

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name SOUTH BAY CONSTRUCTION		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. ROWE POND ROAD		Policy Number
City CONWAY State SC ZIP Code 29577		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 9 LEE'S LANDING TMS:(124-17-01-009)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. 33° 51' 08.5" N Long. 78° 59' 07.14" 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 5		
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) NONE 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 0	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 0 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	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number CONWAY TOWNSHIP 450104		B2. County Name HORRY		B3. State SC	
B4. Map/Panel Number 45051C0530	B5. Suffix H	B6. FIRM Index Date 9/17/03	B7. FIRM Panel Effective/Revised Date 8/23/99	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 15
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 checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
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 checked="" 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: Construction Drawings* Building Under Construction* 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 MON CORP HC Vertical Datum NGVD 1929
Conversion/Comments _____

		Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 24.5	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
b) Top of the next higher floor N/A	<input 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) 16.2	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
f) Lowest adjacent (finished) grade next to building (LAG) 10.8	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
g) Highest adjacent (finished) grade next to building (HAG) 11.2	<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 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.

Check here if comments are provided on back of form.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name MICHAEL S. CULLER, JR.	License Number SC 5210
Title PRESIDENT	Company Name CULLER LAND SURVEYING CO., INC.
Address 1010 5TH AV. N.W. EXT. SUITE 103	City SURFSIDE BEACH
Signature <i>[Signature]</i>	Date 4/22/11
Telephone 904-238-2333	

[Handwritten Signature]

Permit # 158520

Horry County Code Enforcement

1301 2nd 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 U
A1. Building Owner's Name	South Bay Construction	Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Rowle Pond Rd.	Company NAIC Number
City	State	ZIP Code
Conway	SC	29526
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
LOT 9 Lees Landing Tract # 12A-17-01-009		
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
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		B2. County Name		B3. State	
Horry County					
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	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 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 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, VI-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: B12 Incorrect - NO CBRS zones

Date of Review: 2/29/2015 Community Official: [Signature]