

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

07-6230-2

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name COLLINS & COLLINS	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. 908 South Jefferson Street City ALBANY State GA ZIP Code 31701	Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 1, Residual of Block 1, Lots 1-6 of the Ragsdale Addition Subd, Land Lot 335 1ST Land Dist., Albany, Dougherty Co., GA	

- A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL
- A5. Latitude/Longitude: Lat. N 31°33'53.6" Long. W 084°09'20.9" Horizontal 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) | <u>1846</u> sq ft | A9. For a building with an attached garage, provide: | |
| b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade | <u>26</u> | a) Square footage of attached garage | <u>N/A</u> sq ft |
| c) Total net area of flood openings in A8.b | <u>3328</u> sq in | b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade | <u>N/A</u> |
| | | c) Total net area of flood openings in A9.b | <u>N/A</u> sq in |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number ALBANY, CITY OF 130075		B2. County Name DOUGHERTY		B3. State GA	
B4. Map/Panel Number 13095C0110	B5. Suffix D	B6. FIRM Index Date OCT 5, 2001	B7. FIRM Panel Effective/Revised Date OCT 5, 2001	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 185.1
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)

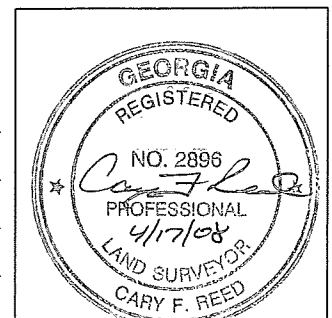
- C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.
- C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.
Benchmark Utilized RM- 120-1 Vertical Datum NGVD 1929
Conversion/Comments NONE
- Check the measurement used.
- | | | | |
|--|--------------|--|--|
| a) Top of bottom floor (including basement, crawl space, or enclosure floor) | <u>182.2</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| b) Top of the next higher floor | <u>186.1</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| d) Attached garage (top of slab) | <u>N/A</u> | <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 in Comments) | <u>186.2</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| f) Lowest adjacent (finished) grade (LAG) | <u>181.6</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| g) Highest adjacent (finished) grade (HAG) | <u>182.5</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.

Certifier's Name CARY F. REED	License Number GA RLS 2896
Title SURVEY DIRECTOR	Company Name EMC ENGINEERING SERVICES, INC.
Address 2334 LAKE PARK DRIVE	City ALBANY State GA ZIP Code 31707
Signature <u>Cary F. Reed</u>	Date APR. 17, 2008 Telephone 229-435-6133



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.
908 South Jefferson Street

City ALBANY State GA ZIP Code 31701

For Insurance Company Use:

Policy Number

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

SECTION C, ITEM C2e: REVISED 4/17/08: ELEVATION SHOWN IS TOP OF BRICK + 2" FOR PAD, NO PAD INSTALLED AT TIME OF SURVEY.

Signature



Date 04/17/2008

☒ 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
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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

Building Photographs

See Instructions for Item A6.

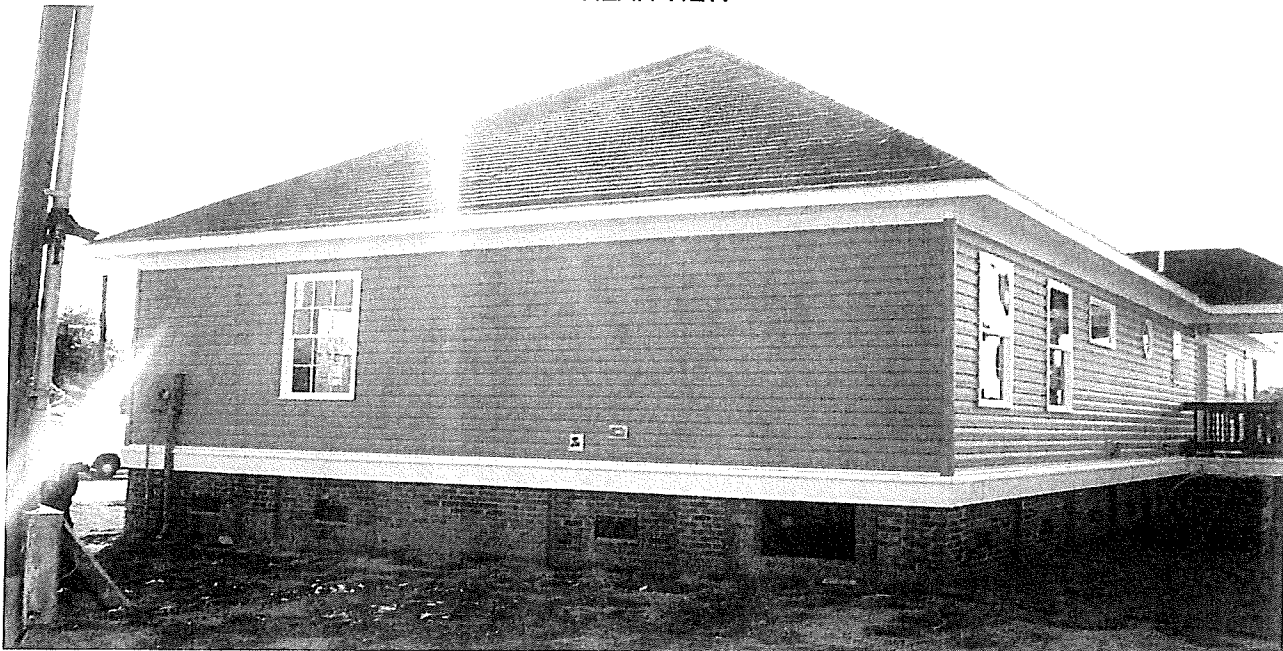
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 908 South Jefferson Street	For Insurance Company Use: Policy Number
City ALBANY State GA ZIP Code 31701	Company NAIC Number

