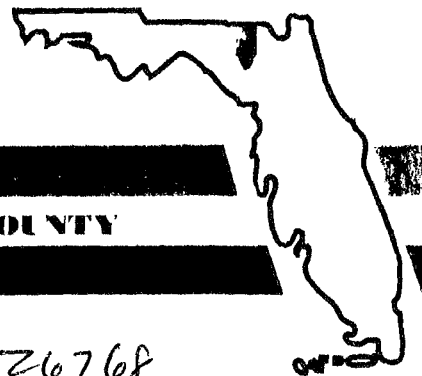


District No 1 - Ronald Williams
District No 2 - Dewey Weaver
District No 3 - Jody DuPree
District No. 4 - Stephen E. Bailey
District No 5 - Scarlet P Frisina

BOARD OF COUNTY COMMISSIONERS • COLUMBIA COUNTY



26768

MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION

In accordance with participation in the NFIP/CRS program, all elevation certificates are required to be reviewed for correctness and completion prior to acceptance by the community. This completed form shall be attached to all elevation certificates maintained on file and provided with requested copies of elevation certificates.

- ☐ The attached elevation certificate requires corrections by the surveyor of section(s) _____ prior to acceptance by the community.
- ☒ The attached elevation certificate is complete and correct.
- ☐ Minor corrections have been made in the below marked sections by the authorized Community Official.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1 Building Owner's Name	<u>Penner Butler</u>	Policy Number
A2 Building Street Address (including Apt, Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.		Company NAIC Number
City	State	ZIP Code
A3 Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>-- 00 772-000</u>		
A4 Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____		
A5 Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum <input type="checkbox"/> NAD 1927 <input type="checkbox"/> 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 _____		
A8 For a building with a crawl space or enclosure(s), provide: a) Square footage of crawl space or enclosure(s) _____ sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 10 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 10 foot above adjacent grade _____ c) Total net area of flood openings in A9.b _____ sq in		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1 NFIP Community Name & Community Number		B2. County Name		B3. State	
B4 Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7 FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9 Base Flood Elevation(s) (Zone AO, use base flood depth)
B10 Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11 Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
B12 Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input type="checkbox"/> No					

COMMENTS: _____

Date of Review: 7-29-08

BOARD MEETS FIRST THURSDAY AT 7 00 P.M.

AND THE COMMUNITY OFFICIAL: [Signature]