

# ELEVATION CERTIFICATE

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 BILL CLARK HOMES OF MYRTLE BEACH  
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
296 SOUTHERN BREEZES CIRCLE  
City MYRTLE BEACH State SC ZIP Code 29576

Policy Number:  
Company NAIC Number:

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
TMS # 194-46-01-139 LOT 41 PHEASANT RUN PHASE 2  
A4. Building Use (e.g., Residential, Non-Residential, Addition Accessory, etc.) RESIDENTIAL  
A5. Latitude/Longitude: Lat. 33.602241 Long. -79.053714 Horizontal Datum:  NAD 1927  NAD 1983

OK  
mod  
9-14-15

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) N/A sq ft  
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A  
c) Total net area of flood openings in A8.b 0 sq in  
d) Engineered flood openings?  Yes  No  
A9. For a building with an attached garage:  
a) Square footage of attached garage 412 sq ft  
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0  
c) Total net area of flood openings in A9.b 0 sq in  
d) Engineered flood openings?  Yes  No

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number HORRY COUNTY 450104  
B2. County Name HORRY  
B3. State SOUTH CAROLINA  
B4. Map/Panel Number 45051C0731  
B5. Suffix H  
B6. FIRM Index Date 09/17/2003  
B7. FIRM Panel Effective/Revised Date 8/23/1999  
B8. Flood Zone(s) AE  
B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10

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/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)?  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. In Puerto Rico only, enter meters.  
Benchmark Utilized: GPS Vertical Datum: NGVD 29  
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.

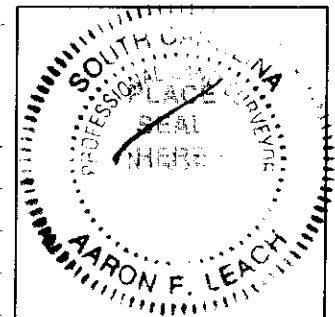
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 14.22  feet  meters  
b) Top of the next higher floor 24.22  feet  meters  
c) Bottom of the lowest horizontal structural member (V Zones only) N/A  feet  meters  
d) Attached garage (top of slab) 13.74  feet  meters  
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 13.82  feet  meters  
f) Lowest adjacent (finished) grade next to building (LAG) 13.50  feet  meters  
g) Highest adjacent (finished) grade next to building (HAG) 13.64  feet  meters  
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support N/A  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 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 AARON LEACH License Number 20191  
Title Land Surveyor Company Name ROWE PROFESSIONAL SERVICES COMPANY  
Address 511 BROADWAY STREET City MYRTLE BEACH State SC ZIP Code 29577  
Signature A. Leach Date 09/09/2015 Telephone 843-444-1020




<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>	<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 296 SOUTHERN BREEZES CIRCLE	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 Sections E, F, and G of this form have been left blank by the Land Surveyor  
Form has expired, however, it is the most current form provided by FEMA

Signature 	Date 09/09/2015
---	-----------------

**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 \_\_\_\_\_

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 _____
-------------------------	------------------------------	---

- 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.

# Building Photographs

See Instructions for Item A6.

**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.  
296 SOUTHERN BREEZES CIRCLE

Policy Number:

City MURRELLS INLET

State SC

ZIP Code 29576

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



# Building Photographs

Continuation Page

**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.  
296 SOUTHERN BREEZES CIRCLE

Policy Number:

City MURRELLS INLET

State SC

ZIP Code 29576

Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

