U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires March 31, 2012

Federal Emergency Management Agency National Flood Insurance Program

Important: Read the instructions on pages 1-9.

| SECTION A - PROPERTY INFORMATION | For Insurance Company Use: |
|--|---|
| A1. Building Owner's Name City of Albany | Policy Number |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 326 Cherry Avenue | Company NAIC Number |
| City Albany State GA ZIP Code 31701 | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 000I/00013/001 | |
| 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 crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade A9. For a building with an approximate the specific properties of the crawlspace or enclosure(s) within 1.0 foot above adjacent grade A9. For a building with an approximate the specific properties of the crawlspace or enclosure(s) within 1.0 foot above adjacent grade A9. For a building with an approximate the specific properties of the crawlspace or enclosure(s) within 1.0 foot above adjacent grade | of attached garage NA sq ft t flood openings in the attached garage ove adjacent grade flood openings in A9.b sq in |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMA | |
| | B3. State |
| B1. NFIP Community Name & Community Number City of Albany 130075 B2. County Name Dougherty | Georgia |
| B4. Map/Panel Number B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Floor B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Floor B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Floor B4. Map/Panel B7. FIRM Panel B7. | (1987년 |
| B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other (De B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OF Designation Date | |
| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY RE | QUIRED) |
| C1. Building elevations are based on: Construction Drawings* Building Under 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, below according to the building diagram specified in Item A7. Use the same datum as the BFE. Benchmark Utilized COA GPS198 Vertical Datum NAVD 1988 Conversion/Comments NA | |
| Consideration of the Constitution of the Const | asurement used, |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 183.30 | (Puerto Rico only) ☐ meters (Puerto Rico only) ☐ meters (Puerto Rico only) (Puerto Rico only) |
| f) Lowest adjacent (finished) grade next to building (LAG) 18280 ☐ feet ☐ meters g) Highest adjacent (finished) grade next to building (HAG) 183.60 ☐ feet ☐ meters | |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including 183.0 ☐ feet ☐ meters structural support | |
| SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFIC | |
| This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify information. I certify that the information on this Certificate represents my best efforts to interpret the data available understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 100 Check here if comments are provided on back of form. Were latitude and longitude in Section A provided licensed land surveyor? Yes \[\] No Certifier's Name Charles R. Hutchinson | of E.I O1. Solution of the control |
| | Thinks R Dictohin |
| Title Civil Engineering Superintendent Company Name City Of Albany Address 240 Pine Avenue, Suite 200 / City Albany State GA ZIP Code | 31701 Q SURVE O S |
| Signature | R. HUTCHIT |

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|---|---|--|--|
| IMPORTANT: In these spaces, co | ppy the corresponding information from Se | ction A. | For Insurance Company Use: |
| Building Street Address (including Apt., 326 Cherry Avenue | Unit, Suite, and/or Bldg. No.) or P.O. Route and Box | No. | Policy Number |
| City AlbanyState GA ZIP Code 3170 | 1 | | Company NAIC Number |
| SECTION | D - SURVEYOR, ENGINEER, OR ARCHITEC | CERTIFICATION (CON | TINUED) |
| | cate for (1) community official, (2) insurance agent/co | | |
| | welling are to be Smart Vent Model 1540-510. Eigh | | |
| Signature | Date 5-9- | 2012 | □ Check here if attachments |
| SECTION F - BUILDING ELEV | ATION INFORMATION (SURVEY NOT REQU | IRED) FOR ZONE AO | |
| and C. For Items E1-E4, use natural g E1. Provide elevation information for grade (HAG) and the lowest adjace a) Top of bottom floor (including b) Top of bottom floor (including b) E2. For Building Diagrams 6-9 with percent (elevation C2.b in the diagrams) E3. Attached garage (top of slab) is E4. Top of platform of machinery and E5. Zone AO only: If no flood depth is ordinance? Yes No | pasement, crawlspace, or enclosure) is | wwhether the elevation is a feet meters feet meters feet meters sand/or 9 (see pages 8-9 o below the HAG. feet meters above or below the feet meters above or sand/or 9 above or sand/or 9 | above or below the highest adjacent above or below the HAG. above or below the LAG. of Instructions), the next higher floor HAG. ove or below the HAG. a community's floodplain management |
| SECTION | F - PROPERTY OWNER (OR OWNER'S REF | RESENTATIVE) CERTI | FICATION |
| or Zone AO must sign here. The stater Property Owner's or Owner's Authorize | ed representative who completes Sections A, B, and nents in Sections A, B, and E are correct to the best d Representative's Name City | of my knowledge. | ZIP Code |
| Address | | Telepho | 2000 C 200 C 2 |
| Signature | Date | Тејерпс | , , , , , , , , , , , , , , , , , , , |
| Comments | | | |
| | | | Check here if attachmen |
| | SECTION G - COMMUNITY INFORMAT | TION (OPTIONAL) | |
| and G of this Elevation Certificate. Com G1. The information in Section C v is authorized by law to certify c G2. A community official complete | or ordinance to administer the community's floodplotete the applicable item(s) and sign below. Check the staken from other documentation that has been significant information. (Indicate the source and date of Section E for a building located in Zone A (without his G4-G9) is provided for community floodplain manager. | ne measurement used in ite gned and sealed by a licens of the elevation data in the C a FEMA-issued or communi | ms G8 and G9. ed surveyor, engineer, or architect who Comments area below.) |
| G4. Permit Number | | 66. Date Certificate Of Com | pliance/Occupancy Issued |
| G7. This permit has been issued for: G8. Elevation of as-built lowest floor (in G9. BFE or (in Zone AO) depth of flood G10. Community's design flood elevation | ing at the building site: | vement feet | m |
| Local Official's Name | Title | | |
| Community Name | Telepi | ione | |
| Signature | Date | J. W. Janes and J. W. Wallerstein, Co., 10 | |
| 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. 326 Cherry Lane | 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, following.



FRONT VIEW May 4, 2012



REAR VIEW MAY 4, 2012

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. 326 Cherry Lane | Policy Number |
| City Albany State GA ZIP Code 31701 | 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."



LEFT SIDE VIEW

May 4, 2012



RIGHT SIDE VIEW MAY 4, 2012