

Res 14375

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

ELEVATION CERTIFICATE

162225

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9. 2/21/12 749

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <u>Retreat at Garden City, LLC</u>		For Insurance Company Use:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>GC Retreat Drive, Building #2, The Retreat at Garden City</u>		Policy Number	
City <u>Murrells Inlet</u> State <u>SC</u> ZIP Code <u>29576</u>		Company NAIC Number	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>TMS# 195-14-07-008, Residential Bldg. #2 of The Retreat at Garden City</u>			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>			
A5. Latitude/Longitude: Lat. <u>33d34'54.31"</u> Long. <u>78d59'53"</u>		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 <u>5</u>			
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) <u>NA</u> sq ft	b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____	a) Square footage of attached garage <u>NA</u> 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 A8.b _____ sq in	d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	c) Total net area of flood openings in A9.b _____ sq in	d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

OK
Murrells
2-22-12

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <u>Horry County 450104</u>		B2. County Name <u>Horry County</u>		B3. State <u>SC</u>	
B4. Map/Panel Number <u>45051C0753</u>	B5. Suffix <u>H</u>	B6. FIRM Index Date <u>9-17-2003</u>	B7. FIRM Panel Effective/Revised Date <u>6-23-1999</u>	B8. Flood Zone(s) <u>VE</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <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)? 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.

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>21.49</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)	
b) Top of the next higher floor <u>31.49</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>19.55</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)	
d) Attached garage (top of slab) <u>21.49</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>21.49</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 02-17-12 Telephone 843-488-3400

[Signature]
2-20-12

IMPORTANT: 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. GC Retreat Drive, Residential Bldg. #2, The Retreat at Garden City	Policy Number
City Murrells Inlet State SC ZIP Code 29576	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

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

Local Official's Name

Title

Community Name

Telephone

Signature

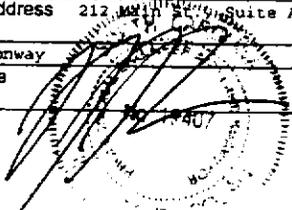
Date

Comments

Check here if attachments

Sample V Zone Certification

*OK
Moller
6-22-11*

V-Zone Certification				
Property Information			For Insurance Company Use	
Name of Building Owner Retreat at Garder. City, LLC			Policy Information	
Building Address or Other Description GC Retreat Drive, Unit #2, The Retreat at Garden City				
City Murrells Inlet		State SC	Zip 29576	
SECTION I: FLOOD INSURANCE RATE MAP (FIRM) INFORMATION				
<i>Note: To be obtained from appropriate FIRMs</i>				
Community No. 450104	Panel No. 45051C0753	Suffix H	Date of FIRM Index 9-17-2003	FIRM Zone VZ-18
SECTION II: ELEVATION INFORMATION				
<i>Note: This form is not a substitute for an Elevation Certificate. Elevations should be rounded to nearest tenth of a foot.</i>				
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		X NGVD '29	NAVD '88	Other
SECTION III: FLOOD INSURANCE RATE MAP (FIRM) INFORMATION				
<i>Note: This section must be certified by a registered professional engineer or architect.</i>				
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:				
<ul style="list-style-type: none"> 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				
<i>Note: This section must be certified by a registered professional engineer or architect.</i>				
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:				
<ul style="list-style-type: none"> 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				
<i>(Check: Section III X and/or Section IV X)</i>				
Name of Certifier Jeffrey D. Solan, PE, PLS			Title President	
Firm Name Solan Associates, PC			License No. SC 19407	
Street Address 212 Main St., Suite A			Phone No. (843) 488-3400	
City Conway		State SC	Zip 29526	
Signature 			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 16225/16225

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 <i>Detreat of C.C.</i>		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <i>6 Detreat Mile Bldg 2 Detreat of C.C.</i>		Company NAIC Number
City <i>Murrells Inlet</i> State <i>SC</i> ZIP Code		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>1921407008 Bldg 2</i>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD
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) <i>11/17</i> sq ft		
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <i>1/17</i>		a) Square footage of attached garage <i>11/17</i>
c) Total net area of flood openings in A8.b <i>11/17</i> sq in		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <i>11/17</i>
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		c) Total net area of flood openings in A9.b <i>11/17</i>
		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 <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: *A8 + A9 Incomplete*