

14366  
162223 R056  
**ELEVATION CERTIFICATE**

OMB No. 1660-0008  
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

12/15/11

**SECTION A - PROPERTY INFORMATION**

A1. Building Owner's Name Retreat at Garden City, LLC

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
GC Retreat Drive, Building #1, The Retreat at Garden City  
City Murrells Inlet State SC ZIP Code 29576

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
TMS# 195-14-07-008, Residential Bldg. #1 of The Retreat at Garden City

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

A5. Latitude/Longitude: Lat. 33d34'5431" Long. 78d59'53" 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 5

A8. For a building with a crawlspace or enclosure(s):  
a) Square footage of crawlspace or enclosure(s) NA sq ft  
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade \_\_\_\_\_  
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:  
a) Square footage of attached garage NA sq ft  
b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade \_\_\_\_\_  
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 450104

B2. County Name Horry County

B3. State SC

|   |                        |   |   |                                |  |
|---|------------------------|---|---|--------------------------------|--|
| B4. Map/Panel Number<br><u>45051C0753</u> | B5. Suffix<br><u>H</u> | B6. FIRM Index Date<br><u>9-17-2003</u> | B7. FIRM Panel Effective/Revised Date<br><u>8-23-1999</u> | B8. Flood Zone(s)<br><u>VE</u> | B9. Base Flood Elevation(s) (Zone AO, use base flood depth)<br><u>18</u> |
|---|------------------------|---|---|--------------------------------|--|

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 (Describe) \_\_\_\_\_

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

**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 SCCC 5005 B 1990 Vertical Datum NGVD 1929  
Conversion/Comments NA

Check the measurement used.

|  |              |   |
|--|--------------|---|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)  | <u>21.32</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| b) Top of the next higher floor  | <u>31.32</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| c) Bottom of the lowest horizontal structural member (V Zones only)  | <u>18.32</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| d) Attached garage (top of slab)   | <u>7.35</u>  | <input checked="" 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) | <u>21.32</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| f) Lowest adjacent (finished) grade next to building (LAG)   | <u>7.19</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only) |
| g) Highest adjacent (finished) grade next to building (HAG)  | <u>7.37</u>  | <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                               | <u>7.37</u>  | <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.

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 Jeffrey D. Solan License Number 19407

Title President Company Name Solan Associates, P.C.

Address 212 Main St, Suite A City Conway State SC ZIP Code 29526

Signature [Signature] Date 10-19-11 Telephone 843-488-3400

[Signature]  
10-19-11

162223 RC56 12/15/11

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
GC Retreat Drive, Residential Bldg. #1, The Retreat at Garden City  
City Murrells Inlet State SC ZIP Code 29576

For the Building Type:  
[Redacted]

**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

Signature

Date

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, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
  - b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b 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-G9) is provided for community floodplain management purposes.

|                   |                        |   |
|-------------------|------------------------|---|
| G4. Permit Number | G5. Date Permit Issued | G6. Date Certificate Of Compliance/Occupancy Issued |
|-------------------|------------------------|---|

- 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 \_\_\_\_\_
- G10. Community's design flood elevation \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments

Check here if attachments

BUDG # 1

OK  
MOR  
6-22-11

Certification

ification

For Insurance Company Use

Policy Information

at Garden City

State SC Zip 29576

ATE MAP (FIRM) INFORMATION

m appropriate FIRMs

Date of FIRM Index 9-17-2003 FIRM Zone VE-18

SECTION II: ELEVATION INFORMATION

Note: This form is not a substitute for an Elevation Certificate. Elevations should be rounded to nearest tenth of a foot.

|  |  |                                   |
|--|--|-----------------------------------|
| 1. Elevation of the Bottom of Lowest Horizontal Structure Member             | 19.26  | feet                              |
| 2. Base Flood Elevation  | 18   | feet                              |
| 3. Elevation of Lowest Adjacent Grade  | 7.19   | feet                              |
| 4. Approximate Depth of Anticipated Scour/Erosion used for Foundation Design | 3  | feet                              |
| 5. Embedment Depth of Pilings or Foundation Below Lowest Adjacent Grade      | 20   | feet                              |
| 6. Datum Used  | <input checked="" type="checkbox"/> NGVD '29 | <input type="checkbox"/> NAVD '88 |

SECTION III: FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Note: This section must be certified by a registered professional engineer or architect.

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

- a.) The bottom of the lowest horizontal structure member of the lowest floor (excluding the pilings or columns) is elevated to or above the BFE; and
- b.) The pile or column foundation and structure attached thereto is anchored to resist flotation, collapse and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood including wave action. 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 flood, including wave action.

SECTION IV: FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

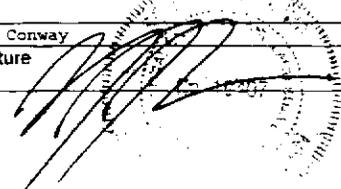
Note: This section must be certified by a registered professional engineer or architect.

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

- c.) Breakaway collapse shall result from water load less than that which would occur during the base flood; and,
- d.) The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (wind and water loading values defined in Section III).

SECTION V: CERTIFICATION

(Check: Section III  and/or Section IV )

|                   |   |             |                |
|-------------------|---|-------------|----------------|
| Name of Certifier | Jeffrey D. Solan, PE, PLS   | Title       | President      |
| Firm Name         | Solan Associates, PC  | License No. | SC 19407       |
| Street Address    | 212 Main Street, Suite A  | Phone No.   | (843) 488-3400 |
| City              | Conway  | State       | SC             |
| Signature         |  | Zip         | 29526          |
|                   |   | Date        | 6-1-11         |

**Horry County Code Enforcement**

1301 2nd Ave Suite 1D09  
Conway, SC 29526



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

Fax: (843) 915-6090

*Permit 162223*

**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<br><i>Retreat at Garden City</i>  |            |                     |                                       | Policy Number  |   |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br><i>Retreat Drive Building 1</i>  |            |                     |                                       | Company NAIC Number  |   |
| City State ZIP Code<br><i>Garden City SC</i>  |            |                     |                                       |  |   |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br><i>TMS 19514 07008</i>  |            |                     |                                       |  |   |
| A4. Building Use (e.g. Residential, Non-Residential, Addition, Accessory, etc.) _____   |            |                     |                                       | Horizontal Datum <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 83                         |   |
| A5. Latitude/Longitude. Lat. _____ Long _____   |            |                     |                                       |  |   |
| 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 _____ sq ft   |   |
| 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 _____ 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  |            |                     | 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 (use base flood de |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.<br><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)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>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.<br>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:**

*A8 + A9 IN completed.*

Date of Review: *3-6-15*

Community Official: *[Signature]*