21/23

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

## **ELEVATION CERTIFICATE**

important: Read the instructions on pages 1-7.

	SECTION A	- PROPERTY OWNER INFORM	ATION	For Insurance Company Use:
BUILDING OWNER'S NAME Joe Rampe			8	Policy Number
BUILDING STREET ADDRESS (Including 4 Holbrook	g Apt., Unit, Suite, and/or	Bldg. No.) OR P.O. ROUTE AND	BOX NO	Company NAIC Number
CITY Beaufort		STATE SC	ZIP	CODE 29902
PROPERTY DESCRIPTION (Lot and Blo Battery Point lot C5 ph. 3 120-29A-0170	ck Numbers, Tax Parcel	Number, Legal Description, etc.)	<del></del>	
BUILDING USE (e.g., Residential, Non-re-		sorv. etc. Use a Comments area if	necessary \	
Non residential - garage			, , , , , , , , , , , , , , , , , , ,	
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##.##" or ##.#####")		NTAL DATUM: 7 □ NAD 1983	SOURCE: GPS (1 USGS	「ype): Quad Map ☐ Other:
		NSURANCE RATE MAP (FIRM)	INFORMATION	
B1. NFIP COMMUNITY NAME & COMMUNITY NO	MBER	B2. COUNTY NAME		B3. STATE
City of Beaufort 450026		Beaufort		SC
B4. MAP AND PANEL		B7 FIRM PANEL		
NUMBER B5. SUFFIX 450025 0065 D	B6. FIRM INDEX DATE 11/4/92	EFFECTIVE/REVISED DATE 9/29/86	B8. FLOOD ZONE(S C & A 8	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 13.00
B10. Indicate the source of the Base Flood Elevi	ation (BFE) data or base fle	ood depth entered in 89.	<del>,,,,,,,,,</del>	
☐ FIS Profile x FIRM	Community Dete		ribe):	
B11. Indicate the elevation datum used for the B	FE in B9: XX NGVD 19	29 🔲 NAVD 1988	Other (Decrribe)	
B12. Is the building located in a Coastal Barrier F	Resources System (CBRS)	area or Otherwise Protected Area (OF	A)? Yes No	Designation Date
SE	CTION C - BUILDING E	LEVATION INFORMATION (SUI	(VEY REQUIRED)	
C1. Building elevations are based on: Consti *A new Elevation Certificate will be required  C2. Building Diagram Number1 (Select th accurately represents the building, provide a	when construction of the b e building diagram most sir	uilding is complete.	← Finished Construction cate is being completed	
C3 Flevations - Zones A1 A30 AE AH A Avith	DEET VE VA VOU VA SE	DEED AD ADIA ADIAM ADIA ADI		
C3. Elevations – Zones A1-A30, AE, AH, A (with	DFC), VE, VI-VOU, V (WK)	Bre), AR, ARVA, ARVAE, ARVA1-A30,	AR/AH, AR/AO	
Complete Items C3a-i below according to the Section P. correct the determine to the transition	the DEE. Charaful special	ed in item C2. State the datum used. If	the datum is different fro	m the datum used for the BFE in
Section B, convert the datum to that used for	The Drie. Show held meas	turements and datum conversion calcui	lation. Use the space pr	ovided or the Comments area of
Section D or Section G, as appropriate, to do	current the datum conver	sion.		
Datum 1929 Conversion/Comments				
Elevation reference mark used BM Does the	elevation reference mark (			WILL CAP
a) Top of bottom floor (including baseme	int or enclosure)	_2001ft.(m)	bossed Seal,	7 1100
b) Top of next higher floor		_n/aft.(m)	ığ	E G. GHAL LAND STEEL
<ul><li>c) Bottom of lowest horizontal structural r</li></ul>	member (V zones only)	n/a ft.(m)	sse	HILLIAN STATE OF THE STATE OF T
<ul><li>d) Attached garage (top of slab)</li></ul>		n/aft.(m)	출유	E 10506 M
<ul> <li>e) Lowest elevation of machinery and/or</li> </ul>	equipment		- 편 =	e no. 10506 5
servicing the building (Describe in a Co	omments area)	n/afl.(m)	ped large	0. 10506 EX
f) Lowest adjacent (finished) grade (LAG			E E	39: 1.16
g) Highest adjacent (finished) grade (HA		1981ft.(m)	License Number, Em Signature, an	2 40. 10506 S
▶ h) No. of permanent openings (flood vent		ntorade 0	ğ	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
i) Total area of all permanent openings (fi	condivents) in C3 h 0	en in (en cm)	5 [	3.0
This contification is to be signed and and and a	CHOND-SURVEYOR	, ENGINEER, OR ARCHITECT C	ERTIFICATION	
This certification is to be signed and sealed I certify that the information in Sections A. R.	uy a land surveyor, engil	neer, or architect authorized by law	to certify elevation info	ermation.
I certify that the information in Sections A, B	, anu c on uns ceruncate	represents my best efforts to interp	pret the data available.	
I understand that any false statement may be CERTIFIER'S NAME David E. Gasque	e purishable by lifte of t			
The same of the same			LICENSE NUMBER 10	0506
TITLE Professional Land Surveyor		COMPANY NAME G	asque & Associates, Inc.	
ADDRES\$		CITY	OT47-	70 000
28 Professional Village Circle		Beaufort	STATE SC	
SIGNATURE		DATE		29907
11,15 /1-	·	3/24/04	TELEPI	
		4444		843-522-1798

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