

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

#24972
 5/15/13
 ABG

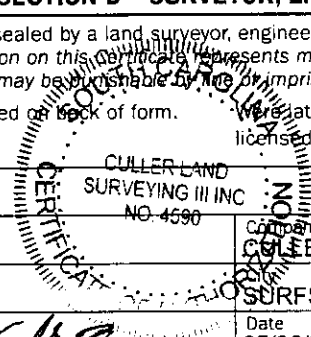
SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE			
A1. Building Owner's Name	MYRTLE BEACH TRAVEL PARK	Policy Number:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	10108 KINGS ROAD ARCADE SITE	Company NAIC Number:			
City	MYRTLE BEACH	State	SC	ZIP Code	29572
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	ARCADE SITE MYRTLE BEACH TRAVEL PARK TMS 166-00-08-011				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	NON-RESIDENTIAL				
A5. Latitude/Longitude: Lat.	33°46'25.152" N	Long.	78°46'15.425" 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	1A				
A8. For a building with a crawlspace or enclosure(s):	a) Square footage of crawlspace or enclosure(s)		N/A		sq ft
	b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade		0		
	c) Total net area of flood openings in A8.b		0		sq in
	d) Engineered flood openings?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
A9. For a building with an attached garage:	a) Square footage of attached garage		N/A		sq ft
	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade		0		
	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		

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SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number	HORRY COUNTY 450104		B2. County Name	HORRY	
B3. State	S.C.				
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)
45051C0569	H	09/17/2003	08/23/1999	AE	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/Source: _____					
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/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 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. In Puerto Rico only, enter meters.	
Benchmark Utilized:	GPS
Vertical Datum:	NGVD 29
Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____	
Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	20.5 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A <input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	N/A <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	20.1 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	20.0 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	20.6 <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A <input type="checkbox"/> feet <input type="checkbox"/> meters

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.		Latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name	MICHAEL S CULLER, III	License Number	29114
Title	PRESIDENT	Company Name	CULLER LAND SURVEYING III, INC.
Address	1010 5th AVE. NW EXT	State	SC
		ZIP Code	29575
Signature	<i>Michael S Culler</i>	Date	05/06/2013
		Telephone	(843) 238-2333



Handwritten signature: Michael S. Culler, III