

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008  
Expiration Date: July 31, 2015

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Publix Super Markets, Inc.

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
61 Lady's Island Drive

City Beaufort

State SC

ZIP Code 29907

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
DMP No. R123 015 000 0192 0000

## FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Grocery Store and Shops

A5. Latitude/Longitude: Lat. N32d24'44" Long. W80d39'04"

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 1B

A8. For a building with a crawlspace or enclosure(s):

- a) Square footage of crawlspace or enclosure(s) NA sq ft  
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0  
c) Total net area of flood openings in A8.b 0 sq in  
d) Engineered flood openings? ☐ Yes ☒ No

A9. For a building with an attached garage:

- a) Square footage of attached garage NA sq ft  
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA  
c) Total net area of flood openings in A9.b NA sq in  
d) Engineered flood openings? ☐ Yes ☒ No

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

B1. NFIP Community Name & Community Number  
City of Beaufort, SC - 450026

B2. County Name  
Beaufort

B3. State  
SC

B4. Map/Panel Number  
450025 0100

B5. Suffix  
D

B6. FIRM Index Date  
11/04/92

B7. FIRM Panel Effective/Revised Date  
09/29/86

B8. Flood Zone(s)  
A9

B9. Base Flood Elevation(s) (Zone AO, use base flood depth)  
13'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source: \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: \_\_\_\_\_

B12. 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/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: On-site TBM

Vertical Datum: NGVD29

Indicate elevation datum used for the elevations in items a) through h) below. ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used:

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 14.04  
b) Top of the next higher floor NA  
c) Bottom of the lowest horizontal structural member (V Zones only) NA  
d) Attached garage (top of slab) NA  
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 13.90  
f) Lowest adjacent (finished) grade next to building (LAG) 13.50  
g) Highest adjacent (finished) grade next to building (HAG) 14.00  
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 14.04

- ☒ feet ☐ meters  
☐ feet ☐ meters  
☐ feet ☐ meters  
☐ feet ☐ meters  
☒ feet ☐ meters  
☒ feet ☐ meters  
☒ feet ☐ meters  
☒ feet ☐ meters

## 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. Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No  
☒ Check here if attachments.

Certifier's Name Gary B. Burgess

License Number 15229

Title Land Surveyor

Company Name Andrews & Burgess Inc.

Address 2712 Bull Street, Suite A

City Beaufort

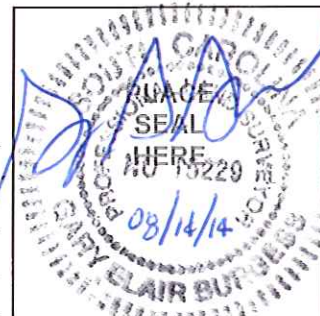
State SC

ZIP Code 29902

Signature [Signature]

Date 08/14/14

Telephone 843.379.2222





ELEVATION CERTIFICATE, page 2

|                                                                                                                             |                         |                           |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------|
| 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.<br>61 Lady's Island Drive |                         | Policy Number:            |
| City Beaufort                                                                                                               | State SC ZIP Code 29907 | 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 Elevation in C2.e) is bottom of generator.

|                                                                                             |               |
|---------------------------------------------------------------------------------------------|---------------|
| Signature  | Date 08/14/14 |
|---------------------------------------------------------------------------------------------|---------------|

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

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. 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, 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, 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. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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–G10) 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: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement                              |                              |                                                           |
| G8. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____ |                              |                                                           |
| G9. BFE or (in Zone AO) depth of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____              |                              |                                                           |
| G10. Community's design flood elevation: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____                                     |                              |                                                           |

|                             |                 |
|-----------------------------|-----------------|
| Local Official's Name _____ | Title _____     |
| Community Name _____        | Telephone _____ |
| Signature _____             | Date _____      |
| Comments _____              |                 |

☐ Check here if attachments.



**Building Photographs**

See Instructions for Item A6.

**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.  
61 Lady's Island Drive

Policy Number:

City Beaufort

State SC

ZIP Code 29907

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



FRONT – August 14, 2014



RIGHT – August 14, 2014

**Building Photographs**

Continuation Page

**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.  
61 Lady's Island Drive

City Beaufort

State SC

ZIP Code 29907

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



REAR – August 14, 2014



LEFT – August 14, 2014