

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name City of Albany		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1304 & 1306 South Jefferson Street City Albany State GA ZIP Code 31701		Policy Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Dougherty County Tax Parcel No. 00001/00022/001		Company NAIC Number
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Apartment</u>		
A5. Latitude/Longitude: Lat. <u>31d33'39"</u> Long. <u>84d09'21"</u>		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>2</u>		
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) <u>4144</u> sq ft b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>21</u> c) Total net area of flood openings in A8.b <u>2457</u> sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		A9. For a building with an attached garage: a) Square footage of attached garage _____ sq ft b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____ c) Total net area of flood openings in A9.b _____ sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number City of Albany 130075		B2. County Name Dougherty		B3. State Georgia	
B4. Map/Panel Number 13095C0120	B5. Suffix D	B6. FIRM Index Date 10-5-2001	B7. FIRM Panel Effective/Revised Date 10-502001	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 184.7
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> 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-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.
Benchmark Utilized PIDBT2319 Vertical Datum 1929
Conversion/Comments _____

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>183.29</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>186.21</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>186.15</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	<u>182.76</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	<u>183.62</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>183.08</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

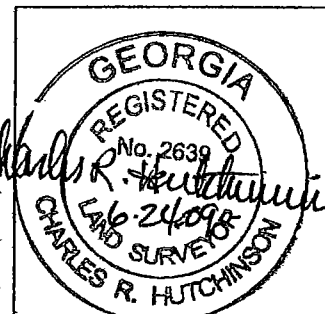
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Certifier's Name Charles R. Hutchinson License Number Georgia 2639
Title Civil Engineering Superintendent Company Name City of Albany, Engineering Department
Address P.O. Box 447 240 Pine Avenue City Albany State GA ZIP Code 31701
Signature Charles R. Hutchinson Date 06-24-09 Telephone 229 883 6955



FLOOD PROCESSING CENTER
SUBMIT FOR RATE DEPARTMENT
PO BOX 2057
Kalispell, MT 59903-2057
Telephone: (888)389-8659 Facsimile: (406)257-1409

Date: March 03, 2010
Fax Number: 404-873-1574
Attention: RESURGENS RISK MANAGEMENT

Message:

The National Flood Insurance Program requires that this form is completed for all Submit policies.

SPECIFIC RATING
VARIANCE INFORMATION:

QUOTE NUMBER: SR00061529-2010

Insured's Name: CITY OF ALBANY
Property Address: 1306 S JEFFERSON ST
ALBANY, GA 31701

____ A copy of the variance issued by the local participating community, stating that permission was granted to construct the building's lowest floor/reference level, including any enclosure, below the floodplain management requirements is attached for the property address listed above. This includes buildings with enclosures(including crawl space areas) with non-compliant venting.

____ To the best of my knowledge, I certify that no variance was granted or obtained for the above property address to construct the building's lowest floor/reference level, including any enclosure, below the base flood requirement. This includes, non-elevated buildings and buildings with enclosures(including crawl space areas) with non-compliant venting.

____ To the best of my knowledge, I certify that no variance information is available to me for the above property address.

Signature of applicant or applicant's representative(agent):

Date: _____

doc:varinf
MTS

NON-DISCRIMINATION

No person or organization shall be excluded from participation in, denied the benefits of, or subjected to discrimination under the Program authorized by the Act, on the grounds of race, color, creed, sex, age, or national origin.

PRIVACY ACT

The information requested is necessary to process your application for flood insurance. The authority to collect the information is in Title 42, U.S. Code 4001 to 4028. It is voluntary on your part to furnish the information. It will not be disclosed outside the Federal Emergency Management Agency except to the servicing office acting as the government's fiscal agent, to routine users, to your agent, and to any mortgagee named on your policy.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 9.579, 7(b)

Solicitation of the Social Security Number (SSN) is authorized under provisions of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary. However, since many persons appearing in the Government's administrative records possess identical names, the use of your SSN would provide your precise identification.

DISCLOSURE OF BURDEN

Public reporting burden for the collection of information, entitled "National Flood Insurance Program Policy Forms" is estimated to average 10 minutes per response. The estimated burden includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the forms. Send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collection Management, Federal Emergency Management Agency; 500 C Street, SW; Washington, D.C. 20472; and to the Office of Management and Budget, Paperwork Reduction Project (3067-0022); Washington, D.C. 20503.

