

Permit # 29658  
HRS OK 3/10/2015

# ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
1. Building Owner's Name <b>M&amp;W INDUSTRIES</b>		Policy Number:
2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or PO. Route and Box No. <b>4254 MYNATT COURT</b>		Company NAIC Number:
City <b>SURFSIDE BEACH</b>	State <b>SC</b>	ZIP Code <b>29588</b>
3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>TM 190-32-02-020 LOT 20 THE ESTATES AT THE GATES</b>		
4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>RESIDENTIAL</b>		
5. Latitude/Longitude: Lat. <b>33°37'18"</b> Long. <b>79°01'43"</b> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983		
6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
7. Building Diagram Number <b>1A</b>		
8. For a building with a crawlspace or enclosure(s):		9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <b>NA</b> sq ft		a) Square footage of attached garage <b>500</b> sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <b>NA</b>		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>NA</b>
c) Total net area of flood openings in A8.b <b>NA</b> sq in		c) Total net area of flood openings in A9.b <b>NA</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					
1. NFIP Community Name & Community Number <b>HORRY 450104</b>		2. County Name <b>HORRY</b>		3. State <b>SC</b>	
4. Map/Parcel Number <b>45051C0731</b>	5. Suffix <b>H</b>	6. FIRM Index Date <b>09/17/2003</b>	7. FIRM Panel Effective/Revised Date <b>12/03/2004</b>	8. Flood Zone(s) <b>AE</b>	9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>23</b>
10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item 9: <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: <b>LOMR 04-04-203P</b>					
11. Indicate elevation datum used for BFE in Item 9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
12. 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)	
1. 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.	
2. 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 7. In Puerto Rico only, enter meters. Benchmark Utilized: <b>SCVRS</b> Vertical Datum: <b>1929</b> 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.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>24</u> . <u>20</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>      </u> . <u>N/A</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>      </u> . <u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>23</u> . <u>70</u> <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)	<u>23</u> . <u>8</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>23</u> . <u>5</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>23</u> . <u>6</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>      </u> . <u>N/A</u> <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 type="checkbox"/> Check here if comments are provided on back of form.		Were 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 <b>JAMES B. GODFREY, III</b>		License Number <b>6944</b>	
Title <b>PRESIDENT</b>		Company Name <b>JONES/GODFREY &amp; ASSOCIATES, INC.</b>	
Address <b>PO BOX 6891</b>		City <b>FLORENCE</b>	State <b>SC</b>
Signature <i>James B. Godfrey III</i>		Date <b>04/01/2014</b>	Telephone <b>(843) 229-8159</b>
			