## U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE 129 7-23-19 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 Beverly Homes, LLC   | Policy Number:   |  |  |  |  |  |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4390 Kinlaw St   | Company NAIC Number:   |  |  |  |  |  |
| City Little River State SC ZIP Code 29566  | $H^{(i)}$  |  |  |  |  |  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  Lot 20 Little River Estates Subdivision (Horry County Tax Parcel Number 130-08-09-047)   | me. mo   |  |  |  |  |  |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential  A5. Latitude/Longitude: Lat. 33-51-33.04 Long78-3856.67 Horizontal Datur  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)  b) Number of permanent flood openings in the crawlspace  or enclosure(s) within 1.0 foot above adjacent grade  or enclosure(s) within 1.0 foot above adjacent grade  c) Total net area of flood openings in A8.b  MA sq in  c) Total net area of flood openings?  SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION  B1. NFIP Community Name & Community Number  B2. County Name  | ached garage 483 sq ft t flood openings in the attached garage adjacent grade 0 d openings in A9.b 0 sq in enings? Yes No  DN  B3. State |  |  |  |  |  |
| Horry County   450104   Horry   Horr | B9 Base Flood Elevation(s) (Zone AO, use base flood depth)   |  |  |  |  |  |
| ☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other/Source:  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)?  Designation Date: ☐ CBRS ☐ OPA   | ☐ Yes 🔯 No   |  |  |  |  |  |
| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)   |  |  |  |  |  |  |
| C1. Building elevations are based on:  Construction Drawings* Building Under Construction* Fifished 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: NGS 26-004 PID DD1757 Vertical Datum: NAVD 88  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.   |  |  |  |  |  |  |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)  b) Top of the next higher floor  c) Bottom of the lowest horizontal structural member (V Zones only)  NA  | <pre>     feet</pre>   |  |  |  |  |  |
| d) Attached garage (top of slab)  e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)  f) Lowest adjacent (finished) grade next to building (LAG)  g) Highest adjacent (finished) grade next to building (HAG)  17.92   | <ul> <li>☐ feet ☐ meters</li> <li>☐ feet ☐ meters</li> <li>☐ feet ☐ meters</li> <li>☐ feet ☐ meters</li> </ul>                           |  |  |  |  |  |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 17.72   | ☐ feet ☐ 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 eleval 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 Check here if attachments. Iicensed land surveyor? Yes No.  Certifier's Name Sean T. Williams  License Number 23577  Title Land Surveyor Company Name Williams Survey Company, LLC   |  |  |  |  |  |  |
| Address 1480 Alford Rd City Conway State SC ZIP Code 29526   |  |  |  |  |  |  |
| Signature Date 7/17/2014 Telephone 843-365-1975  |  |  |  |  |  |  |

| IMPORTANT: In these spaces   | s, copy the corresponding inform  | ation from Se                           | ction A.                           | FOR   | R INSURANCE COMPANY USE                      |
|--|---|---|------------------------------------|---|--|
|  | Apt., Unit, Suite, and/or Bldg. No.) or P.0   |   |                                    |   | cy Number:                                   |
| 4390 Kinlaw St   | <u> </u>  |   |                                    |   |  |
| City Little River  |   | ate SC ZIP                              | Code 29566                         | Con   | npany NAIC Number:                           |
| SECTION  | ON D - SURVEYOR, ENGINEER,  | OR ARCHITEC                             | T CERTIFIC                         | ATION (CONT                                     | INUED)                                       |
| opy both sides of this Elevation C   | ertificate for (1) community official, (2) in   | nsurance agent/o                        | company, and                       | (3) building owne                               | r.   |
| Comments   |   |   |                                    |   |  |
|  |   |   |                                    |   |  |
| <u> بن</u> شر  |   |   |                                    |   |  |
| signature  |   | Date 7/17                               | 7/2014                             |   |  |
|  |   |   |                                    |   |  |
| SECTION E - BUILDING E   | LEVATION INFORMATION (SURV  | /EY NOT REQ                             | UIRED) FOR                         | ZONE AO AN                                      | D ZONÉ A (WITHOUT BFE)                       |
| Ton Zonos AO and A without BEE   | \   |   |                                    | 44 1 0140 5                                     |  |
| and C. For Items E1–E4, use natur  | ), complete Items E1–E5. If the Certifica ral grade, if available. Check the measu          | ite is intended to<br>rement used. In I | support a LON<br>Puerto Rico or    | MA or LOMR-Fire<br>Ny, enter meters.            | quest_complete Sections A, B,                |
| <ol> <li>Provide elevation information grade (HAG) and the lowest</li> </ol> | n for the following and check the appropriation   | riate boxes to she                      | ow whether the                     | e elevation is abo                              | ve or below the highest adjacent             |
