

<p>Hakim Bayoud Director</p> <p>Lonnie Hamilton, III Public Services Building 4045 Bridge View Drive, Room A311 North Charleston, SC 29405-7464</p>	 <p>BUILDING INSPECTION SERVICES</p>	<p>Administration 843.202.6940 Fax: 843.202.6954</p> <p>Inspections and Contractor Licensing 843.202.6930 Fax: 843.202.6936</p>
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CHARLESTON COUNTY COASTAL A DESIGNATION FORM

Name of Property Owner _____
 Building Address _____
 TMS # _____
 City _____ State _____ Zip Code _____

Flood Insurance Rate Map (FIRM) Information

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

COASTAL A DESIGNATION

NOTE: Form must be signed and sealed by a registered land surveyor, professional engineer, or architect. Coastal A designation must be based on the submitted and approved Site Plan. (Mark X for the statement that describes the conditions for the proposed work).

I have reviewed the Site Plan for the above address and certify that the proposed structure **IS WITHIN the Coastal A Zone (Between LIMWA Line and VE Zone Boundary)** on the FIRM 45019C Dated 1-29-2021

I have reviewed the Site Plan for the above address and certify that the proposed structure **IS NOT WITHIN the Coastal A Zone (Between LIMWA Line and VE Zone Boundary)** on the FIRM 45019C Dated 1-29-2021

Certification

Certifier's Name: _____
 Company Name: _____
 Title: _____
 Registration number: _____
 Street Address: _____
 City: _____ State: _____
 Zip: _____ Telephone: _____
 Signature: _____ Date: _____

SEAL:



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