

35703 10/14/14 \$80

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
A1. Building Owner's Name	WAKE STONE CORPORATION	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	3740 HWY 9 BUSINESS EAST	Company NAIC Number:
City	LORIS	State
		SC
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		ZIP Code
		29569
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	NON-RESIDENTIAL	
A5. Latitude/Longitude: Lat.	34.003	Long.
	-78.7EE	Horizontal Datum:
		<input type="checkbox"/> NAD 1929 <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	1B-RAISED SLAB	
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)	N/A	a) Square footage of attached garage
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	N/A	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	N/A	c) Total net area of flood openings in A9.b
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number	450104		B2. County Name	Horry Co		B3. State
	SC			SC		
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 A0, use base flood depth)	
45051C0250	J	9-17-2003	9-17-2003	A	UNNUMBERED	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
<input type="checkbox"/> RS 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 type="checkbox"/> shed 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/A0. Complete Items C2.a-h below according to the building diagram specified in item A7. In Puerto Rico only, enter meters.	
Benchmark Utilized:	Vertical Datum:
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)	_____ feet <input type="checkbox"/> meters
b) Top of the next higher floor	_____ feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____ feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	_____ feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	_____ feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	_____ feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	_____ feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____ 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.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Check here if attachments.			
Certifier's Name	JARED K. MIEDEMA	License Number	22129
Title	SENIOR ENGINEER	Company Name	WAKE STONE CORP.
Address	PO Box 190	City	KNIGHTDALE
Signature	<i>Jared K. Medema</i>	State	NC
		ZIP Code	27545
		Date	10-10-14
		Telephone	919-201-2226

PLACED SEAL HERE

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3990 Hwy 9 BUSINESS EAST	FOR INSURANCE COMPANY USE	
City LORIS	State SC	ZIP Code 29569
		Policy Number:
		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: ADJACENT FILL AROUND BUILDING HAS BEEN USED FOR SLOPING AND GRADING. THE HVAC SLAB IS 2' ABOVE ORIGINAL GROUND AND BUILDING SLAB IS 4' ABOVE ORIGINAL GRADE (NATURAL)

Signature: *[Signature]* Date: 10-10-14

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 4.0' 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 N/A feet meters above or below the HAG.
- E3. Attached garage (top of slab) is N/A feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is 2.0' 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 or Owner's Authorized Representative's Name: WAKE STONE CORP. - JARED MIEDEMA
 Address: P.O. Box 190, City: KNIGHTDALE, State: NC, ZIP Code: 27545
 Signature: *[Signature]* Date: 10-10-14, Telephone: 919-266-1100

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: _____

Check here if attachments.



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 WAKE STONE CORP.		For Insurance Company Use: Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3990 Hwy 9 BUSINESS		Company NAIC Number
City LOUIS SC	State SC	ZIP Code 29569
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 _____
- A8. For a building with a crawl space or enclosure(s), provide
- a) Square footage of crawl space or enclosure(s) _____ sq ft
 - b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____
 - c) Total net area of flood openings in A8.b _____ sq in
 - d) Engineered flood openings? Yes No
- A9. For a building with an attached garage, provide:
- a) Square footage of attached garage _____ sq ft
 - b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____
 - c) Total net area of flood openings in A9.b _____ sq in
 - d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM Community Name & Community Number Horry County 450104		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:

B1 Incomplete

Date of Review: **3/1/2015**

Community Official: **Harold Edger**