

CHARLESTON COUNTY V-ZONE BREAKAWAY WALL DESIGN CERTIFICATE

PRE-CONSTRUCTION _____ AS BUILT _____

Name of Property Owner _____ Permit No. _____
Building Address _____
TMS # _____
City _____ State _____ Zip Code _____

Flood Insurance Rate Map (FIRM) Information

Community Number _____ Panel Number _____ Suffix _____
Date of FIRM Index _____

Elevation Information

1. Base Flood Elevation (BFE) _____ feet (NGVD)
2. Bottom of Lowest Horizontal Structural Member _____ feet (NGVD)
3. Elevation of Lowest Adjacent Grade _____ feet (NGVD)
4. Datum Used: NGVD 29 _____ NAVD 88 _____ Other _____

BREAKAWAY WALL CERTIFICATION STATEMENT

NOTE: Certificate must be signed and sealed by a registered professional engineer or architect. Breakaway wall construction details must be shown on construction plans that are signed and sealed by a registered professional engineer or architect.

I certify that I have developed or reviewed the structural design, plans and specifications for construction of breakaway walls. The design and methods of construction to be used for the breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

- Breakaway walls have a design safe loading resistance of not less than 10 and no more than _____ pounds per square foot.
- Breakaway walls' collapse shall result from water loads less than that which would occur during the base flood; and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the combined effects of wind and water loads acting simultaneously on all building components, structural and non-structural. Wind loading values used shall be those associated with the base flood. Such enclosed space shall be useable solely for parking of vehicles, building access or limited storage of maintenance items.

For "As Built" certifications, I am certifying that the construction has been done in accordance with the design parameters indicated above.

Certification

Certifier's Name: _____ Title _____
Company Name: _____ Registration Number _____
Street Address: _____
City _____ State _____ Zip Code _____ Telephone No. _____
Signature _____ Date _____
SEAL: