

166C-003B

CERTIFICATION OF ELEVATION

DATE: AUGUST 1, 1989

NAME OF PROPERTY OWNER: JOHN G. & ROBIN J. MINOR
ADDRESS OF PROPERTY...: 1699 MARIAH DRIVE
G.M.D.#.....: 31st GMD
FLOOD ZONE.....: AE (EL11) (COMMUNITY PANEL #1303SC-0 360 C)

REQUIRED LOWEST FINISHED FLOOR ELEVATION 11.00 FEET MSL. (IF V ZONE,
REQUIRED ELEVATION OF THE BOTTOM OF THE LOWEST HORIZONTAL STRUCTURAL
MEMBER: (N/A FEET MSL).
ACTUAL BOTTOM OF BEAM ELEVATION: N/A FEET MSL.

THE FINISHED FLOOR ELEVATION 11.05
THE LOWEST GROUND ELEVATION 9.9
THE HIGHEST GROUND ELEVATION 16.00



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 #00412.

Date: 5-2-89

Permit# _____

FIRM # 13039C0360C

Location of Property: LOT 3-B - WIND GABLES

Applicant: SOMN MINOR

109 SPINNAKER KINGSLAND ()
Address Phone

Type of Development: _____ Excavation: _____ Fill: _____ Grading: Buildings

Other structures: _____ Other alterations (Specify): _____

Size of Development: _____

- Location in Floodplain: a. _____ In Velocity Zone
- b. _____ In Numbered A Zone
- c. AE 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 11.0 MSL(NGVD).
3. Proposed lowest floor elevation 11.1 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) [Signature] Date 05-02-89

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

Date of Issuance 5-2-89 By [Signature]

Department Use only:

Inspection # _____ By _____

Inspection # _____ By _____

Inspection # _____ By _____

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186C-00BB

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