OMB 3067-007 EXPIRES: JUNE 30 1990

ELEVATION CERTIFICATE
FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

	Instructions for o	completing this form can b	e found on the reverse side.	Pre-FIRM buildings rated using Post-FIRM rul
				132F-M3
UILDING OWNER'S NAME	n question. The diagram	specific structure I	ne reference level for the	POLICY NUMBER
TREET ADDRESS	niques such as fill, (and	construction tech	the "grade unaffected by	"Vatural orade" is defined as
ptA/Unit-U Suite-S/BldgB	NO).	ROUTE	BOX NUMBER
Lot 3, Elliotts	Plantation			zones A1-A30, AE, AH, and A
THER DESCRIPTION (Block and lot n		THE SECOND SECOND	and most speed companies	hei attratition Capitalia in
YTK	REVISED	FIRM#	13039 CO3800	STATE ZIP CODE
ntormation for zones A1-A30, AF.	AH, A(with BFE), V1-V30, ve should complete the info	VE, and V(with BFE) i ormation in Section I	s required. In the case of zone and may also complete the cer	elevation information when the elevation is AO, the building official, the property crification. Community officials who are
TO SHARING THE LAND OF THE PARTY OF THE PART	SECTION I	BUILDING ELEV	TION INFORMATION	palam set likuuta voortaasia teeli.
. Using the Flood Insurance M FIRM Zones A1-A30, AE, AF, elevation of 15.03 fee	H, and A (with BFE). The	top of the referen		cate the proper diagram number_ cted diagram is at an
	d V (with BFE). The bot	tom of the lowest h	orizontal structural membe	er of the reference level floor from
. FIRM Zone AO. The floor us the building (also enter in lin	sed as the reference levene 8). This value must be	el from the selected e equal to or great	I diagram isfeet abover than the AO Zone flood	ve highest natural grade next to depth number listed below. If no
flood depth number is availa floodplain management ordi	able, is the building's lov	vest floor (or refere	nce level) elevated in acco	rdance with the community's
	□.00 □.		erence level elevations: X	NGVD Other (describe on bac
. Indicate the elevation datum	system used on the FIF	RM for base flood e	levations: NGVD Ot	her (describe on back)
(ATTENTION: If the elevation must be converted to the disconverted	on datum used in measuring atum system used on the F	g the elevations is dif	erent than that used on the FI	IRM, then the elevations provided
tion drawings and do not construction. After construction continued flood insurance. Provide the following measura. The reference level is:	id if the building does no complete question #8. If ction of the reference le- coverage.	ot have the referen "No" is checked, to wel floor is complet al grade next to th b. ghest grade.	his certification will be valided, a post-construction elevel building (round to the near The garage floor (if application) feet above building the building floor buildin	in the elevation based on constructed only for buildings in the course vation certificate will be required for arest foot). Table is: The low (check one) the highest graduelow (check one) the lowest graduelow (check one) the lowest graduelow (check one) the lowest graduelow (check one)
MODIFICA STATISTICS X SAT			RATE MAP INFORMATION	
				ying insurance application:
130262 PANEL NO. 130262 0405	B 6-1-	Livelland State Land	BASE FLOOD ELEV. (In A0 Zone, use depth)	COMMUNITY ESTIMATED BASE FLOOD ELEVATION ESTABLISHED FOR ZONE A OR ZONE V, IF AVAILABLE
Elevation reference mark used	appears on FIRM	res No (See re	verse side for details)	101H2MH00
			IFICATION	
elevation information for zones A1 property owner, or the owner's rep	-A30, AE, AH, A(with BFE), presentative can sign the ce n, may also sign the certific	V1-V30, VE, and V(westification. Community that the	ith BFE) is required. In the case officials who are authorized be information on this certificate	fy elevation information when the se of zone AO, the building official, the by local law or ordinance to provide e represents my best efforts to interpre S. Code, Section 1001.
Leonard E. Henry	, R.L.S.		GA #1842	
ERTIFIER'S NAME			LICENSE NUMBER (or Affix	(Seal)
Owner, Henry and	Associates			
Post Office Box	1246, 97 Clar	ks Bluff R		GA 31548
DDRESS	0011	CI	Y	STATE ZIP
Dema	y 3/ Henry		5/23/88	(912) 729-5540
The insurance Treat should exten	12 Jany	J	DATE	120-PS-PHONE
policyholder ar	nd the third copy retained by the	pleted form to the flood he agent. The fourth co HIS FORM MAY BE REP	by is for the local community perm	second copy should be supplied to the nit office, if required.