

HORRY COUNTY PERMIT

APPLICATION

(Must be fully completed in ink)

FLOOD ZONE AE
BFE 13
PANEL# 509
ECERT REQ yes
APPROVED MORAN

DATE IN _____
FEES PD \$ _____ P/R _____ Z _____
CLERK _____
PLAN CASE # _____
REF _____
APPD MORAN DATE 11-16-15
Telephone _____

Stephanie G. Paglia
Name of Owner (as listed on Tax Records)
1361 Riverside Drive Conway, SC
Mailing Address City State Zip

Site Address _____ Subdivision /Phase # _____ Lot# _____
Project Name Paglia Residence elevation Bldg. # _____ # of Units _____ Occupant Load _____

Type of Work: New () Addition () Alter () Repair () Move () Demolish () Other _____
Use of Improvements: Single Family () Mobile Home () Duplex () Apartment () Commercial () Institutional () Utility ()
Warehouse () Manufacturing () Condo () Industrial () Farm Building () Sign () Other _____
Type of Construction: Metal () Wood () Steel () Concrete () Other _____
Exterior: Brick () Conc. Block () Stone () Brick Veneer () Stucco () Metal () Wood () Glass () Vinyl () Other _____
No of Stories _____ No. of Bedrooms _____ No. of Baths _____ No. of Half Baths _____ Total # Rooms _____
Type of Heating: Central Air Cond. () Heat Pump () Other _____ Sprinkler Req _____ Provided _____ N/A _____
Type of Fuel: Oil () Gas () Electricity () Wood () Other _____
Unheated areas: Garage () Carport () Porches () Decks () Masonry Fireplaces # _____
Total No. of Square Feet _____ Heated Space _____ Unheated _____

Description of Work repair home due to flood damage and elevate to make conforming structure see attached scope of work and engineer's letter
Value of Construction \$ 210,000 elevation \$ 76,000 Permit # 53961
Building Permit Fees \$ 790- repairs \$ 134,000 Mobile Home Sticker # _____
Zoning Fees \$ 0 (interior & exterior) Farm # _____
MIGC Fire Fee \$ 0 MIGC Fire Receipt # _____
TOTAL FEES \$ 890 Plan / Bin # _____
App Code _____

Contractor or Builder Stephanie Paglia Tele # () _____ State License # _____
Address _____ Email _____
Architect or Engineer _____ Tele # () _____ Fax # () _____
Address 138-00-01-008 Email 36601030002
Est Date of Completion _____ TMS # / PIN # _____ Dist. # 100 Zone SR40 RW Verified _____

THIS PERMIT MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF ANY REGULATION IN EFFECT BY ORDINANCE OR OTHERWISE BUILDING PERMITS ARE NOT REFUNDABLE OR TRANSFERABLE.
Issued By: M Moran Signature Stephanie Paglia
Date 11/16/15 Print name _____
Owner () Contractor () Agent ()

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

OMB No. 1680-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Stclair & Linda Hackett

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
1361 Riverside Drive
 City Conway State SC ZIP Code 29526

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
TMS8138-00-01-008 *Keep in file*

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

A5. Latitude/Longitude: Lat. N33° 49' 44.87" Long. W79° 09' 36.88" 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 g

A8. For a building with a crawlspace or enclosure(s):
 a) Square footage of crawlspace or enclosure(s) 3694 sq ft
 b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 16
 c) Total net area of flood openings in A8.b 2048 sq in
 d) Engineered flood openings? Yes No

A9. For a building with an attached garage:
 a) Square footage of attached garage 847 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
Horry County 450104

B2. County Name
Horry County

B3. State
South Carolina

| | | | | | |
|---|------------------------|--|--|---|--|
| B4. Map/Panel Number <u>45051C0509</u> | B5. Buffer <u>H</u> | B6. FIRM Index Date <u>08/23/1999</u> | B7. FIRM Panel Effective/Revised Date <u>08/17/2003</u> | B8. Flood Zone(s) <u>AE&Roadwa</u> | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>13</u> |
|---|------------------------|--|--|---|--|

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, ARIA, ARI/AE, ARIA1-A30, ARIAH, ARIAO. Complete items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
 Benchmark Utilized: Conway Map L248809 Vertical Datum: 28-224 NGVD29
 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) | <u>8.54</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>10.83</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>9.14</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | <u>11.50</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>8.34</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>8.54</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>8.54</u> | <input checked="" type="checkbox"/> 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.