| a) Top of bottom floor (includ   | ing basement, crawispace, or enclosure  | e) is                                   | _ feet                             | meters ab                                       | ove or Delow the HAG.                        |
| <ul><li>b) Top of bottom floor (includ</li></ul>                             | ling basement, crawlspace, or enclosure   | e) is                                   | _ feet                             | meters ab                                       | ove or 🔲 below the LAG.                      |
| elevation C2.b in the diagram (elevation C2.b)                               | vith permanent flood openings provided in the building is                                   | in Section A Item<br>]feet □ meters     | is 8 and/or 9 (s<br>s = □ above of | see pages 8–9 of<br>r □ below the HA            | Instructions), the next higher floor.<br>AG. |
| <ol><li>Attached garage (top of slab)</li></ol>                              | is feet mete  | ers 🔲 above or                          | below the                          | HAG.  |  |
|  | and/or equipment servicing the building   |   |                                    |   |  |
|  | pth number is available, is the top of the  |   |                                    |   | mmunity's floodplain managemer               |
| · · · · · · · · · · · · · · · · · · ·  | ☐ Unknown. The local official must c  | •                                       |                                    |   |  |
|  | ON F - PROPERTY OWNER (OR (   |   | +                                  |   |  |
| he property owner or owner's auth<br>r Zone AO must sign here. The sta       | norized representative who completes S<br>atements in Sections A, B, and E are co           | ections A. B, and<br>crect to the best  | d E for Zone A                     | (without a FEMA-                                | -issued or community-issued BFE)             |
| roperty Owner's or Owner's Autho   |   |   | er my miomico                      | <u> </u>  |  |
| ddress   |   | City                                    |                                    | State   | ZIP Code                                     |
| ignature   |   | <br>Date                                |                                    | Telephone                                       |  |
| ·  |   |   |                                    |   |  |
| comments   |   |   |                                    |   |  |
|  |   |   |                                    |   | Check here if attachme                       |
| · · · · · · · · · · · · · · · · · · ·  | SECTION C. COMMUNI  | ITV INEODMA                             | TION (ORTIC                        | ON AL V   |  |
| e local official who is authorized by  | SECTION G – COMMUNI<br>law or ordinance to administer the comm                              |   | <u> </u>                           | '   | mplete Sections A. B. C. (or F.), and        |
| his Elevation Certificate. Complete  | the applicable item(s) and sign below. C  | heck the measure                        | ement used in                      | ltems G8–G10 In                                 | Puerto Rico only, enter meters.              |
| . The information in Section   | C was taken from other documentation  | that has been sig                       | gned and seale                     | ed by a licensed s                              | surveyor, engineer, or architect wh          |
|  | tify elevation information. (Indicate the si<br>ieted Section E for a building located in a |   |                                    |   |  |
|  | Items G4–G10) is provided for commun  |   |                                    |   | ssued by L) of Zone AO.                      |
| 4. Permit Number   | G5. Date Permit Issued  |   |                                    |   | nce/Occupancy Issued                         |
| 4. 7 emili Humber  | GJ. Date Fermit Issued  |   | oo. Date Certii                    | ncate Of Compila                                | nce/Occupancy issued                         |
| This permit has been issued for  | □ New Construction □ St   | ubstantial Improv                       | rement                             |   |  |
| Elevation of as-built lowest floor   | r (including basement) of the building:   |   | ☐ feet ☐                           | meters Da                                       | tum  |
| BFE or (in Zone AO) depth of fl  | ooding at the building site:  |   | ☐ feet ☐                           | meters Da                                       | tum  |
| C. Community's design flood eleva  | ation:  |   | ☐ feet ☐                           | meters Da                                       | tum  |
| ocal Official's Name   |   | Title                                   |                                    | <u> </u>  |  |
| ommunity Name  |   | Teleph                                  | one                                |   |  |
| gnature  |   | Date                                    |                                    | <del> · · · · · · · · · · · · · · · · · ·</del> |  |
| omments  |   |   |                                    |   |  |
|  |   |   |                                    |   | Charle hara if attack                        |
|  |   |   |                                    |   | Check here if attachment                     |