DISCLOSURE OF GUARANTY FUND NON-PARTICIPATION

In the event the insurer is unable to fulfill its contractual obligation under this policy or contract or application or certificate or evidence of coverage, the policyholder or the certificate holder is not protected by an insurance guaranty fund or other solvency protection arrangement. However, this policy is backed by funds in the U.S. Treasury as provided by Federal Law.

*** PLEASE NOTE: ONE BUILDING PER POLICY - BLANKET COVERAGE NOT PERMITTED.

SECTION A - Subgrade Area (Basement) Information (Includes below-grade crawlspace)

Subgrade Area is: N/A

Subgrade Area contains: N/A

SECTION B - Elevated Building Information (Includes above-grade crawlspace)

Lowest floor elevated by means of:

(X) Piles or Posts () Solid Perimeter Walls () Columns () Masonry or Concrete Piers
 () Concrete Shear Walls () Other

Area below floor enclosed? YES	Enclosure Size (in square feet): 4,144
<u>B, C, X, D ALL A Zones</u>	<u>V Zones Only (V, VE, etc.)</u>
Area contains openings? NO	Enclosure Type:
Nbr of openings within 1' above adjacent grade:	
Total area of all permanent openings (in square inches):	
Area Below the Elevated Floor Contains:	
() Washer () Dryer () Food Freezer (X) Machinery or Equipment (specify)	
Is the enclosed area used for any purpose other than parking, building access or storage? NO	
Is the enclosed space finished (having more than 20 linear feet of finished wall-paneling, etc)? NO	

SECTION C - Garage Information

Is garage attached to building? NO	Garage Area (in square feet): 0
	Garage floor elevation: 0
Garage contains:	
() Furnace () Heat Pump () Hot Water () Fuel Tank () Cistern () Elevator Equipment	
() Washer & Dryer () Food Freezer ()	
Other equipment servicing the building:	
Garage has openings? NO	Total area of all permanent openings (in square inches): 0
No. of openings within 1' above adjacent grade: 0	
Garage used for any purpose other than parking, building access, or storage? NO	
Is the Garage finished (having more than 20 linear feet of finished wall-paneling, etc)? No	
Garage contains machinery or equipment? NO	
Is machinery elevated to the reference floor level?	

SECTION D - Mobile/Manufactured Home Information

Year/Make/Model: N/A	Serial #: N/A
Additions or Extensions (size): N/A	Width: N/A
Construction Date of Park/Subdivision: N/A	Length:
	Is home properly anchored? N/A

HARTFORD INSURANCE COMPANY OF THE MIDWEST

Flood Insurance Processing Center
P.O. Box 2057 Kalispell, MT 59903-2057
TEL: (800) 303-5663

**Standard Flood Insurance
APPLICATION**

Renewal Billing

Instructions:

PRODUCER/AGENT

Waiting Period: Standard 30-Day

If Lender Required: N/A

Policy Period:

08/20/2010 TO 08/20/2011

12:01 am Local Time at
the Insured Property
Location

Policy Type: NEW

Quote Number: 5906999

AGENT/AGENCY NAME & MAILING ADDRESS

BONNIE KEENE
09020-00000-000-00006

RESURGENS RISK MANAGEMENT
1201 PEACHTREE ST STE 1730
ATLANTA, GA 30361-6305
404-873-1561

INSURED NAME AND MAILING ADDRESS:

CITY OF ALBANY
222 PINE AVENUE
SUITE 260
ALBANY, GA 31701

PROPERTY ADDRESS:

1304 - 1306 S JEFFERSON STREET
ALBANY, GA 31701

FIRST MORTGAGEE'S NAME AND MAILING ADDRESS:SECOND MORTGAGEE OR OTHER (Describe):

Property located in unincorporated
area of county? NO

Comm # | Panel # | Suffix

13-0075 | 1309 | D

Flood Zone | County/Parish

AE | DOUGHERTY COUNTY

BUILDING OCCUPANCY:

TWO - FOUR FAMILY

Property & Building Information

Estimated Replacement Cost

of Building: \$223,500

Construction Date: 11/15/2002

Substantial improvement Date:

Building in course of construction? NO

If yes, is building walled & roofed? N/A

If condo, coverage is for:

N/A

Total # of Units in Building:

Building Type (Including basement/enclosure):

TWO FLOORS

Contents Location:

Is Building Insured's

Principal Residence? NO

Building State Owned? NO

Policy req'd for

Disaster Assist? NO

Bldg Desc: DUPLEX

Built on slab

at ground level?

