

BUILDING PERMIT# 04637

LRC JOB# 1365 House

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires: DEC 1, 2003

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

PREPARED FOR: D. Allan and Lura Jenna Warren
BUILDING STREET ADDRESS: 555 Distant Island Dr.
CITY: City Of Beaufort, STATE: SC, ZIP CODE: 29902
PROPERTY DESCRIPTION: LOT 85, Phase III, Distant Island Subdivision, R120-018-000-0499
BUILDING USE: Residential
LATITUDE/LONGITUDE (OPTIONAL): RESIDENTIAL
HORIZONTAL DATUM: NAD 1927, NAD 1983
SOURCE: GPS (Type), USGS Quad Map, Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: City Of Beaufort 4500026
B2. COUNTY NAME: Beaufort County
B3. STATE: S.C.
B4. MAP AND PANEL NUMBER: 450025-100
B5. SUFFIX: D
B6. FIRM INDEX DATE: 11/04/1992
B7. FIRM PANEL EFFECTIVE/REVISED DATE: 9/29/1986
B8. FLOOD ZONE(S): "A-9"
B9. BASE FLOOD ELEVATION(S): 14.00

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? No

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. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

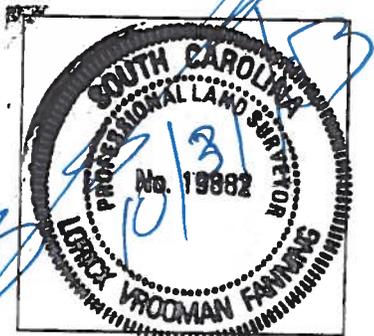
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIAE, ARIA1-A30, ARIA, ARIAO
Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum 1929 Conversion/Comments 00.00

Elevation reference mark used ON SITE (00.00') Does the elevation reference mark used appear on the FIRM? Yes No

- a) Top of bottom floor (Top of conc. slab) 13.75 ft.(m)
b) Top of next higher floor (lowest heated area) 16.74 ft.(m)
c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
d) Attached garage (top of slab) N/A ft.(m)
e) Lowest elevation of machinery and/or equipment servicing the building. 14.01 ft.(m)
f) Lowest adjacent (finished) grade (LAG) 13.73 ft.(m)
g) Highest adjacent (finished) grade (HAG) 13.95 ft.(m)
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 6
i) Total area of all permanent openings (flood vents) in C3.h 5687 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



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 in Sections A, B, and C 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.

CERTIFIER'S NAME : LORICK V. FANNING

LICENSE NUMBER : 19882

TITLE: SURVEYOR

COMPANY NAME : LAND RESOUC CONSULTANTS

ADDRESS: PO BOX 1366

CITY: BEAUFORT

STATE: SC

ZIP CODE: 29901-1366

SIGNATURE

DATE: 10/31/03

TELEPHONE: 843-466-0041

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt, Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 555 Distant Island Dr			Policy Number
CITY City of Beaufort	STATE SC	ZIP CODE 29902	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
THIS DOCUMENT CERTIFIES TO CONDITIONS FOUND ON 10/31/03 AND DOES NOT CERTIFY TO CONDITIONS ON ANY OTHER DATE.
ITEM "C3-E" IS THE A/C COMPRESSOR LOCATED OUTSIDE

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number __ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. For 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, C (Items C3.h and C3.i only), 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, C, 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.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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 Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____
- G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME _____	TITLE _____
COMMUNITY NAME _____	TELEPHONE _____
SIGNATURE _____	DATE _____
COMMENTS _____	

Check here if attachments