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

## **ELEVATION CERTIFICATE**

IMPORTANT: Follow the instructions on pages 1-9.

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

SECTION A – PROPERTY INFORMATION			FOR INSURAN	FOR INSURANCE COMPANY USE	
A1. Building Owner's Name BEAZER HOMES CORP.			Policy Number:	Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/o 1308 CASCARILLA DRIVE	r Bidg. No.) ar PO. Route a	and Box No.	Company NAIC	Number:	
City MYRTLE BEACH	State		ZIP Code 295	i79 - A	
A3. Property Description (Lot and Block Numbers, Tax Parcel 1 LOT 24 FOX HORN SUBDIVISION PHASE 2-C (	MS# 172-41-01-189)		<u> </u>	10 mm 25-19	
<ul> <li>A4. Building Use (e.g., Residential, Non-Residential, Addition,</li> <li>A5. Latitude/Longitude: Lat. 33-43-11.7</li> <li>A6. Attach at least 2 photographs of the building if the Certification</li> <li>A7. Building Diagram Number 1 A 2</li> </ul>	Long. <u>078-57-25.2</u>	Horizon	tal Datum: NA	AD 1927 NAD 1983	
A8. For a building with a crawlspace or enclosure(s):  a) Square footage of crawlspace or enclosure(s)	0 sq ft	<ul><li>A9. For a building with ar</li><li>a) Square footage o</li></ul>		400	
b) No. of permanent flood openings in the crawispace or enclosure(s) within 1.0 foot above adjacent grade	0/ m		nent flood openin	gs in the attached garage	
c) Total net area of flood openings in A8.b d) Engineered flood openings?   Yes  No	o sq in	<ul><li>c) Total net area of</li><li>d) Engineered flood</li></ul>	·	A9.b 0 sq in Yes <b>X</b> No	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number HORRY 450104	B2. County Name HORRY	/	-	B3. State SC	
B4. Map/Panel Number   B5. Suffix   B6. FIRM Index Da   45051 C 0680	ate B7. FIRM Panel E Revised Date		AO, u	Flood Elevation(s) (Zone se base flood depth)	
B10. Indicate the source of the Base Flood Elevation (BFE) data	a or base flood depth ente	ered in Item B9:			
☐ FIS Profile	Other/Source:				
B11. Indicate elevation datum used for BFE in Item B9: X 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					
Designation Date:/ CBRS DPA					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on:   Construction E  *A new Elevation Certificate will be required when constru	ection of the building is co		<b>I</b> ∰ Finished C		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–C2.a–h below according to the building diagram specified Benchmark Utilized: TBM	in Item A7. In Puerto Rico	'A, AR/AE, AR/A1-A30, A o only, enter meters. atum: <u>NGVD 1929</u>	R/AH, AR/AO. Co	mplete items	
Indicate elevation datum used for the elevations in items			88 🗌 Other/Sou	urce:	
Datum used for building elevations must be the same as			e measurement u	ised.	
<ul> <li>a) Top of bottom floor (including basement, crawlspace, or</li> </ul>			feet 🗌 meters		
b) Top of the next higher floor		UA	feet 🗌 meters		
c) Bottom of the lowest horizontal structural member (V 2			feet meters		
<ul> <li>d) Attached garage (top of slab)</li> <li>e) Lowest elevation of machinery or equipment servicing (Describe type of equipment and location in Comment</li> </ul>	the building		feet  meters		
f) Lowest adjacent (finished) grade next to building (LAG)	<u> </u>		feet 🔲 meters	<b>;</b>	
g) Highest adjacent (finished) grade next to building (HAG	,		feet 🗌 meters	<b>i</b>	
<ul> <li>h) Lowest adjacent grade at lowest elevation of deck or s structural support</li> </ul>	tairs, including	18 . 5 😿	feet 🗌 meters	r.	
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.					
Theck here if comments are provided on back of form.	Were latitude and longitud icensed land surveyor?			OFESSION AFFE	
Certifier's Name J. JASON COX		License Number 26950	y a The state of t	No. 26950	
Title	COMPANY Name	1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
OWNER Address	COX SURVEYORS &	State ZIP Coo		Mo and I	
4761 HWY, 501 W. STE, 2	MÝRTLE BEACH Date	SC 29579 Telephone		MASON COM	
Signature )	07/24/2014	(843) 236-7200	_  [	Thurston, W.	