

FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
 Expires December 31, 2005

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME Tom Sayre		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 222 Florida Avenue		Company NAIC Number	
CITY Carolina Beach	STATE NC	ZIP CODE 28428	

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 Lots 11 & 12 Block 204 Northern Section of Carolina Beach Map Book 3, Page 67

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
 Residential

LATITUDE/LONGITUDE (OPTIONAL)
 (##-##-### or ###-###-##)
 N/A

HORIZONTAL DATUM:
 SOURCE: GPS (Type):
 USGS Quad Map Other: N/A

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NEP COMMUNITY NAME & COMMUNITY NUMBER Town of Carolina Beach-375347	B2. COUNTY NAME New Hanover	B3. STATE NC
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B4. MAP AND PANEL NUMBER 375347-0002	B5. SUFFIX C	B6. FIRM INDEX DATE 9-04-1986	B7. FIRM PANEL EFFECTIVE/REVISED DATE 9-04-1986	B8. FLOOD ZONE(S) A9	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) EL 11
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date: N/A

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. Building Diagram Number 8 (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.)

C3. 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 C3, e-i 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 Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum: NGVD 1929 Conversion/Comments: N/A

- Elevation reference mark used: NGS. Does the elevation reference mark used appear on the FIRM? Yes No
- o a) Top of bottom floor (including basement or enclosure) 5.8 ft (m)
 - o b) Top of next higher floor 9.0 ft (m)
 - o c) Bottom of lowest horizontal structural member (V zones only) N/A ft (m)
 - o d) Attached garage (top of slab) N/A ft (m)
 - o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 10.7 ft (m)
 - o f) Lowest adjacent (finished) grade (LAG) 5.5 ft (m)
 - o g) Highest adjacent (finished) grade (HAG) 5.7 ft (m)
 - o h) No. of permanent openings (floor vents) within 1 ft. above adjacent grade 0
 - o i) Total area of all permanent openings (floor vents) in C3: h 0 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date
 Patrick C. Bristow
 4-30-2005

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.

CERTIFIER'S NAME Patrick C. Bristow	LICENSE NUMBER NC PLS # L4148
TITLE Professional Land Surveyor	COMPANY NAME Sticks Land Surveying P.C.
ADDRESS 211 North Fifth Avenue	CITY Wilmington
SIGNATURE Patrick C. Bristow	STATE NC
	ZIP CODE 28401
	TELEPHONE 910-763-8124
	DATE 4-30-2005

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.

222 Florida Avenue

CITY
Carolina Beach

STATE
NC

ZIP CODE
28428

For Insurance Company Use:
Policy Number

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: Structure is residence constructed upon crawl space foundation. Line C3.a) elevation taken at floor of crawl space. Living floor elevation = 9.0.
HVAC platform elevation = 10.7. Detached garage slab elevation = 5.7.

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 Elevation Certificate is intended for use as supporting information for a LOMA or LOMRF, 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 D) 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 _____

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) _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME

TITLE

COMMUNITY NAME

TELEPHONE

SIGNATURE

DATE

COMMENTS

Check here if attachments