

CITY OF CHARLESTON V-ZONE 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 No _____ Panel _____ Suffix _____

Date of FIRM Index _____

Elevation Information

1. Base Flood Elevation (BFE) _____ feet (NGVD)
2. Bottom of Lowest Horizontal Structural Member _____ feet (NGVD)
3. Elevation of Lowest Adjacent Grade _____ (NGVD)
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. A signed/sealed copy of this statement must also appear on the approved construction plans.

I certify that I have developed or reviewed the structural design, plans and specifications for construction. The design and methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE; and
- The pile or column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the combined effects of wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values used are those required by the applicable state or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

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 _____ Title _____

Company Name _____ Registration Number _____

Street Address _____

City _____ State _____ Zip Code _____ Telephone No _____

Signature _____ Date _____

SEAL: