TRAVIS L. NICKENS, PLS #L-4218
159 NICKENS ROAD
CAMERON, NC 28326
(910)-215-3852
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October 21, 2022

FEMA Flood Elevation Certificate for ....…..……$250.00
For proposed building on Lot E3, (3.00 acres) and Lot E4, (3.00 acres)
Johnsonville Township, Harnett County,
North Carolina

Thank you for your business!

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION

	FOR INSURANCE COMPANY USE
A1. Building Owner's Name *JOSHUA W. CORLEY AND WIFE ELIZABETH*	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. *3930 HILLMON GROVE ROAD*	Company NAIC Number:

City *CAMERON,* State *NC* ☑ ZIP Code *28326*

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOTS E3 & E4, 6.00 ACRES TOTAL, FORMERLY GORDON LAND

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) *NON-RESIDENTIAL*

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. *(SEE PLAT 201, Page 251)*

A7. Building Diagram Number _____

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

  a) Square footage of crawlspace or enclosure(s) *N/A* sq ft

  b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade *N/A*

  c) Total net area of flood openings in A8.b *N/A* sq in

  d) Engineered flood openings? ☐ Yes ☑ No

A9. For a building with an attached garage:

  a) Square footage of attached garage *N/A* sq ft

  b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade *N/A*

  c) Total net area of flood openings in A9.b *N/A* sq in

  d) Engineered flood openings? ☐ Yes ☑ No

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number *HARNETT COUNTY 370328*	B2. County Name *HARNETT*	B3. State *NC* ☑

B4. Map/Panel Number *3710955400 9554*	B5. Suffix *J*	B6. FIRM Index Date *6/20/18*	B7. FIRM Panel Effective/ Revised Date *10/17/06*	B8. Flood Zone(s) *X/AE*	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) *241.6'*

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

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

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. *3930 HILLMON GROVE ROAD*	Policy Number:
City *CAMERON,* State *NC* ZIP Code ▼ *28326*	Company NAIC Number

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–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: *FFE OF HOUSE*   Vertical Datum: *NAVD 1988*

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) _____ ☐ feet ☐ meters

b) Top of the next higher floor *PROPOSED ELEVATION* *258.5* ☑ feet ☐ meters

c) Bottom of the lowest horizontal structural member (V Zones only) _____ ☐ feet ☐ meters

d) Attached garage (top of slab) _____ ☐ feet ☐ meters

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____ ☐ feet ☐ meters

f) Lowest adjacent (finished) grade next to building (LAG) _____ ☐ feet ☐ meters

g) Highest adjacent (finished) grade next to building (HAG) _____ ☐ feet ☐ meters

h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ ☐ 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.*

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

Certifier's Name *TRAVIS L. NICKENS*	License Number *L-4218*
Title *PROFESSIONAL LAND SURVEYOR*	
Company Name *NICKENS SURVEYING*	
Address *159 NICKENS ROAD*	
City *CAMERON,* State *NC* ZIP Code ▼ *28326*	
Signature *Travis L. Nickens* Date *10/21/2022* Telephone *910-265-3852* Ext.	

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)
THIS ELEVATION CERTIFICATE IS FOR A PROPOSED BUILDING AND BUILDING PERMIT.

ELEVATION CERTIFICATE

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. *3930 HILLMON GROVE ROAD*	Policy Number:
City *CAMERON,* State *NC* ☑ ZIP Code *28326*	Company NAIC Number

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 _____*N/A*_____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

    b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____*N/A*_____ ☐ 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 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____*N/A*_____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is _____*N/A*_____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____*N/A*_____ ☐ 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 or Owner's Authorized Representative's Name

Address *N/A*	City	State	☐ ZIP Code
Signature	Date	Telephone	

Comments

N/A

☐ Check here if attachments.