

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name GAVIGAN HOMES		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1513 DEANNE DRIVE		Company NAIC Number:
City BEAUFORT	State SC	ZIP Code 29902

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
BFT. CO. TAX ID #R122 029 000 0310 0000 , LOT 13 LIVE OAKS S/D

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **HOUSE**

A5. Latitude/Longitude: Lat. **32.4362°** Long. **-80.7052°** 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 **1B**

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s)	-	sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	0	
c) Total net area of flood openings in A8.b	0	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) Number 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 BEAUFORT 450026		B2. County Name Beaufort	B3. State SC
B4. Map/Panel Number 450025 0065	B5. Suffix D	B6. FIRM Index Date 11/04/1992	B7. FIRM Panel Effective/Revised Date 9/29/1986
B8. Flood Zone(s) A9	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 13		

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____ CBRS 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. In Puerto Rico only, enter meters.
 Benchmark Utilized: **SC VRS NETWORK** Vertical Datum: **NGVD 29**

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____
 Datum used for building elevations must be the same as that used for the BFE.

		Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>13.25</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	--	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	--	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	--	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>13.8</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>10.5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>11.3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>11.2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

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

Check here if attachments.

Certifier's Name John H. Gray, PLS		License Number 26954
Title PLS	Company Name Gray Surveying & Mapping, LLC.	
Address P.O. Box 214	City Port Royal	State SC ZIP Code 29935
Signature	Date 6/27/2013	Telephone 843.812.7610

