



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 <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>133 GC Retreat Drive</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.)		

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 _____

<p>A8. For a building with a crawl space or enclosure(s), provide</p> <p>a) Square footage of crawl space or enclosure(s) _____ sq ft</p> <p>b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____</p> <p>c) Total net area of flood openings in A8.b _____ sq in</p> <p>d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>A9. For a building with an attached garage, provide:</p> <p>a) Square footage of attached garage _____ sq ft</p> <p>b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>N/A</u></p> <p>c) Total net area of flood openings in A9.b <u>N/A</u> sq in</p> <p>d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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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(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.

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. NGVD 1929 NAVD 1988 Other

COMMENTS:

A9 Incomplete

Date of Review: 3/10/2015 Community Official: Harold Edge

ELEVATION CERTIFICATE

32438

Important: Read the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name Retreat at Garden City, LLC		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 133 GC Retreat Drive		Company NAIC Number:
City Murrells Inlet	State SC	ZIP Code 29576
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 195-14-07-026, Lot #9 of Retreat at Garden City		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. 33°34'54", Long. 78°59'53" 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 6		
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) 34 sq ft		a) Square footage of attached garage NA sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0		b) Number 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 0 sq in		c) Total net area of flood openings in A9.b
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

Handwritten notes and signatures in the top right corner of Section A.

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Horry County 450104		B2. County Name Horry		B3. State SC	
B4. Map/Panel Number 45051C0753	B5. Suffix H	B6. FIRM Index Date 09/17/2003	B7. FIRM Panel Effective/Revised Date 08/23/1999	B8. Flood Zone(s) VE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 17
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)? Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. In Puerto Rico only, enter meters.
 Benchmark Utilized: SCCC 5005-B Vertical Datum: NGVD 1929
 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 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)	7.52	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	21.63	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	19.96	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	NA	<input 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)	20.91	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	6.4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	7.6	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	7.5	<input checked="" 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.

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
 Check here if attachments.

Certifier's Name Nathaniel J. Pettit, PLS		License Number 28153	
Title	Company Name Solan Associates, P.C.		
Address 212 Main Street, Suite 'A'	City Conway	State SC	ZIP Code 29526
Signature	Date 04/02/14	Telephone 843-488-3400	

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. 133 GC Retreat Drive	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 Item C2.a is finish floor of elevator shaft. Item C2.e is HVAC unit servicing the building

Signature 	Date 04/02/14
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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			
<input type="checkbox"/> 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–G10. In Puerto Rico only, enter meters.

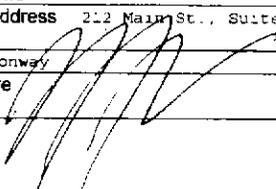
- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community 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–G10) 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 Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date
Comments	
<input type="checkbox"/> Check here if attachments.	

Sample V Zone Certification

V-Zone Certification			
Property Information		For Insurance Company Use	
Name of Building Owner Retreat at Garden City, LLC		Policy Information	
Building Address or Other Description GC Retreat Drive, Unit #9, 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.	Panel No.	Suffix	Date of FIRM Index
450104	45051C0753	H	9-17-2003
FIRM Zone		VE-17	
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	18.97 feet		
2. Base Flood Elevation	17 feet		
3. Elevation of Lowest Adjacent Grade	6.7 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	<input type="checkbox"/> 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 II). 			
SECTION V: CERTIFICATION			
<i>(Check: Section III <input checked="" type="checkbox"/> and/or Section IV <input checked="" type="checkbox"/>)</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
			9-24-13