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 Kenneth D. Jordan License Number 21836

Title President Company Name K & R Land Surveyors, Inc.

Address 312 Laurel Street City Conway State SC ZIP Code 29526

Signature *[Signature]* Date 08/08/2013 Telephone 843-241-7842



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.

1381 Riverside Dr

City Conway

State SC ZIP Code 29526

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 The lowest piece of machinery servicing this building is the hot water heater.

A/C unit 13.74'

Signature

Date 06/08/2013

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 6-8 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 A8.

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.
1381 Riverside Dr

Policy Number:

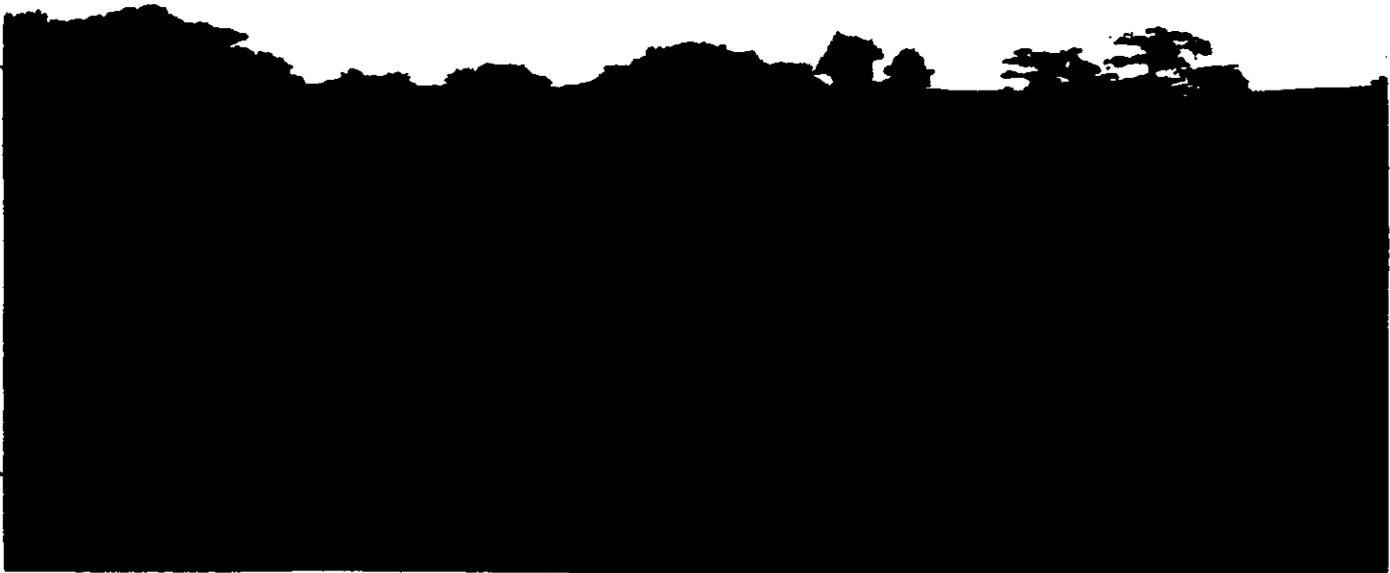
City Conway

State SC

ZIP Code 29526

Company NAC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A8. 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 06/08/2013



Rear 06/08/2013

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.
1361 Riverside Drive

Policy Number:

City Conway

State Sc

ZIP Code 29626

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.



