E are correct to the best of my knowledge.					
Property Owner or Owner's Authorized Representative's Name					
Address	City	Sta	ate ZIP Code		
Signature	Date	Te	lephone		
Comments		- APMA			
			Check here if attachments.		

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Building Street Address (including Apt., Unit, Su 9847 GA HWY 204	Policy Number:					
City ELLABELL	State Georgia	ZIP Code 31308	Company NAIC Number			
SECTIO	N G - COMMUNITY INFOR	RMATION (OPTIONAL)				
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	dinance to administer the co	mmunitv's floodplain ma	anagement ordinance can complete n below. Check the measurement			
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)						
G2. A community official completed Secti or Zone AO.	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-	G10) is provided for commu	nity floodplain managem	nent purposes.			
G4. Permit Number	G5. Date Permit Issued		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 of the building:	g basement)	fee	t 🗌 meters Datum			
G9. BFE or (in Zone AO) depth of flooding at	the building site:		t 🗌 meters Datum			
G10. Community's design flood elevation:	 	[fee	t meters Datum			
Local Official's Name	Titl	e				
Community Name	Tel	ephone				
Signature	Da	te	1 7/11/24/11			
Comments (including type of equipment and location, per C2(e), if applicable)						
			Check here if attachments.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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	on from Section A. or P.O. Route and Box No.	FOR INSURANCE COMPANY USE Policy Number:	
and/or Bldg. No.)	or P.O. Route and Box No.	Policy Number:	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 9847 GA HWY 204			
State Georgia	ZIP Code 31308	Company NAIC Number	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT LEFT VIEW



Photo Two

Photo Two Caption FRONT RIGHT VIEW

BUILDING PHOTOGRAPHS

Continuation Page

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IMPORTANT: In these spaces, of	FOR INSURANCE COMPANY USE			
Building Street Address (including 9847 GA HWY 204	Policy Number:			
City ELLABELL	State Georgia	ZIP Code 31308	Company NAIC Number	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption BACK RIGHT VIEW



Photo Two

Photo Two Caption BACK LEFT VIEW