

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



PRE-CONSTRUCTION _____ AS BUILT ____

Name of Property Owner		Permit No	
Building Address			
			_
City	State	Zip Code	
	Flood Insurance Rate Map (FIRM	M) Information	
Community Number _	Panel Number	Suffix	
ate of FIRM Index _			
	Elevation Informatio	n (All data must be in NAVD 88))
. Base Flood Elevation (NAVD 88 BFE)feet De	sign Flood Elevation (NAVD 88 DFE)	feet
. Bottom of Lowest Horiz	zontal Structural Member (Structure)	feet	
. Bottom of Lowest Horizo	ontal Structural Member (Utility Stand(s)	/feet	
. Elevation of Lowest Ad	jacent Gradefe	et	
. Approximate Depth of A	Anticipated Scour/Erosion used for Foundation	on Design (Structure) is	feet
. Embedment Depth of P	rilings/Columns/Footing (Structure) Below Lo	owest Adjacent Grade is	feet
. Approximate Depth of A	Anticipated Scour/Erosion used for Foundatio	on Design (Utility Stand(s) is	/feet
. Embedment Depth of P	ilings/Columns/Footing (Utility Stand(s) Bel	ow Lowest Adjacent Grade is	feet
	V-Zone Certification Stat		
	signed and sealed by a registered professiona must be in accordance with this certificat	l engineer or architect.	by a registered
	or reviewed the structural design, plans and sp cordance with accepted standards of practice (incl		
 The bottom of the lowe (2) foot above the BFE 	st horizontal structural member of the lowest floor ; and	(excluding piles <u>and columns</u>) is elevated	to a minimum at two
combined effects of wi associated with the bas	ndation and structure attached thereto is anchored ind and water loads acting simultaneously on all se flood. Wind loading values used are those required the foundation has been anticipated for condition	building components. Water loading va red by the applicable state or local building	lues used are those code. The potential
or "As Built" certification, I am ce	ertifying that the construction has been done in acc	ordance with the design parameters indica	ated above.
	Certification		
Certifier's Name:		SEAL:	\neg
Company Name:			
itle:			FEFFATI
legistration number:			EFFECTIVE March 202
treet Address:			
Situr.	State		AA.

Zip: _____Telephone: _____

Signature: _____Date: ____