Right 08/08/2013



Left 08/08/2013

RECEIPT

Horry County Code Enforcement
1301 Second Avenue
Suite 1D09
Conway, SC 29526
843-915-5090

Permit Number: RES-11-15-53961

Permit Type: Residential Permit

Receipt Number: RES-11-15-391020

Parcel Number: 36601030002

Plan Case Number:

Property Owner: STEPHANIE G PAGLIA

Lot:

Project Name: <NONE>

FEES

| DATE | FEE NAME | FEE AMOUNT |
|------------|-----------------------|------------|
| 11/16/2015 | Alteration Permit Fee | \$790.00 |
| 11/16/2015 | Change of Service Fee | \$100.00 |

PAYMENTS

| DATE | PAY TYPE | PAYER | RECEIVED BY | AMOUNT RECEIVED | AMOUNT APPLIED | CHANGE |
|------------|--------------|-------|-------------|-----------------|----------------|----------|
| 11/16/2015 | Check # 1037 | | Karen Owens | \$890.00 | \$890.00 | \$0.00 |
| MEMO: | | | | TOTAL PAYMENTS: | | \$890.00 |
| | | | | TOTAL CHANGE: | | \$0.00 |

November 13, 2015

Re: Requirements to Raise Home

Stephanie Paglia
1361 Riverside Drive
Horry County, SC

To whom it may concern:

Upon a physical inspection of the structure located at 1361 Riverside Drive, the raising of the structure will meet the 2012 IRC with the following specifications:

The existing foundation shall be continuous with #4 dowels epoxied into every 48" O/C for vertical support. A bond beam (2- #5 rebar continuous) is required with every 4' of rise. The cells of the CMU shall be filled with 3,000 psi concrete. A Simpson PA51 strap every 48" embedded to attach foundation to existing floor system shall be installed.

7/16" OSB sheathing shall reach from the top of existing top plate to the bottom of the existing bottom plate. The sheathing shall be nailed with 8D common nails. The nailing pattern for the edges shall be 4" O/C and the interior shall be 8" O/C.

Simpson H10 Clips shall be installed at each truss per manufactures' specifications to attach trusses to walls.

The brick veneer shall set on existing brick ledge with ladder reinforcing every 16" O/C. The veneer shall be constructed per 2012 IRC.

Additional items may need to be addressed as the construction progresses. .

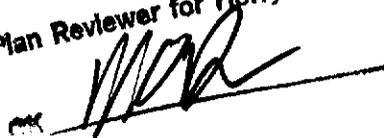
If you should have any questions, I can be reached at (843) 421-3840.

Sincerely,

Jack W. Huggins



Plan Reviewer for Horry County



SCOPE OF WORK FOR ALTERATIONS / REPAIRS / ADDITIONS

 COMMERCIAL

 ✓ RESIDENTIAL

SITE LOCATION 1361 Riverside Drive Conway, SC 29526

APPLICANT PLEASE DESCRIBE IN DETAIL EXACTLY WHAT YOU ARE DOING:

elevation: raise home - install new foundation walls on existing footing per engineer letter. Install OSB Sheeting on exterior of home. Replace one exterior door and all exterior brick.

interior repairs: insulation on walls & ceilings, replace baseboard & all floor coverings. Replace sheet rocks as needed. Kitchen cabinets & bathroom vanity.

Stephanie Paglia
APPLICANT

11/10/15
DATE

REVIEWER COMMENTS:

All work 2012 IRC/ IECC 2009
Building home to be conforming.
Work per scope
swells required
work IAW engineer letter

Moh
REVIEWER

11-10-15
DATE

PERMIT#

November 13, 2015

Re: Requirements to Raise Home

Stephanie Paglia
1361 Riverside Drive
Horry County, SC

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Simpson H10 Clips shall be installed at each truss per manufactures' specifications to attach trusses to walls.

