

Permit #: _____



CITY OF ST. GEORGE
MUNICIPAL SERVICES
proudly served by IBTS

CITY OF ST. GEORGE
DEPARTMENT OF COMMUNITY DEVELOPMENT
FLOODPLAIN MANAGEMENT

CERTIFICATE OF LOWEST FLOOR ELEVATION

PROPERTY INFORMATION

Owner's Name: _____ Email or Phone: _____

Address: _____ Lot/Tract #: _____

Subdivision/Tract Name: _____ Filing: _____
City: **City of ST. GEORGE** State **Louisiana** Zip Code _____

CERTIFICATION

*Note: Certifier will provide the City of St. George Department of Community Development with a stamped **FEMA Elevation Certificate** prior to issuance of an occupancy permit.*

Certified by: _____ License #: _____

Title: _____ Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

***Elevation of poured slab or foundation framing.
This form is to be submitted prior to Rough-in Inspections.***

I hereby certify the following for the structure under construction at the 'property' location:

Lowest Top of Form Primary Structure (Living Area): _____ feet NAVD 88

Lowest Attached Garage/Storage (enclosed Non-Living Area): _____ feet NAVD 88 And, that the structure is located in FEMA FIRM ZONE _____

Certifier's Stamp:

Professional Land Surveyor, Professional Engineer, or
Registered Architect Signature

Date: _____

Accepted by:

City of St. George Floodplain Manager
Date: _____

