## U.Ş. DEPARTMENT OF HOMELAND SECURITY

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expires March 31, 2012

Federal Emergency Management Agency

Important: Read the instructions on pages 1-9.

National Flood Insurance Pro	ogram			Structions on pe		
		SEC.	TION A - PRO	PERTY INFORM	ATION	For Insurance Company Use:
A1. Building Owner's Nam	Policy Number					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2036 Newton Road, Fire Station Number Five						Company NAIC Number
City Albany State	GA ZIP Code	31701				
A3. Property Description ( Dougherty County Tax Par	_ot and Block Nur cel Number 212/	mbers, Tax Parcel N 00001/35F	lumber, Legal D	escription, etc.)		
A4. Building Use (e.g., Re	sidential, Non-Re	sidential, Addition, A	Accessory, etc.)	Non-Residential Fir	re Station	
A5. Latitude/Longitude: La	t. 31d33'9"N Lor	ng. <u>84d10'15''W</u>			Horizontal Datum	n: NAD 1927 🛭 NAD 1983
A6. Attach at least 2 photo		lding if the Certificat	te is being used	to obtain flood insu	rance.	
A7. Building Diagram Num A8. For a building with a c		osure(s):		A9. For a h	building with an atta	ched garage:
a) Square footage of			N/A sq ft	a) Sq	uare footage of atta	ached garage <u>N/A</u> sq ft
<ul><li>b) No. of permanent enclosure(s) withir</li></ul>				b) No	o. of permanent floo thin 1.0 foot above a	d openings in the attached garage adjacent grade
c) Total net area of fl			sq in	c) To	tal net area of flood	openings in A9.b sq in
d) Engineered flood		Yes No		d) En	ngineered flood ope	nings?
	SECT	TION B - FLOOD	INSURANCE	RATE MAP (FIR	M) INFORMATIO	
B1. NFIP Community Name Albany, City of, 130075	& Community N	umber	B2. County Nat Dougherty	ne		B3. State Georgia
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index	B7.	FIRM Panel	B8. Flood	B9 Base Flood Elevation(s) (Zone
13095C0120	D	Date	Effective	e/Revised Date	Zone(s) AE	AO, use base flood depth) 183.1
		October 05, 2001		ber 05, 2001		100.1
B10. Indicate the source of				epth entered in Item  Other (Describe		
☐ FIS Profile	11 11 11 11 11 11 11	☐ Community Det		☐ NAVD 1988	Other (Describ	ne)
B11. Indicate elevation datu B12. Is the building located	in a Coastal Barr	ier Resources Syste				☐ Yes ⊠ No
Designation Date			☐ CBRS	☐ OPA		
	SECTIO	N C - BUILDING	ELEVATION I	NFORMATION (	SURVEY REQUI	RED)
C1. Building elevations are	based on:	☐ Construction Dr	awings*	☐ Building Unde	er Construction*	
*A new Elevation Certifi	cate will be requir	ed when construction	on of the building	) is complete. ) AR AR/A AR/AF	= AR/A1-A30, AR/A	AH, AR/AO. Complete Items C2.a-h
below according to the	ouilding diagram	specified in Item A7	. Use the same	datum as the BFE.		
Benchmark Utilized To	FH SW Cnr Fire	e StaVertical Datum	NGVD 1929			
Conversion/Comments					Check the measure	ement used
					et	
a) Top of bottom floor     b) Top of the next hig		nent, crawlspace, or	enclosure noor			meters (Puerto Rico only)
		ctural member (V Zo	ones only)			meters (Puerto Rico only)
d) Attached garage (t					t-and	meters (Puerto Rico only)
e) Lowest elevation o	f machinery or eq	uipment servicing the ation in Comments)	he building	<u>185</u> . <u>76</u> ⊠ fe	eet 🗌 meters (Pue	rto Rico only)
		xt to building (LAG)		185.42 ⊠ fe	eet 🔲 meters (Pue	erto Rico only)
		ext to building (HAG			eet 🗌 meters (Pue	erto Rico only)
h) Lowest adjacent gr		vation of deck or sta			☐ feet ☐	meters (Puerto Rico only)
structural support	SECTIO	N D - SURVEYO	R FNGINEER	OR ARCHITEC	CT CERTIFICATI	ON
This certification is to be sig	ned and sealed b	ov a land surveyor.	engineer, or arc	hitect authorized by	law to certify eleva	
information. I certify that the I understand that any false	e information on t	this Certificate repre	esents my best e	efforts to interpret th	ne data available.	GEORGIA
☐ Check here if comment	s are provided or	back of form.		1.000	ction A provided by	a REGISTER
			licensed land s	urveyor? 🛛 🗎 Y	Yes ☐ No	1 No. 2639 PA
Certifier's Name Charles R.	Hutchinson			License Number	Georgia 2639	Charles K. Bellow
Title Civil Engineering supe	erintendent	Company Name	City of Albany			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address P.O. Box 447 240	) Pine Avenue	City Albany		State Ga	ZIP Code 3170	1 RES R. HUTCHINA
Signature ( )	& de al-	Date	July 21, 2009	Telephone 229 8	883 6955	

IMPORTANT: In these	spaces, copy the correspondi	ng information from Section	Α.	For Insurance Company Use:	
Building Street Address (in		Policy Number			
City State GA ZIF		Company NAIC Number			
	RTIFICATION (CON	ITINUED)			
Conv both sides of this Fla	evation Certificate for (1) community of				
Comments		iolai, (2) iiiolaiaiioo ageila eeinpai	,,, and (0) a small g s m		
Signature		Date		☐ Check here if attachment	
SECTION E - BUIL	DING ELEVATION INFORMATIO	N (SURVEY NOT REQUIRED	) FOR ZONE AO A		
and C. For Items E1-E4, I E1. Provide elevation inf grade (HAG) and the a) Top of bottom floo b) Top of bottom floo E2. For Building Diagran (elevation C2.b in the E3. Attached garage (top E4. Top of platform of m E5. Zone AO only: If no	out BFE), complete Items E1-E5. If the use natural grade, if available. Check ormation for the following and check the lowest adjacent grade (LAG). It is including basement, crawlspace, or or (including basement, crawlspace, or its 6-9 with permanent flood openings and diagrams) of the building is feet achinery and/or equipment servicing the flood depth number is available, is the No Unknown. The local office.	the measurement used. In Puertone appropriate boxes to show when the appropriate boxes is a shown in the appropriate boxes are appropriate boxes. In Puerton shows the appropriate boxes to show the appropriate boxes are appropriate boxes. In Puerton shows the appropriate boxes to show when the appropriate boxes are appropriate boxes. In Puerton shows the appropriate boxes to show when the appropriate boxes to show the appropriate box	o Rico only, enter meter ther the elevation is altered the meters and feet meters are feet elevation in altered feet elevation feet elevation feet elevation feet elevation accordance with the elevation feet elevation	above or below the highest adjacent below the highest adjacent below the HAG. above or below the LAG. Instructions), the next higher floor HAG.	
	SECTION F - PROPERTY OWN			ICATION	
The property owner or own or Zone AO must sign here	er's authorized representative who con The statements in Sections A, B, an	npletes Sections A, B, and E for 2	Zone A (without a FEM		
	r's Authorized Representative's Name				
Address		City	State	ZIP Code	
Signature		Date	Telephon	е	
Comments					
				Check here if attachmen	
	SECTION G - CO	MMUNITY INFORMATION (	OPTIONAL)		
he local official who is auth and G of this Elevation Certi	orized by law or ordinance to administ icate. Complete the applicable item(s	er the community's floodplain man and sign below. Check the mea	agement ordinance ca surement used in Item	n complete Sections A, B, C (or E), s G8 and G9.	
is authorized by la	Section C was taken from other docur $w$ to certify elevation information. (Ind	cate the source and date of the e	levation data in the Co	mments area below.)	
	al completed Section E for a building le			issued BFE) or Zone AO.	
33. The following infor	mation (Items G4-G9) is provided for c				
G4. Permit Number	G5. Date Permit Issued	G6. Dat	e Certificate Of Compl	iance/Occupancy Issued	
67. This permit has been is	sued for: New Construction	☐ Substantial Improvement			
	est floor (including basement) of the b		meters (PR) Datum		
G9. BFE or (in Zone AO) depth of flooding at the building site:					
10. Community's design flo	od elevation	L_l teet [	☐ meters (PR) Datum		
Local Official's Name		Title			
Community Name		Telephone			
Signature		Date			
Comments					
				☐ Check here if attachmer	

## Building Photographs See Instructions for Item A6.

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2036 Newton Road, Fire Station 5	Policy Number
City Albany State GA ZIP Code 31701	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 on the reverse.



**FRONT VIEW** 



**VIEW SOUTH SIDE** 

## Building Photographs Continuation Page

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2036 Newton Road, Fire station 5	Policy Number
City Albany State GA ZIP Code 31791	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."



**VIEW NORTH SIDE** 



**REAR VIEW** 