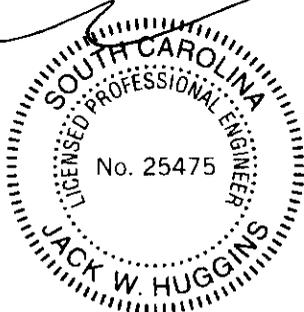
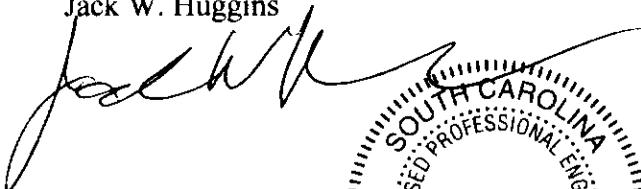
The brick veneer shall set on existing brick ledge with ladder reinforcing every 16" O/C. The veneer shall be constructed per 2012 IRC.

Additional items may need to be addressed as the construction progresses. .

If you should have any questions, I can be reached at (843) 421-3840.

Sincerely,

Jack W. Huggins



Plan Reviewer for Horry County



A handwritten signature, possibly "MOR", written over a horizontal line.

HORRY COUNTY CODE ENFORCEMENT DIVISION

1301 2nd Ave Suite 1D09 Conway, SC 29526

(843) 915-5090 / (843) 205-5090 921954

PERMIT # 53961

DATE 11/30/2015

POWER PERMIT # _____

NAME Pasler

LOCATION 1361 RIVERSTONE DR

TIME ARRIVE 9:05 TIME DEPART 9:50

SETBACKS: FR _____ LT _____ RT _____ RR _____

| TYPE INSPECTION | P | I | | P | I |
|--------------------------|---|----------|-----------------------|---|---|
| TEMP SERVICE | — | — | FOUNDATION | — | — |
| PILASTER | — | — | SLAB / POLY WIRE | — | — |
| BOND BEAM | — | — | ROUGH PLUMBING | — | — |
| SLAB PLUMBING | — | — | ROUGH ELECTRICAL | — | — |
| <u>NAILING</u> | — | <u>X</u> | BRICK FLASHING | — | — |
| FRAMING | — | — | WINDOW FLASHING | — | — |
| ROUGH MECHANICAL | — | — | ROUGH FIRE | — | — |
| INSULATION | — | — | FINAL | — | — |
| FINAL FIRE | — | — | C/OCCUPANCY | — | — |
| MOBILE HOME | — | — | TUB INSULATION | — | — |
| MOBILE HOME UNDERPINNING | — | — | SWIMMING POOL | — | — |
| SIGN | — | — | POOL / DECK GROUNDING | — | — |
| C/O/S | — | — | METER SERVICE | — | — |
| POST FOUNDATION | — | — | EROSION SEDIMENT | — | — |
| DRYWALL / NAILING | — | — | OTHER | — | — |

REMARKS EXTERIOR WALLS ON Existing Dwelling
OK. Will Need TO INSPECT Sitching on
Connection TO New Foundation.
OK TO COVER Existing walls

INSPECTOR Harold R. Edge #53

RECEIVED BY _____

HORRY COUNTY CODE ENFORCEMENT DIVISION

1301 2nd Ave Suite 1D09 Conway, SC 29526

(843) 915-5090 / (843) 205-5090

899051

PERMIT # 53941

DATE 12/22/2015

POWER PERMIT #

NAME Paslin,

LOCATION 1361 RIVERSIDE DR.

TIME ARRIVE 11:35

TIME DEPART 12:15

SETBACKS: FR LT RT RR

TYPE INSPECTION P I P I

TEMP SERVICE FOUNDATION

PILASTER SLAB / POLY WIRE

BOND BEAM ROUGH PLUMBING

SLAB PLUMBING ROUGH ELECTRICAL

NAILING BRICK FLASHING

FRAMING WINDOW FLASHING

ROUGH MECHANICAL ROUGH FIRE

INSULATION  FINAL

FINAL FIRE C/OCCUPANCY

MOBILE HOME ZONING C/OCCUPANCY

MOBILE HOME UNDERPINNING SWIMMING POOL

SIGN POOL / DECK GROUNDING

C/O/S METER SERVICE

POST FOUNDATION EROSION SEDIMENT

REMARKS WALL INSULATION OK AT THIS TIME.
OK TO DRYWALL.
NEED TO SET UNDER FLOOR INSULATION.

