

CHARLESTON COUNTY V-ZONE DESIGN CERTIFICATE FOR POOLS AND SPAS IN V-ZONES AND COASTAL A ZONES



PRE-CONSTRUCTION **AS BUILT** Permit No. 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 Elevation Information (All data must be in NAVD 88) 1. Base Flood Elevation (NAVD 88 BFE) feet Design Flood Elevation (NAVD 88 DFE) feet 2. Bottom of Lowest Horizontal Structural Member _____ feet feet 3. Elevation of Lowest Adjacent Grade 4. Approximate Depth of Anticipated Scour/Erosion used for Foundation Design (Pool) is feet 5. Embedment Depth of Pilings/Columns/Footing Below Lowest Adjacent Grade (Pool) is 6. Approximate Depth of Anticipated Scour/Erosion used for Foundation Design (Pool Equip Stand) is feet 7. Embedment Depth of Pilings/Columns/Footing Below Lowest Adjacent Grade (Pool Equip Stand) is **V-Zone Certification Statement** NOTE: Certificate must be signed and sealed by a registered professional engineer or architect. Construction plans must be in accordance with this certification and must be 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 the pool or spa. The design and methods of construction to be used are in accordance with accepted standards of practice (ASCE 24-14, Section 9.6.2) for meeting the following provisions: 1. Pool or spa placed under or adjacent to coastal buildings must be structurally independent of the buildings and their foundations and must not contribute to building or foundation damage during the design flood. Pool or spa will not be subject to flotation or displacement that will damage building foundations during a design flood or lesser event. In cases where pools are empty part of the year, flotation calculations should assume that pools are For "As Built" certification, I am certifying that the construction has been done in accordance with the design parameters indicated above. Certification Certifier's Name: SEAL: Company Name: ____ Registration number: _____

Street Address:

City: _____State: ____

Zip: _____Telephone: _____

Signature: _____ Date:

EFFECTIVE March 2025

