

ELEVATION CERTIFICATE

*FINAL EEX

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 MAR C GETTERMAN AUB DARLEND R GETTERMAN					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8945 HIGHWAY 27 NC					Company NAIC Number:	
City LILLINGTON		State NC		ZIP Code <input checked="" type="checkbox"/> 27576		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 3 LITTLE RIVER RUN PHASE III PIN 0517-53-177T.000						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>GARAGE</u>						
A5. Latitude/Longitude: Lat. <u>35°34'08</u> Long. <u>78°94'861</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" 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 <u>1 A</u>						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____						
c) Total net area of flood openings in A8.b <u>N/A</u> sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
A9. For a building with an attached garage:						
a) Square footage of attached garage <u>N/A</u> sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>						
c) Total net area of flood openings in A9.b <u>N/A</u> sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u>						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number <u>506 HARUETT</u>			B2. County Name <u>HARUETT</u>		B3. State <u>NC</u> <input checked="" type="checkbox"/>	
B4. Map/Panel Number <u>37200 50600</u>	B5. Suffix <u>5</u>	B6. FIRM Index Date <u>10-3-2006</u>	B7. FIRM Panel Effective/ Revised Date <u>2-17-07</u>	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <u>187.00</u>	
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 checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____						
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> Other/Source: _____						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA						

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8945 HIGHWAY 27 WEST			Policy Number:
City LILLINGTON	State NC	ZIP Code 27546	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: OPUS Vertical Datum: GFO 03 NAVD 88

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, crawspace, or enclosure floor) | <u>189.89</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <input type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | <u>189.39</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>183.3</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>184.85</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>181.4</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> 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 <u>W R LAMBERT</u>	License Number <u>PLS 21211</u>
Title <u>PRESIDENT</u>	
Company Name <u>LAMBERT SURVEYING INC</u>	
Address <u>509 N LINCOLN ST</u>	
City <u>BENSON</u>	State <u>NC</u> ZIP Code <u>27504</u>
Signature <u>W R LAMBERT</u>	Date <u>9-2-17</u> Telephone <u>919 894 3575</u> Ext.



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Comments (including type of equipment and location, per C2(e), if applicable)
ELEVATION IS ON BUILDING SLAB
LOWEST MACHINERY IS PUMP FOR SEPTIC
NEXT LOWEST IS METR BAFE 192.22

BUILDING PHOTOGRAPHS

OMB No. 1660-0008
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

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. 8945 HIGHWAY 27			Policy Number:
City LILLINGTON	State NC	ZIP Code <input checked="" type="checkbox"/> 27546	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.



SIDE
AND PART
OF
FRONT

Photo One

Clear Photo One



FRONT

Photo Two Cap

Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 8945 HIGHWAY 27 W			Policy Number:
City LILLINGTON VA	State VA	ZIP Code 22546	Company NAIC Number

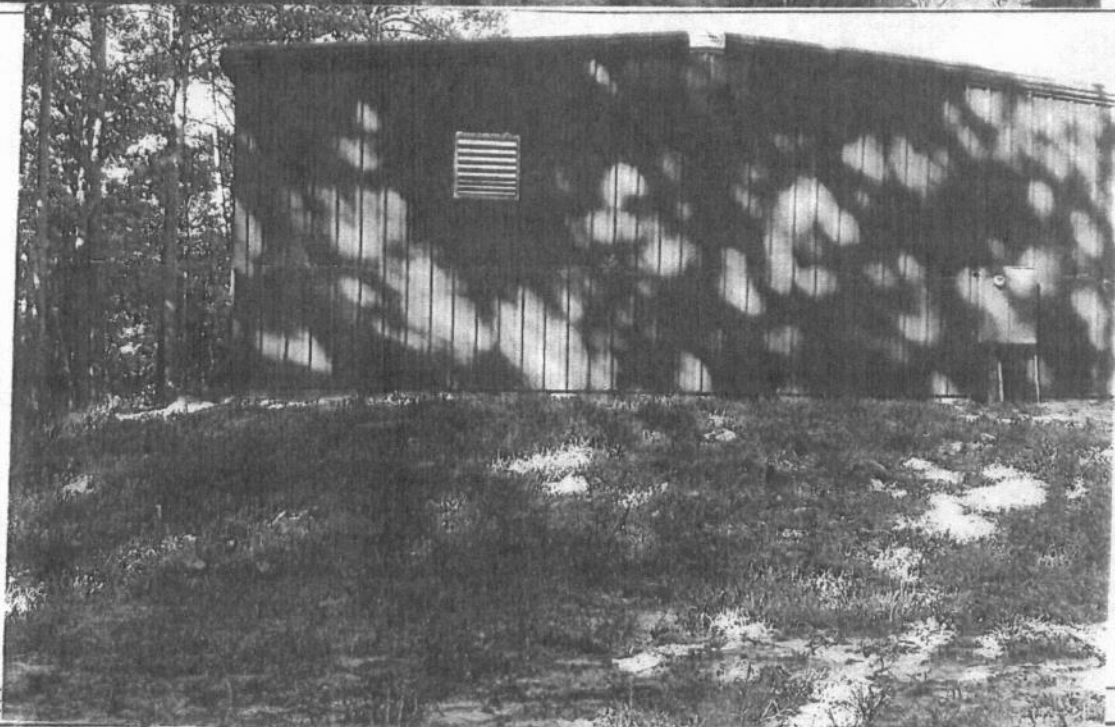
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative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



SIDE
AND
~~FRONT~~
BACK

Photo Three

Clear Photo Three



SIDE

Photo Four

Clear Photo Four

