

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

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATIONA1. Building Owner's Name NEW BIRTH FELLOWSHIP CHURCH

For Insurance Company Use:

Policy Number

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1900 RADIUM SPRINGS ROAD

Company NAIC Number

City ALBANY State GA ZIP Code 31705A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
1900 RADIUM SPRINGS ROADA4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) CHURCHA5. Latitude/Longitude: Lat. 31-32-36.34 Long. 84-08-09.45Horizontal Datum: ☐ NAD 1927 ☐ 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) 1773 sq ftb) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 16c) Total net area of flood openings in A8.b 2136 sq in

A9. For a building with an attached garage, provide:

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 A9.b _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATIONB1. NFIP Community Name & Community Number
130075B2. County Name
DOUGHERTYB3. State
GAB4. Map/Panel Number
13095C0120B5. Suffix
DB6. FIRM Index Date
10-5-01B7. FIRM Panel Effective/Revised Date
10-5-01B8. Flood Zone(s)
AEB9. Base Flood Elevation(s) (Zone AO, use base flood depth)
182.5

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 (Describe) _____

B11. Indicate elevation datum used for BFE in Item 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 _____

☐ CBRS☐ OPA**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. 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 NGS Vertical Datum NAVD88Conversion/Comments VERTCON

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor) 182.4☒ feet ☐ meters (Puerto Rico only)b) Top of the next higher floor 184.9☒ feet ☐ meters (Puerto Rico only)c) Bottom of the lowest horizontal structural member (V Zones only) NA☐ feet ☐ meters (Puerto Rico only)d) Attached garage (top of slab) NA☐ feet ☐ meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) _____

☐ feet ☐ meters (Puerto Rico only)f) Lowest adjacent (finished) grade (LAG) 182.8☒ feet ☐ meters (Puerto Rico only)g) Highest adjacent (finished) grade (HAG) 182.8☒ feet ☐ 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.

☐ Check here if comments are provided on back of form.Certifier's Name FENT NASHLicense Number 2829Title MEMBERCompany Name NASH ENGINEERING & SURVEYING, LLCAddress 128 GREER LANECity ALBANYState GA ZIP Code 31707Signature [Signature]Date 1-7-09Telephone 435-6186

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

For Insurance Company Use:

Policy Number

City State ZIP Code

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

Signature

Date

☐ Check here if attachments**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. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawl space, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.E3. Attached garage (top of slab) is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.E4. Top of platform of machinery and/or equipment servicing the building is _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.E5. 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, 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's or Owner's Authorized Representative's Name

Address

City

State

ZIP Code

Signature

Date

Telephone

Comments

☐ Check here if attachments**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. Check the measurement used in Items G8 and G9.

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 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 ImprovementG8. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters (PR) Datum _____G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments

☐ Check here if attachments

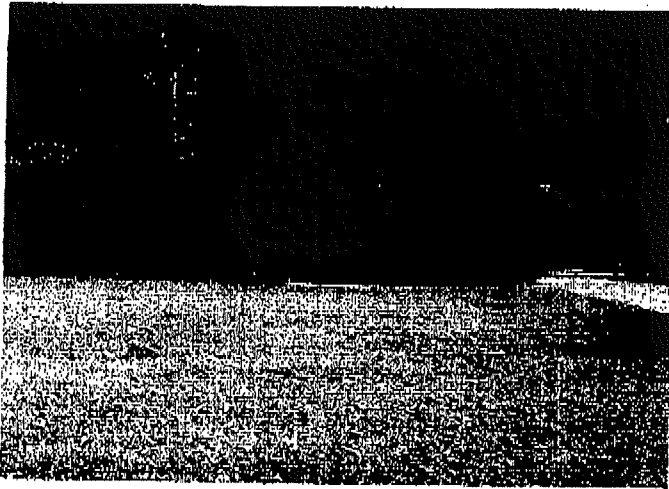
Replaces all previous editions

Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1900 RADIUM SPRINGS ROAD	For Insurance Company Use: Policy Number
City ABY State GA ZIP Code 31705	Company NAIC Number

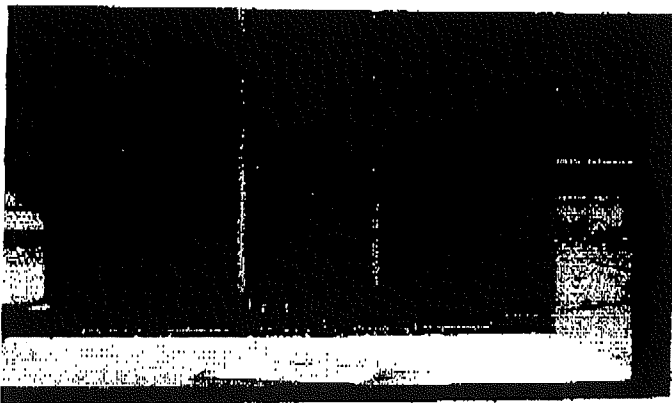
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.



FRONT 12-31-08



REAR 12-31-08



RIGHT SIDE - STORAGE BLDG. 12-31-08