

Permit 09181

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires APRIL 26, 2009

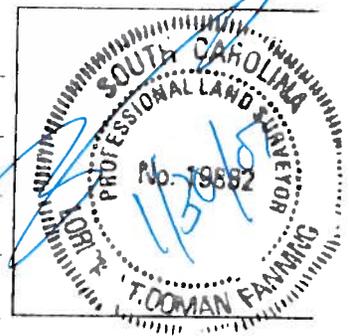
Important: Read the instructions on pages 1 - 8.

SECTION A - PROPERTY INFORMATION			For Insurance Company Use:
A1. Building Owner's Name CHRISTIAN TRASK			Policy Number
A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. Route and Box No. 10 MEETING STREET			Company NAIC Number
City CITY OF BEAUFORT	State South Carolina	ZIP Code 29907	
A3. Property Description (Lot and block Numbers, Tax Parcel Number, Legal Description, ect.) Lot 121, Distant Island, R120-018-000-076B-0000 (PORTION OF)			
A4. Building Use (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>Residential</u>			
A5. Latitude/Longitude : Lat. <u>30° 58' 16.11"</u> Long. <u>81° 11' 28.86"</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>8</u>			
A8. For a building with a crawl space or enclosure(s), provide:		A9. For a building with an attached garage, provide:	
a) square footage of a crawl space or enclosure(s) <u>1615.4</u> sq ft	a) Square footage of attached garage <u>0</u> sq ft		
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>5</u>	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent garage <u>0</u>		
c) Total net area of flood openings in A8.b <u>6415.2</u> sq in	c) Total net area of flood openings in A9.b <u>0</u> sq ft		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1. NFIP Community Name & Community Number CITY OF BEAUFORT 450026		B2. COUNTY NAME Beaufort County	
		B3. STATE South Carolina	
B4. Map /Panel Number 450025 / 0100	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) (Zone AO, use depth of flooding) 14.0'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____			
B11. Indicate the elevation datum used for the BFE in 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: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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, ARA, ARAE, ARA1-A30, ARAH, ARAO Complete Items C2.-a-g below according to the building diagram specified in Item A7.			
Benchmark Utilized <u>S 105</u>		Vertical Datum <u>1983</u>	
Conversion/Comments _____			
o a) Top of bottom floor (including basement ,crawl space, or enclosure floor)	<u>13.42</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
o b) Top of next higher floor	<u>17.48</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
o c) Bottom of lowest horizontal structural member (V zones only)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
o d) Attached garage (top of slab)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
o e) Lowest elevation of machinery or equipmen servicing the building (Describe in a Comments area)	<u>14.10</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
o f) Lowest adjacent (finished) grade (LAG)	<u>12.99</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
o g) Highest adjacent (finished) grade (HAG)	<u>13.91</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 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.			
<input type="checkbox"/> Check here if comments are provided on back of form.			
Certifier's Name Lorick V. Fanning		License Number 19882	
Title Surveyor		Company Name Land Resource Consultants	
Address PO Box 1366		City Beaufort	State South Carolina
Signature 		Date 01/30/2007	ZIP Code 29901
		Telephone 843-322-0011	



IMPORTANT: in these spaces, copy the corresponding information from Section A.			For Insurance Comparison Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 10 MEETING STREET			Policy Number
CITY CITY OF BEAUFORT	STATE South Carolina	ZIP CODE 29907	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

Pictures attached. Item C2e is the outside air compressor. This certificate certifies to conditions found on 01/30/2007 and does not certify to conditions on any other date.

Signature  Date 01/30/2007 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 Certificate is intended for use 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 the bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the HAG

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
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. 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.

10 MEETING STREET

For Insurance Company Use
Policy Number

City
CITY OF BEAUFORT

State
South Carolina

Zip Code
29907

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 1



Building Photographs

See Instructions for Item A6.

For Insurance Company Use:
Policy Number

10 MEETING

City
CITY OF BEAUFORT

State
South Carolina

Zip Code
29907

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; "Font View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."

REAR VIEW 1



