

**SECTION A - PROPERTY INFORMATION**

For Insurance Company Use:  
 Policy Number \_\_\_\_\_  
 Company NAJC Number \_\_\_\_\_

A1. Building Owner's Name KRISTIN & COLTON EBERSOLD

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
B37 SOUTH CANDLER STREET

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: DECATUR GA. 30030

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) \_\_\_\_\_

A4. Building Use (e.g. Residential, Non-Residential, Addition, Accessory, etc.): \_\_\_\_\_

A5. Latitude/Longitude: Lat. \_\_\_\_\_ Long. \_\_\_\_\_ Horizontal Datum:  NAD 1927  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 7

A8. For a building with a crawl space or enclosure(s), provide:  
 a) Square footage of crawl space or enclosure(s) 1280 sq ft  
 b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade \_\_\_\_\_  
 c) Total net area of flood openings in A8.b \_\_\_\_\_ sq in

A9. For a building with an attached garage, provide:  
 a) Square footage of attached garage \_\_\_\_\_ sq ft  
 b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade \_\_\_\_\_  
 c) Total net area of flood openings in A9.b \_\_\_\_\_ sq ft

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP Community Name & Community Number DECATUR, CITY OF 135159

B2. County Name DEKALB

B3. State GEORGIA

B4. Map/Panel Number 13089C0068

B5. Suffix H.

B6. FIRM Index Date 05-07-01

B7. FIRM Panel Effective/Revised Date 02-20-08

B8. Flood Zone(s) AE

B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 746.0

310. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.  
 FIRM Profile  FIRM  Community Determined  Other (Describe) \_\_\_\_\_

311. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other (Describe) \_\_\_\_\_

312. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
 Designation Date \_\_\_\_\_  CBRS  OPA

**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. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete items C2.a-g below according to the building diagram specified in Item A7.  
 Benchmark Utilized RHGB18 Vertical Datum NGVD 29  
 Conversion/Comments \_\_\_\_\_

Check the measurement used:

a) Top of bottom floor (including basement, crawl space, or enclosure floor) 944.7  feet  meters (Puerto Rico only)

b) Top of the next higher floor 952.4  feet  meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V Zones only) N/A  feet  meters (Puerto Rico only)

d) Attached garage (top of slab) N/A  feet  meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) 249.3  feet  meters (Puerto Rico only)

f) Lowest adjacent (finished) grade (LAG) 944.6  feet  meters (Puerto Rico only)

g) Highest adjacent (finished) grade (HAG) 951.8  feet  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 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.

Check here if comments are provided on back of form.

Certifier's Name JOSEPH C. KING License Number 1418

Title LAND SURVEYOR Company Name DEKALB SURVEYS

Address STE 106, 403 WEST PONCE DELEON AVE. City DECATUR GA. State GA. ZIP Code 30030

Signature Joseph C. King Date 07-15-09 Telephone 404-219-6377



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. 837 SOUTH CAUDLER STREET			Policy Number
CITY DECATON	STATE GEORGIA	ZIP CODE 30030	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  
EQUIPMENT IS AIR CONDITIONING UNIT OUTSIDE OF HOUSE ON THE SOUTH SIDE AND HAS BEEN RAISED 3.3 FEET ABOVE BASE FLOOD ELEVATION.

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 E5. 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. The top of the platform of machinery and/or equipment servicing the building is \_\_\_\_\_ ft. (m) \_\_\_\_\_ in. (cm) \_\_\_\_\_ above or \_\_\_\_\_ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. 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