

074A-003

CERTIFICATION of ELEVATION

DATE: December 27, 1988

NAME OF PROPERTY OWNER: Mary Joe Morgan
ADDRESS OF PROPERTY...: Lot 3, Red Bluff S/D
G.M.D.#.....: 270th

Flood Zone AE (E1)2 & Flood Zone (as scaled from FEMA Community
Panel 13039C 125 C dated 9-30-88).

Elevation (for finished floor)	14.24 Feet M.S.L.
Ground Elevation	10.94 Feet M.S.L.
Air Conditioner Pad	14.19 Feet M.S.L.

The undersigned hereby certifies to the above information.



LEONARD E. HENRY, R.L.S.

Henry and Associates
Post Office Box 1246
Kingsland, GA 31548
State of Georgia,
Registration No. 1842

Reference Work Order

FLOODPLAIN DEVELOPMENT/SPECIAL USE PERMIT

074A-003

Date: 12-4-87

Permit# 1955

FIRM # 130262 0150B

Location of Property: Red Bluff Lot 3

Applicant: J.C. Morgan

906-4th Avenue Brunswick
Address

() 264-2662
Phone

Type of Development: Single Excavation: _____ Fill: _____ Grading: _____ Buildings
or other structures: Other alterations (Specify): _____

Size of Development: _____

Location in Floodplain: a. _____ In Velocity Zone
b. In Numbered A Zone
c. _____ In Unnumbered A Zone

Development Standards Data (Ref: Ordinance# _____):

1. If a. above is checked, attach engineering certification and supporting data as required.
2. Required lowest floor elevation 14.0 MSL (NGVD).
3. Proposed lowest floor elevation 14.0" MSL (NGVD). Attach surveyed certification as required.
4. Flood-proofing information (if Applicable):
 - a. Required flood-proofed elevation _____ MSL (NGVD)
 - b. Actual (as built) flood-proofed elevation _____ MSL (NGVD). Attach engineering certification and supporting data as required.

Applicant acknowledgement: I understand that the issuance of this permit is contingent upon the above information being correct and that the plans and supporting data have been or shall be provided as required. I agree to comply with all applicable provisions of Ordinance# _____ and all other laws or ordinances affecting the proposed development.

Applicant (Signature) J.C. Morgan

Date 12/4/87

Has the correct fee been paid? () Yes () No Amount \$ 5.00

Date of Issuance 12-4-87 By Tosh Watson

Department Use only:

- Inspection # _____ By _____
- Inspection # _____ By _____
- Inspection # _____ By _____
- Inspection # _____ By _____