INSPECTOR Harold R. Edson #53

RECEIVED BY

HORRY COUNTY CODE ENFORCEMENT DIVISION

1301 2nd Ave Suite 1D09 Conway, SC 29526

(843) 915-5090 / (843) 205-5090 931331

PERMIT # 53961

DATE 2/1/16

POWER PERMIT # _____

NAME PAGLIA

LOCATION 1361 RIVERSIDE DR.

TIME ARRIVE 1530 TIME DEPART 1555

SETBACKS: FR _____ LT _____ RT _____ RR _____

| TYPE INSPECTION | P | I | P | I |
|--------------------------|---|---|---|---|
| TEMP SERVICE | — | — | — | — |
| PILASTER | — | — | — | — |
| BOND BEAM | — | — | — | — |
| SLAB PLUMBING | — | — | — | — |
| NAILING (R) | — | X | — | — |
| FRAMING | — | — | — | — |
| ROUGH MECHANICAL | — | — | — | — |
| INSULATION | — | — | — | — |
| FINAL FIRE | — | — | — | — |
| MOBILE HOME | — | — | — | — |
| MOBILE HOME UNDERPINNING | — | — | — | — |
| SIGN | — | — | — | — |
| C/O/S | — | — | — | — |
| POST FOUNDATION | — | — | — | — |
| DRYWALL / NAILING | — | — | — | — |
| FOUNDATION | — | — | — | — |
| SLAB / POLY WIRE | — | — | — | — |
| ROUGH PLUMBING | — | — | — | — |
| ROUGH ELECTRICAL | — | — | — | — |
| BRICK FLASHING | — | — | — | — |
| WINDOW FLASHING | — | — | — | — |
| ROUGH FIRE | — | — | — | — |
| FINAL | — | — | — | — |
| C/OCCUPANCY | — | — | — | — |
| TUB INSULATION | — | — | — | — |
| SWIMMING POOL | — | — | — | — |
| POOL / DECK GROUNDING | — | — | — | — |
| METER SERVICE | — | — | — | — |
| EROSION SEDIMENT | — | — | — | — |
| OTHER | — | — | — | — |

REMARKS CONNECTION TO NEW FOUNDATION
OK ON FRONT - NEED TO SEE STRAPS
ON REAR
OK TO COVER FRONT.

INSPECTOR [Signature] 17

RECEIVED BY _____

HORRY COUNTY CODE ENFORCEMENT DIVISION

1301 2nd Ave Suite 1D09 Conway, SC 29526

(843) 915-5090 / (843) 205-5090 931710

PERMIT # 53961

DATE 2/3/2016

POWER PERMIT # _____

NAME Paola

LOCATION 1361 RIVERSIDE DR

TIME ARRIVE 8:15 TIME DEPART 9:00

SETBACKS: FR _____ LT _____ RT _____ RR _____

| TYPE INSPECTION | P | I | | P | I |
|--------------------------|---|---|-----------------------|---|---|
| TEMP SERVICE | — | — | FOUNDATION | — | — |
| PILASTER | — | — | SLAB / POLY WIRE | — | — |
| BOND BEAM | — | — | ROUGH PLUMBING | — | — |
| SLAB PLUMBING | — | — | ROUGH ELECTRICAL | — | — |
| NAILING <u>(B)</u> | ✓ | — | <u>BRICK FLASHING</u> | ✓ | — |
| FRAMING | — | — | WINDOW FLASHING | — | — |
| ROUGH MECHANICAL | — | — | ROUGH FIRE | — | — |
| INSULATION | — | — | FINAL | — | — |
| FINAL FIRE | — | — | C/OCCUPANCY | — | — |
| MOBILE HOME | — | — | TUB INSULATION | — | — |
| MOBILE HOME UNDERPINNING | — | — | SWIMMING POOL | — | — |
| SIGN | — | — | POOL / DECK GROUNDING | — | — |
| C/O/S | — | — | METER SERVICE | — | — |
| POST FOUNDATION | — | — | EROSION SEDIMENT | — | — |
| DRYWALL / NAILING | — | — | OTHER | — | — |

