

033C-014

CERTIFICATION OF ELEVATION

DATE: June 23, 1989


ADDRESS OF PROPERTY Lot 14, Springhill - Unit One
Camden County, Georgia

FLOOD ZONE AE V OTHER _____

Required lowest finished floor elevation 9.00 MSL
(If V Zone, required elevation of the bottom of
the lowest horizontal structural member)

Actual lowest floor elevation 12.38 MSL

The undersigned hereby certifies to the above information.



Park D. Privett, Jr.
Privett & Associates, Inc.

STATE OF Georgia

REGISTRATION NO. 2218

FLOODPLAIN DEVELOPMENT/SPECIAL USE PERMIT

033C-014

Date: 4-8-88

Permit# 2001

FIRM # 130262 0375B

Location of Property: SPRINGHILL PHASE I LOT 14

Applicant: H. D. HAMMOND

P.O. Box 1342 KINGSLAND (1729-7160)
Address Phone

Type of Development: _____ Excavation: _____ Fill: _____ Grading: Buildings
or other structures: _____ Other alterations (Specify): _____

Size of Development: _____

Location in Floodplain: a. _____ In Velocity Zone
b. _____ In Numbered A Zone
c. In Unnumbered A Zone

Development Standards Data (Ref: Ordinance# _____):

1. If a. above is checked, attach engineering certification and supporting data as required. *11.0 OR 2' ABOVE HIGHEST ADJACENT GRADE - WHICHEVER IS HIGHER*
2. Required lowest floor elevation _____ MSL (NGVD). *IS HIGHER*
3. Proposed lowest floor elevation 14.0 MSL (NGVD).
Attach surveyed certification as required.
4. Flood-proofing information (if Applicable):
 - a. Required flood-proofed elevation _____ MSL (NGVD)
 - b. Actual (as built) flood-proofed elevation _____ MSL (NGVD).
Attach engineering certification and supporting data as required.

Applicant acknowledgement: I understand that the issuance of this permit is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required. I agree to comply with all applicable provisions of Ordinance# _____ and all other laws or ordinances affecting the proposed development.

Applicant (Signature) H. D. Hammond Date 4-8-88

Has the correct fee been paid? Yes () No Amount \$ 5100

Date of Issuance _____ By _____

Department Use only:

- Inspection # _____ By _____
- Inspection # _____ By _____
- Inspection # _____ By _____
- Inspection # _____ By _____

0330-014 2011
\$105.00

BUILDING PERMIT

Jurisdiction of Camden County

Applicant to complete numbered spaces only.

JOB ADDRESS SPRING HILL PHASE I			
1 LEGAL DESCR.	LOT NO. 14	BLK	TRACT <input type="checkbox"/> SEE ATTACHED SHEET
2 OWNER H. D. HAMMOND	MAIL ADDRESS P.O. 1342 KINGSLAND	ZIP 725-7160	PHONE
3 CONTRACTOR SELF	MAIL ADDRESS	PHONE	REGISTRATION NO.
4 ARCHITECT OR DESIGNER	MAIL ADDRESS	PHONE	REGISTRATION NO.
5 ENGINEER	MAIL ADDRESS	PHONE	REGISTRATION NO.
6 LENDER	MAIL ADDRESS	BRANCH	
7 USE OF BUILDING S/F			
8 Class of work: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE			
9 Describe work: 3 B.R., 2 Bath, Kit. - Den GREAT ROOM			
Heated 1254 - 12 X 300 39.00			
Unheated 128 = 2.00			
10 Valuation of work: \$ 40,000		PLAN CHECK FEE	PERMIT FEE 41.00
SPECIAL CONDITIONS:		Type of Const.	Occupancy Group
		Size of Bldg. (Total) Sq. Ft.	No. of Stories
		Fire Zone	Use Zone
APPLICATION ACCEPTED BY		OFFSTREET PARKING SPACES:	
PLANS CHECKED BY		Covered	
APPROVED FOR ISSUANCE BY		Uncovered	
<p align="center">NOTICE</p> <p>SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING, HEATING, VENTILATING OR AIR CONDITIONING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.</p> <p>I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.</p>		Special Approvals	Required
		ZONING	
		HEALTH DEPT.	
		FIRE DEPT.	
		SOIL REPORT	
		OTHER (Specify)	
		FEMA	<input checked="" type="checkbox"/>
		ZONE A	
		NO BFE	
		SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT (DATE)	
X H.D. Hammond 4-8-88		Not Required	
SIGNATURE OF OWNER (IF OWNER BUILDER) (DATE)			

WHEN PROPERLY VALIDATED (IN THIS SPACE) THIS IS YOUR PERMIT

PLAN CHECK VALIDATION CK. M.O. CASH PERMIT VALIDATION CK. M.O. CASH