



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



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 Design Flood Elevation (DFE) _____ feet

2. Bottom of Lowest Horizontal Structural Member _____ feet

3. Elevation of Lowest Adjacent Grade _____ feet

4. Approximate Depth of Anticipated Scour/Erosion used for Foundation Design is _____ feet

5. Embedment Depth of Pilings/Columns/Footing Below Lowest Adjacent Grade is _____ feet

6. Datum Used: NGVD 29 _____ NAVD 88 _____ Other _____

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 base flood.
2. Pool or spa will not be subject to flotation or displacement that will damage building foundations during a base flood or lesser event. In cases where pools are empty part of the year, flotation calculations should assume that pools are empty.

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: _____

Company Name: _____

Title: _____

Registration number: _____

Street Address: _____

City: _____ State: _____

Zip: _____ Telephone: _____

Signature: _____ Date: _____

SEAL:

