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

A1. Building Owner's Name

LAKESIDE FAMILY CAMPGROUND

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

2917 8TH STREET

City

SOUTH MYRTLE BEACH

State

SC

ZIP Code

29577

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)

A5. Latitude/Longitude: Lat:__ Long:__

Horizontal Datum: □ NAD 1927 □ 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

A8. For a building with a crawl space or enclosure(s), provide

a) Square footage of crawl space or enclosure(s) __ sq ft

b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade __ sq in

c) Total net area of flood openings in A8.b __ sq in

d) Engineered flood openings? □ Yes □ No

A9. For a building with an attached garage, provide:

a) Square footage of attached garage __ sq ft

b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade __ sq in

c) Total net area of flood openings in A9.b __ sq in

d) Engineered flood openings? □ Yes □ No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number

Horry County 1S0104

B2. County Name

B3. State

B4. Map/Panel Number

B5. Suffix

B6. FIRM Index Date

B7. FIRM Panel Effective/Revised Date

B8. Flood Zone(s)

B9. Base Flood Elevation(s) (Zone AO, use base flood depth)

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

□ FIS Profile □ FIRM □ Community Determined □ Other (Describe) __________

B11. Indicate elevation datum used for BFE in Item B9:

□ NGVD 1929 □ NAVD 1988 □ Other/Source: __________

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? □ Yes □ No

Designation Date __________

□ CBRS □ 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.


Benchmark Utilized __________ Vertical Datum __________

Indicate elevation datum used for the elevations in Items a) through h) below. □ NGVD 1929 □ NAVD 1988 □ Other

COMMENTS:

B1 INECCENT

Date of Review: 3/9/2015 Community Official: ______________

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