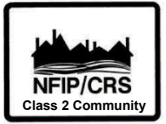




CHARLESTON COUNTY V-ZONE AND COASTAL A ZONE BREAKAWAY WALL DESIGN CERTIFICATE



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 (All data must be in NAVD 88)

1. Base Flood Elevation (BFE) _____ feet Design Flood Elevation (DFE) _____ feet
2. Bottom of Lowest Horizontal Structural Member _____ feet
3. Elevation of Lowest Adjacent Grade _____ feet

V-Zone 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 design 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 design flood. Such enclosed space shall be used 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: _____

Company Name: _____

Title: _____

Registration number: _____

Street Address: _____

City: _____ State: _____

Zip: _____ Telephone: _____

Signature: _____ Date: _____

SEAL:

