

Tommy Smith #37
#58616
7/22/16

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Handwritten signature and date:
7/25/16

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 <u>MYRTLE BEACH LAND LEASING COMPANY, LLC</u>		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>MYRTLE BEACH TRAVEL PARK BATH HOUSE SITE #10</u>		Company NAIC Number:	
City <u>MYRTLE BEACH</u>	State <u>SC</u>	ZIP Code <u>29572</u>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>MYRTLE BEACH TRAVEL PARK BATHHOUSE SITE #10 OCEAN PARK TR.</u>			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>NON-RESIDENTIAL</u>			
A5. Latitude/Longitude: Lat. <u>33-46-28.9 N</u> Long. <u>078-46-20.1 W</u> Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input 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 <u>1B</u>			
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s) <u>NA</u> sq ft			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>NA</u>			
c) Total net area of flood openings in A8.b <u>NA</u> sq in			
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
A9. For a building with an attached garage:			
a) Square footage of attached garage <u>NA</u> sq ft			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>NA</u>			
c) Total net area of flood openings in A9.b <u>NA</u> sq in			
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1. NFIP Community Name & Community Number <u>Horry County 450104</u>		B2. County Name <u>Horry</u>	B3. State <u>SC</u>
B4. Map/Panel Number <u>45051C0569</u>	B5. Suffix <u>H</u>	B6. FIRM Index Date <u>09/17/03</u>	B7. FIRM Panel Effective/Revised Date <u>08/23/99</u>
B8. Flood Zone(s) <u>AE</u>		B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <u>15</u>	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input checked="" type="checkbox"/> FIS 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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input checked="" type="checkbox"/> CBRS <input type="checkbox"/> OPA			

Handwritten signature and date:
6/23/16

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 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. <u>BATH HOUSE SITE #10 OCEAN PARK TRAIL</u>			Policy Number:
City <u>MYRTLE BEACH</u>	State <u>SC</u>	ZIP Code <u>29572</u>	Company NAIC Number

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: SC GPS RTK 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.

Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 19.1 feet meters
- b) Top of the next higher floor N.A. 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) 22.0 feet meters
- f) Lowest adjacent (finished) grade next to building (LAG) 17.7 feet meters
- g) Highest adjacent (finished) grade next to building (HAG) 18.9 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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name <u>GREG F. CUNNINGHAM</u>	License Number <u>SCPLS# 17924</u>
Title <u>BRANCH MANAGER</u>	
Company Name <u>PARICK LAND SURVEYING LLC</u>	
Address <u>400 CHURCH STREET</u>	
City <u>GEORGETOWN</u>	State <u>SC</u> ZIP Code <u>29440</u>
Signature <u>[Signature]</u>	Date <u>6/23/16</u> Telephone <u>843-485-4405</u>



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

Comments (including type of equipment and location, per C2(e), if applicable)

C2(e) - HVAC PAD.

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City MYRTLE BEACH	State SC	ZIP Code 29572	Company NAIC Number

**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 1-2 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 *[Signature]* Date 6/23/16 Telephone _____

Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

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See Instructions for Item A6.

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City MYRTLE BEACH	State SC	ZIP Code 29572	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.

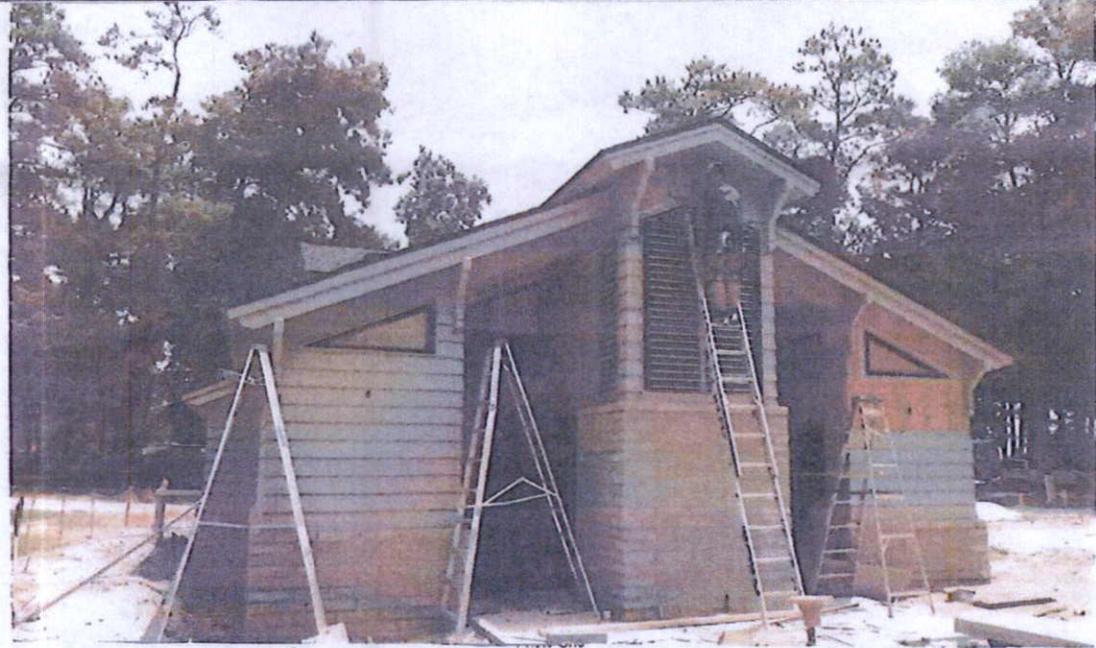


Photo One Caption

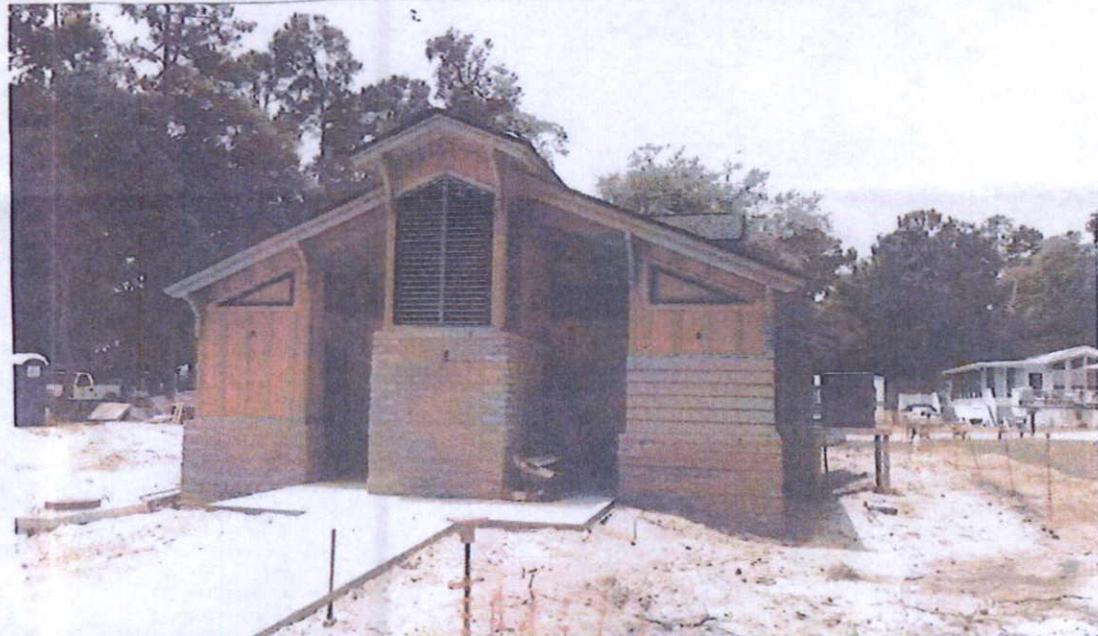


Photo Two Caption