REMARKS Brick Flashing OK

MET WITH MR. Paola and FLOOD CONTROL OFFICER R TO ADDRESS Hydrostatic Vent Requirements. ADVISED MR Paola of 1 sq. in. per 1 sq. ft vent requirements and He agreed to comply.

INSPECTOR Harold R. Edge #53

RECEIVED BY _____

HORRY COUNTY CODE ENFORCEMENT DIVISION

1301 2nd Ave Suite 1D09 Conway, SC 29526

(843) 915-5090 / (843) 205-5090 941400

PERMIT # 53961

DATE 5/4/16

POWER PERMIT # 163605

NAME Stephanie Paslic

LOCATION 1261 Riverside Dr

TIME ARRIVE 1245 TIME DEPART 1105

SETBACKS: FR _____ LT _____ RT _____ RR _____

| TYPE INSPECTION | P | I | | P | I |
|--------------------------|---|---|-----------------------|---|---|
| TEMP SERVICE | — | — | FOUNDATION | — | — |
| PILASTER | — | — | SLAB / POLY WIRE | — | — |
| BOND BEAM | — | — | ROUGH PLUMBING | — | — |
| SLAB PLUMBING | — | — | ROUGH ELECTRICAL | — | — |
| NAILING | — | — | BRICK FLASHING | — | — |
| FRAMING | — | — | WINDOW FLASHING | — | — |
| ROUGH MECHANICAL | — | — | ROUGH FIRE | — | — |
| INSULATION | — | — | FINAL | — | — |
| FINAL FIRE | — | — | C/OCCUPANCY | — | — |
| MOBILE HOME | — | — | TUB INSULATION | — | — |
| MOBILE HOME UNDERPINNING | — | — | SWIMMING POOL | — | — |
| SIGN | — | — | POOL / DECK GROUNDING | — | — |
| <u>C/O/S</u> | — | ✓ | METER SERVICE | — | — |
| POST FOUNDATION | — | — | EROSION SEDIMENT | — | — |
| DRYWALL / NAILING | — | — | OTHER | — | — |

REMARKS Ok to power clots

Hoster Card left for final etc

INSPECTOR Daniel J. [Signature]

RECEIVED BY _____

HORRY COUNTY CODE ENFORCEMENT DIVISION

1301 2nd Ave Suite 1D09 Conway, SC 29526

(843) 915-5090 / (843) 205-5090 941410

PERMIT # 53961

DATE 5/5/16

POWER PERMIT # _____

NAME Stephanie Pappas

LOCATION 136 Riverside Dr

TIME ARRIVE 1040 TIME DEPART 1110

SETBACKS: FR _____ LT _____ RT _____ RR _____

| TYPE INSPECTION | P | I | | P | I |
|--------------------------------|---|---|-----------------------|---|---|
| TEMP SERVICE | — | — | FOUNDATION | — | — |
| PILASTER | — | — | SLAB / POLY WIRE | — | — |
| BOND BEAM | — | — | ROUGH PLUMBING | — | — |
| SLAB PLUMBING | — | — | ROUGH ELECTRICAL | — | — |
| NAILING | — | — | BRICK FLASHING | — | — |
| FRAMING | — | — | WINDOW FLASHING | — | — |
| ROUGH MECHANICAL | — | — | ROUGH FIRE | — | — |
| <u>INSULATION</u> [Ⓟ] | — | ✓ | <u>FINAL</u> | — | ✓ |
| FINAL FIRE | — | — | <u>C/OCCUPANCY</u> | — | ✓ |
| MOBILE HOME | — | — | TUB INSULATION | — | — |
| MOBILE HOME UNDERPINNING | — | — | SWIMMING POOL | — | — |
| SIGN | — | — | POOL / DECK GROUNDING | — | — |
| C/O/S | — | — | METER SERVICE | — | — |
| POST FOUNDATION | — | — | EROSION SEDIMENT | — | — |
| DRYWALL / NAILING | — | — | OTHER | — | — |

