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U.S. DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
National Flood Insurance Program

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

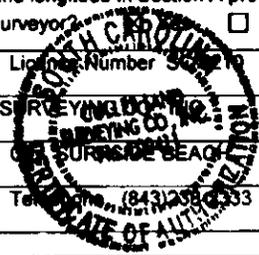
SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name JOHN CHERRY		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1651 GATOR ALLEY		Company NAIC Number
City CONWAY State SC ZIP Code 29527		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TRACT B TMS:(182-00-01-053)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. 33° 40' 17.8" N Long. 79° 08' 33.8" W		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance		
A7. Building Diagram Number 6		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage
a) Square footage of crawlspace or enclosure(s) 1443 sq ft		a) Square footage of attached garage NONE sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 6		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0
c) Total net area of flood openings in A8.b 1944 sq in		c) Total net area of flood openings in A9.b 0 sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

*MDR*  
*6-8-06*

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number CONWAY 450104		B2. County Name HORRY		B3. State SC	
B4. Map/Panel Number 45051C0645	B5. Suffix H	B6. FIRM Index Date 9/17/03	B7. FIRM Panel Effective/Revised Date 9/25/00-02/23/09	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 15.9
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other (Describe) FEMA DETERMINED					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe)					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction	
*A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE. Benchmark Utilized NGS MON Y-122 Vertical Datum NGVD 1929 Conversion/Comments	
Check the measurement used	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 16.3	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor 17.5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) N/A	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 16.5	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) 15.4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) 16.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support N/A	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. <input checked="" type="checkbox"/>	
Check here if comments are provided on back of form. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Certifier's Name MICHAEL S. CULLER, JR.	Lic. No. 5112
Title PRESIDENT	Company Name CULLER LAND SURVEYING CO., INC.
Address 1010 5TH AV. NW EXT. SUITE 103	1010 5TH AV. NW EXT. SUITE 103
Signature <i>Michael S. Culler</i>	Date 7/9/10



*Michael S. Culler*

04/20/2009 MON 13:43 FAX 843 238 1711 Culler Land Surveying Co

002/002

<b>IMPORTANT:</b> In these spaces, copy the corresponding information from Section A.	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 9278 HWY 701 SOUTH	Policy Number
City CONWAY State SC ZIP Code 29526	Company NAIC Number

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments ITEM C2-E REFERS TO FLOOR LEVEL OF HVAC SYSTEM

Signature \_\_\_\_\_ Date 04/16/08  Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
  - a) Top of bottom floor (including basement, crawl space, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
  - b) Top of bottom floor (including basement, crawl space, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 5-8 with permanent flood openings provided in Section A Items 6 and/or 9 (see page 6 of instructions), the next higher floor (elevation C2.5 in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments \_\_\_\_\_

Check here if attachments

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in items G8, and G9.

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (items G4.-G8.) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G8. Date Certificate Of Compliance/Occupancy Issued _____
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G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_

Local Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Community Name \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Check here if attachments

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Page 1 of 2		Date: September 25, 2008		Case No.: 08-04-4184A		LOMA-DEN		
 <b>Federal Emergency Management Agency</b> Washington, D.C. 20472								
<b>LETTER OF MAP AMENDMENT</b> <b>DETERMINATION DOCUMENT (NON-REMOVAL)</b>								
<b>COMMUNITY AND MAP PANEL INFORMATION</b>				<b>LEGAL PROPERTY DESCRIPTION</b>				
COMMUNITY	Horry County, South Carolina (Unincorporated Areas)			Tract B, as described in the Title to Real Estate recorded as Instrument No. 2006100022974, Book 3000, Pages 64-67, in the Office of the Register of Deeds, Horry County, South Carolina (PN: 182-00-01-053)				
	COMMUNITY NO.: 480104							
AFFECTED MAP PANEL	NUMBER: 48061C0648H							
DATE: 8/23/1999								
FLOODING SOURCE: LITTLE PEE DEE RIVER				APPROXIMATE LATITUDE & LONGITUDE OF PROPERTY: 33.673, -78.144 SOURCE OF LAT & LONG: PRECISION MAPPING STRAITS 7.0 DATUM: NAD 83				
<b>DETERMINATION</b>								
LOT	BLOCK/SECTION	SUBDIVISION	STREET	OUTCOME WHAT IS NOT REMOVED FROM THE SFHA	FLOOD ZONE	1% ANNUAL CHANCE FLOOD ELEVATION (NGVD 29)	LOWEST ADJACENT GRADE ELEVATION (NGVD 29)	LOWEST LOT ELEVATION (NGVD 29)
-	-	-	9278 Highway 701 South	Structure	A	15.9 feet	15.5 feet	-
Special Flood Hazard Area (SFHA) - The SFHA is an area that would be inundated by the flood having a 1 percent chance of being equaled or exceeded in any given year (base flood).								
ADDITIONAL CONSIDERATIONS (Please refer to the appropriate section on Attachment 1 for the additional considerations listed below.)								
ZONE A STUDY UNDERWAY								
This document provides the Federal Emergency Management Agency's determination regarding a request for a Letter of Map Amendment for the property described above. Using the information submitted and the effective National Flood Insurance Program (NFIP) map, we have determined that the structure(s) on the property(ies) is/are located in the SFHA, an area inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood). Therefore, flood insurance is required for the property described above. The lowest adjacent grade elevation to a structure must be at or above the Base Flood Elevation for a structure to be outside of the SFHA.								
This determination is based on the flood data presently available. The enclosed documents provide additional information regarding this determination and information regarding your options for obtaining a Letter of Map Amendment. If you have any questions about this document please contact the FEMA Map Assistance Center toll free at (877) 336 2677 (877 FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, 3801 Eisenhower Avenue, Suite 130, Alexandria, VA 22304 6438.								
 William H. Stanton Jr., CFM, Chief Engineering Management Branch Mitigation Directorate								

**Horry County Code Enforcement**

1301 2<sup>nd</sup> Ave Suite 1D09  
Conway, SC 29526



Phone: (843) 915-5090  
(843) 205-5090

Fax: (843) 915-6090

MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION

In accordance with this community's participation in the National Flood Insurance Program's Community Rating System, all FEMA Elevation Certificates must be correct and complete. The attached Certificate has some incorrect items which are noted here.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use
A1. Building Owner's Name <u>JOHN CHERRY</u>		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>1651 GATOR ALLEY</u>		Company NAIC Number
City State ZIP Code <u>CONWAY SC 29527</u>		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>TMS # 182-00-01-033</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____		
A5. Latitude/Longitude: Lat. _____ Long. _____		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 83
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number _____		
A8. For a building with a crawl space or enclosure(s), provide:		A9. For a building with an attached garage, provide:
a) Square footage of crawl space or enclosure(s) _____ sq ft		a) Square footage of attached garage _____
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b _____
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. FIP Community Name & Community Number <u>Horry County 45010A</u>		B2. County Name		B3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date <u>8-23-99</u>	B8. Flood Zone(s)	B9. Base Flood Elevation (use base flood de
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)			
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction			
*A new Elevation Certificate will be required when construction of the building is complete.			
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Benchmark Utilized _____ Vertical Datum _____			
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			

COMMENTS:  
B 1 Community Name incorrect  
B 7 Firm Panel Effective Date incorrect.

Date of Review: 2/26/2015 Community Official: \_\_\_\_\_

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.