NO

Foundation Information

Is any portion of bldg. below

ground level on all sides?

NO

Is Building elevated?

(Includes above-grade crawlspace)

YES

Is garage attached

to building? NO

Elevation Information

Bldg | Lowest Floor - Base Flood = Elevation

Diagram# | Elevation | Elevation | Difference

2 | 183.2 | 184.7 | 1.5-

Lowest Adjacent

Grade

182.7

Elevation Cert Date

06/24/2009

REQUESTED COVERAGES (ONE BUILDING PER POLICY - BLANKET COVERAGES NOT PERMITTED)Building

Coverage

223,500

Deductible

5,000

Contents

Coverage

0

Deductible

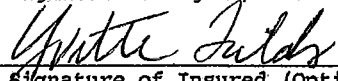
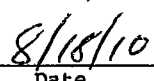
0

The policy to which this premium applies is not subject to cancellation for reasons other than those set forth in the National Flood Insurance Program rules and regulations. In matters involving billing disputes, cancellation is not available other than for billing processing error or fraud.

The statements contained herein are correct to the best of my knowledge. The property owner and I understand that any false statements may be punishable by fine or imprisonment under applicable federal law.

Signature of Agent/Producer (Required)

Date

Signature of Insured (Optional)

Date

Information contained in this application indicates the property may not be eligible for manual rates.

Please fax a copy of this application, the elevation certificate, and photographs of the building (if you have them) to the Submit-For-Rate unit or contact a Customer Service Representative.

FLOOD PROCESSING CENTER
SUBMIT FOR RATE DEPARTMENT
PO BOX 2057

Kalispell, MT 59903-2057
Telephone: (888)389-8659 Facsimile: (406)257-1409

Date: March 03, 2010
Fax Number: 404-873-1574
Attention: RESURGENTS RISK MANAGEMENT

Message:

The National Flood Insurance Program requires that this form is completed for all Submit policies where the building is elevated with an enclosure.

National Flood Insurance Program
Elevated Building Determination
ZONES A, A1-A30, AE, AO, AH

QUOTE NUMBER: SR00061529-2010

Insured's Name: CITY OF ALBANY
Property Address: 1306 S JEFFERSON ST
ALBANY, GA 31701

To: Insurance Company

My building located at the above property address, in zone AE was constructed to have the lowest elevated floor elevated off the ground by means of: (please check one of the following)
☐ piles, ☐ posts, ☐ piers, ☐ columns, ☐ solid perimeter walls, or
☐ parallel shear walls.

*** Please answer the following questions:

1. My building has an enclosure, crawl space, or attached garage below the lowest elevated floor with a total area of 4144 Square Feet.
2. My building has an enclosure that was built in _____ (month) of _____ (year).
3. The enclosure has _____ (number) permanent openings within 1 foot of the ground totaling _____ (number) square inches.
4. My enclosure is used for (please list):

5. The following machinery/equipment and/or appliance(s) are located in the enclosure:

Item

Approximate Value:

I understand that my policy is being issued based on your reliance upon the accuracy of information and statements that I have furnished to you herein, and on and with my application for insurance. I understand that my building is being classified as an elevated building subject to and or under the terms and conditions of the standard flood insurance policy and that, in consideration of the reduced premium rate that will apply for my policy, coverage limitations (as specified in the policy) apply to the enclosed area below the lowest elevated floor of my building and to the contents and personal property located in this enclosed area. I understand and agree that this Elevated Building Determination is a part of my flood insurance policy.

Signature of Insured

Date

Exhibit 1. Elevated Building Determination Form (ZONES A, A1-A30, AE, AO, AH)
Specific Rating Guidelines A-1

May 2008

doc:elybld MTS