

Estimate 9/6/02

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.I.R. No. 5067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME: Bill Creeden

BUILDING STREET ADDRESS (including Apt. Unit, Suite, Room, Box, No. or P.O. Route and Box No.): 249 S. Columbia Drive

CITY: Decatur STATE: GA ZIP CODE: 30030

PROPERTY TAX MAP (PIN) (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): L-234, 15th District, DeKalb County

BUILDING USE (e.g., Residential, Non-Residential, Agricultural, etc. Use Comments, where appropriate): Residential

LATITUDE/LONGITUDE (OPTIONAL): _____ HORIZONTAL DATUM: NAD 83 NAD 1983 SOURCE: GPS (Type) LGS Quad Map Other

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER: City of Decatur, GA B2. COUNTY NAME: DeKalb County B3. STATE: Georgia

B4. MAP AND PANEL NUMBER: 135159001B B5. SUFFIX: AE B6. FIRM PANEL EFFECTIVE DATE: 8/3/92 B7. FLOOD ZONING: AE B8. BASE FLOOD ELEVATION (Zone AO, etc. apply if flooding): 979

B9. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B8:
 FIRM Profile FIRM Community Determination Other (Describe): _____

B11. Indicate the elevation datum used by the BFE in B8: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or otherwise protected area (OPA)? Yes No
 Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings Building Under Construction Dashed Construction

C2. Building Diagram Number: B (Select the building diagram most similar to the building for which this certificate is being considered - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, K (with BFE), VE, V1-V30, V (with BFE), AR, ARX, ARX1-A30, ARX1-A30D
 Complete items C3a) 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 Comment area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum: NAVD Conversion comments: _____
 Elevation reference mark used: RM6 Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or crawlspace):	<u>976</u>	<u>2</u>	ft (in)
<input type="checkbox"/> b) Top of next higher floor:	<u>977</u>	<u>8</u>	ft (in)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only):	<u>N/A</u>		ft (in)
<input type="checkbox"/> d) Attached garage (top of slab):	<u>972</u>	<u>2</u>	ft (in)
<input type="checkbox"/> e) Lowest elevation of machinery under equipment serving the building:	<u>N/A</u>		ft (in)
<input type="checkbox"/> f) Lowest adjacent grade (ft (in)):	<u>975</u>	<u>8</u>	ft (in)
<input type="checkbox"/> g) Highest adjacent grade (ft (in)):	<u>976</u>	<u>6</u>	ft (in)
<input type="checkbox"/> h) N/A to post-tension openings (floor vents) within 1 ft above adjacent grade:	<u>3</u>		ft (in)
<input type="checkbox"/> i) Total area of all permanent openings (floor vents) in CS:	<u>1656</u>		sq. ft. (sq. cm)

Use Building Elevation Diagrams 1-10 on page 6

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

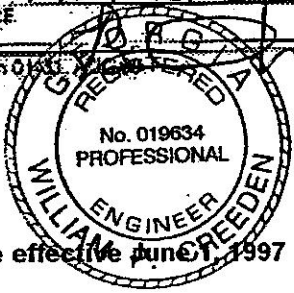
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to obtain the data and that I understand that any false statement may be considered by law or regulation under 18 U.S.C. Section 1001.

CERTIFIER'S NAME: Bill Creeden, P.E. LICENSE NUMBER: 019634

TITLE: _____ COMPANY NAME: Property Engineering

ADDRESS: 4427 E. Brandon Dr CITY: Marietta STATE: GA ZIP CODE: 30060

SIGNATURE: _____ DATE: 7/28/00 TELEPHONE: 678.445.3411



ICC Coverage effective June 1, 1997

CERT 9

May 1, 2000

IMPORTANT: In these spaces, copy the corresponding information from Section 4.		File Number (Community Use)
BUILDING STREET ADDRESS (Including Apt. Unit, Suite and/or Bldg. No.) OR P.O. ROUTE AND ZONE NO.		Policy Number
249 S. Columbia Drive		
CITY	STATE	ZIP CODE
Decatur	GA	30030
Community FIRM 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

Check here if attachments

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

For Zone AO and Zone A (without EFE), complete items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a FEMA Flood Insurance Study, 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 crawlspace) of the building is: ft. (n) ft. (m) below or below (check one) the highest adjacent grade.

E3. For Building Diagrams 5 & 6 with crawlspace (see page 7), the next higher floor or situated floor (elevation 5) of the building is: ft. (n) ft. (m) above the highest adjacent grade.

E4. For Zone AO only: If a flood hazard number is available in the list of the bottom floor established in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must verify this information on Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The primary owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued EFE) or Zone AO must sign here.

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 items 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 name and title 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 EFE) or Zone AO.

G3. The following information (items G4-G6) 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. (n) ft. (m) below or below (check one) the highest adjacent grade.

G9. EFE or (in Zone AO) depth of flooding of the building is: _____ ft. (n) ft. (m) below or below (check one) the highest adjacent grade.

LOCAL OFFICIAL'S NAME _____ TITLE _____

COMMUNITY NAME _____ TELEPHONE _____

SIGNATURE _____ DATE _____

COMMENTS

Check here if attachments