FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires December 31, 2005

Important: Read the instructions on pages 1 - 7. SECTION A - PROPERTY OWNER INFORMATION BUILDING OWNER'S NAME Larry Owens Const. Co. BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Blog. No.) OR P.O. ROUTE AND BOX NO. 1126 James Cross Avenue STATE ZIP CODE CITY 31701 Albany Ga. PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 5. Porter Subdivision

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): __| NAD 1927 |__| NAD 1983 (##°-##'-#####") USGS Quad Map I_.I Other SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NEIP COMMUNITY NAME & COMMUNITY NUMBER **B3. STATE** B2. COUNTY NAME Dougherty Dougherty 130074 0235 B6. FIRM INDEX B7. FIRM PANEL B4. MAP AND PANEL B8. FLOOD 89. BASE FLOOD ELEVATION(S) **B5. SUFFIX** EFFECTIVE/REVISED DATE ZONE(S) (Zone AO, use depth of flooding) NUMBER DATE 10-5-2001 10-5-2001 130074 0235 179.00 D B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. [__] Community Determined FIS Profile LX FIRM |__| Other (Describe): B11. Indicate the elevation datum used for the BFE in B9: [X] 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 Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: Construction Drawings* L Building Under Construction* |X|Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. 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.) 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. Conversion/Comments Datum_ B.M. Does the elevation reference mark used appear on the FIRM2 No. Elevation reference mark used COUNTU Yes a) Top of bottom floor (including basement or enclosure) <u>>_</u> ft.(m) •□ b) Top of next higher floor ft.(m) ft.(m) Q c) Bottom of lowest horizontal structural member (V zones only) <u>S</u>ft.(m) ☐: d) Attached garage (top of slab) E e) Lowest elevation of machinery and/or equipment ft.(m) servicing the building (Describe in a Comments area.) ft(m) ☐ 1) Lowest adjacent (finished) grade (LAG) O ft.(m) g) Highest adjacent (finished) grade (HAG) ☐ h) No, of permanent openings (flood vents) within 1 ft. above adjacent grade <u>MONC</u> D I) Total area of all permanent openings (flood vents) in C3.h. 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. Lunderstand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001, CERTIFIER'S NAME LICENSE NUMBER 1691 Malcolm Burnsed GOMPANY NAME Burnsed Surveying Co. Land <u>Surveyor</u> STATE Ga ADDRESS ZIP CODE 31706 Albany 390 TELEPHONE 229-888-1014

IMPORTANT: In these spaces,	copy the corresponding information f	rom Section A.	Editable Commission
BUILDING STREET ADDRESS (Inch	uding Apt., Unit, Suite, and/or Bldg. No.) OR P	O. ROUTE AND BOX NO.	
СПҮ	STATE	ZIP CO	
SECTION	ND - SURVEYOR, ENGINEER, OR ARC	HITECT CERTIFICATION (CONTINUED)
Copy both sides of this Elevation COMMENTS	Certificate for (1) community official, (2) i	nsurance agent/company, ar	nd (3) building owner.
COMMENTS	···		
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Personal Control of the Automatical Control of the			
V	· Control (MA Inc.)		
			Check here if attachments
SECTION E - BUILDING ELE	EVATION INFORMATION (SURVEY NOT	REQUIRED) FOR ZONE A	O AND TONE A CONTROLLE DESIGN
LOL YOUR WAS SUID YOUR W (MICHORIE	BEE), complete items E1, through E5, if	the Elevation Certificate is in	ntended for use as supporting
	(Select the building diagram most sim		
EX. THE UP OF THE DOMON HOOF (INC	auding basement or enclosure) of the hull	Mingle I I I I I (m) I I	in (cm) I labove or I I below
	n openings (see page 7), the next higher f bove the highest adjacent grade. Comple		
= the rob of the bieffoldi of WSCI	ninery and/or edulpment servicing the bui	ildina ie 1 1 14 /m/i 1 1	ont of form,
(check one) the highest adjace	ent grade. (Use natural grade, if available);)	the (cut) [] spoof of [] below
50. FOR Zone AU only: If no flood of the flo	depth number is available, is the top of th	e bottom floor elevated in ac	cordance with the community's
	nce? Yes No Unknown. NF - PROPERTY OWNER (OR OWNER	TRE local official must certife	I this information in Constant
The Dioberty dwiser or owners an	MOrizod terroportativo una comulata a		and the same of th
, , , , , , , , , , , , , , , , , , , ,	unity-issued BFE) or Zone AO must sign	here. The statements in Sec	and C3.i only), and E for Zone A
	S AUTHORIZED REPRESENTATIVE'S NAME		
ADDRESS	CITY STATE ZIP CODE		TE ZIP CODE
SIGNATURE	PATE	PA A TITLE	
COMMENTS	Left (La	IEU	EPHONE
COMMENTS			
			The state of the s
	SECTION G - COMMUNITY INFO	RMATION (OPTIONAL)	Check here if attachments
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	Wide laken from other moduling station th	1 -0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 1-0 	
elevation data in the Comp	ments area helow \	ry elevation information. (Inc	dicate the source and date of the
 A community official complete. 	eted Section E for a building located in Zo	one A (without a FEMA-issue	ed of community insued REEV as
13. [1] The lollowing information (I	tems G4-G9) is provided for community f	loodplain management purp	oses.
G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE	OF COMPLIANCE/OCCUPANCY
7. This permit has been issued for	New Construction Substa		
8. Elevation of as-built lowest floor	r (including basement) of the building let	ntial Improvement	# (m) Plate
9. BFE or (in Zone AO) depth of flo	poding at the building site is:		ft. (m) Datum: ft. (m) Datum:
LOCAL OFFICIAL'S NAME			
COMMUNITY NAME		TITLE	***************************************
	TELEPHONE		
SIGNATURE	· ·	DATE	
COMMENTS			
			Check have if attachments