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



REAR VIEW

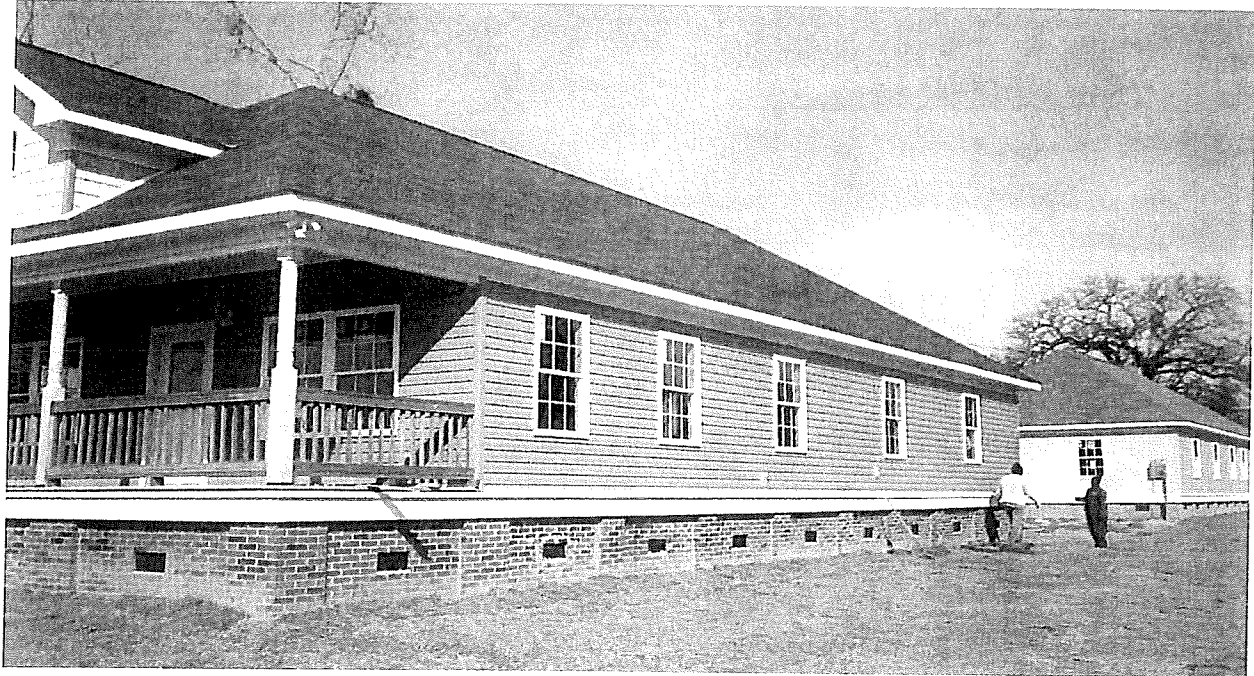


Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 908 South Jefferson Street	For Insurance Company Use:
City ALBANY State GA ZIP Code 31701	Policy Number
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."	

RIGHT SIDE VIEW



LEFT SIDE VIEW

