OK HR05 8/3/16

33584 8/2/16 DJ42

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

ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

OMB Control Number: 1660-0008
Expiration: 11/30/2018

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name **KENNETH HUNSUCKER**	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. **820 ROWE POND ROAD**	Company NAIC Number:

City **CONWAY** | State **SC** | Zip Code **29526**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
TM 124-00-03-089

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**

A5. Latitude/Longitude: Lat. **33°51'01"N** Long. **-78°59'20"W** 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 **5**

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 **N/A** sq in

d) Engineered flood openings? ○ Yes ◉ No

A9. For a building with an attached garage:

a) Square footage of attached garage **N/A** sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **N/A**

c) Total net area of flood openings in A9.b **N/A** sq in

d) Engineered flood openings? ○ Yes ◉ No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
HORRY 45104	**HORRY**	**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 AO, use base flood depth
450C0530	**H**	**09/17/03**	**09/23/99**	**AE**	**15**

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: HC-15 Vertical Datum: 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)	N/A		☐ feet ☐ meters
b) Top of the next higher floor	16	7	◉ feet ☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A		☐ feet ☐ meters
d) Attached garage (top of slab)	N/A		☐ feet ☐ meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	16	5	◉ feet ☐ meters
f) Lowest adjacent (finished) grade next to building (LAG)	6	5	◉ feet ☐ meters
g) Highest adjacent (finished) grade next to building (HAG)	7	0	◉ feet ☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	6	5	◉ feet ☐ meters

ELEVATION CERTIFICATE, page 2

OMB Control Number: 1660-0008
Expiration: 11/30/2018

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. **820 ROWE POND ROAD**			Policy Number:
City **CONWAY**	State **SC**	Zip Code **29526**	Company NAIC Number:

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 attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor? ◉ Yes ○ No

Certifier's Name **JAMES B. GODFREY, III**		License Number **6944**	
Title **PRESIDENT**	Company Name **JONES/GODFREY & ASSOCIATES, INC.**		
Address **PO BOX 6891**	City **FLORENCE**	State **SC**	Zip Code **29502**
Signature	Date **MAY 26, 2016**	Telephone **(843) 229-8159**	

PLACE SEAL HERE

James B. Godfrey III

Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)
HOT WATER HEATER & A/C UNIT ON BACK PORCH

James B. Godfrey III — Signature

MAY 26, 2016 — Date

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 page 8 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 or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code
Signature	Date	Telephone	

Comments

☐ Check here if attachments.

BUILDING PHOTOGRAPHS

See instructions for Item A6.

OMB Control Number: 1660-0008
Expiration: 11/30/2018

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. **820 ROWE POND ROAD**			Policy Number:
City **CONWAY**	State **SC**	Zip Code **29526**	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.

FRONT & LEFT SIDE VIEW MAY 23, 2016

REAR & RIGHT SIDE VIEW MAY 23, 2016