REMARKS ① Nail connectors between posts & beams of rear porch
② Need license numbers on Ristar Card as marked
③ Need Engineer letter for foundation

INSPECTOR Donald J. 42

RECEIVED BY _____

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015
 #53961
 5/5/16
 02/12

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

| | | |
|---|----------|--|
| A1. Building Owner's Name: STEPHANIE G. PAGLIA | | Policy Number: |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1361 RIVERSIDE DRIVE | | Company NAIC Number: |
| City CONWAY | State SC | ZIP Code 29526 |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TMS #138-00-01-008 | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u> | | |
| A5. Latitude/Longitude: Lat. <u>33-49-45.8 N</u> Long. <u>79-00-35.4 W</u> | | Horizontal Datum: NAD 1927 X 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 8 | | |
| 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) <u>2700</u> sq ft | | a) Square footage of attached garage <u>1610</u> sq ft |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>34</u> | | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>1</u> |
| c) Total net area of flood openings in A8.b <u>3916</u> sq in | | c) Total net area of flood openings in A9.b <u>16,128</u> sq in |
| d) Engineered flood openings? No | | d) Engineered flood openings? No |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

A.

| | | | | | |
|---|-----------------|----------------------------------|--|-------------------------|---|
| B1. NFIP Community Name & Community Number HORRY COUNTY 450104 | | B2. County Name HORRY COUNTY | | B3. State SC | |
| B4. Map/Panel Number 0509 | B5. Suffix H | B6. FIRM Index Date 9/17/2003 | B7. FIRM Panel Effective/Revised Date AUGUST 12, 1999 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 13 |

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: 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)?
 Designation Date: _____ CBRS OPA Yes No

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* X 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-VRS Vertical Datum: 1988
 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) | 16.11 | X feet | meters |
| b) Top of the next higher floor | NA | feet | meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | NA | feet | meters |
| d) Attached garage (top of slab) | 8.88 | X feet | meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | 13.50 | X feet | meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 8.12 | X feet | meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 8.78 | X feet | meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | 8.12 | X feet | meters |

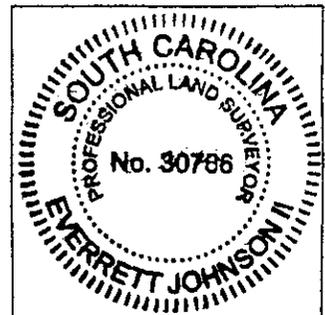
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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 | EVERRETT T JOHNSON II | License Number | 30766 |
| Title | OWNER | Company Name | J&W Professional Land Surveyors, LLC |
| Address | 3370 TRULUCK JOHNSON RD | City | AYNOR |
| | | State | SC |
| | | ZIP Code | 29511 |
| Signature | | Date | 4/20/2016 |
| | | Telephone | 843-241-3800 |



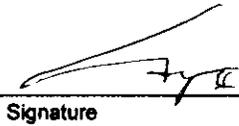
ELEVATION CERTIFICATE, page 2

| | |
|---|----------------------------------|
| 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. 1361 RIVERSIDE DRIVE | Policy Number: |
| City CONWAY State SC ZIP Code 29526 | 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 THE A/C PAD IS THE LOWEST MACHINERY USED


Signature

Date 4/20/2016

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 above the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet above 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 above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet above 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.
1361 RIVERSIDE DRIVE

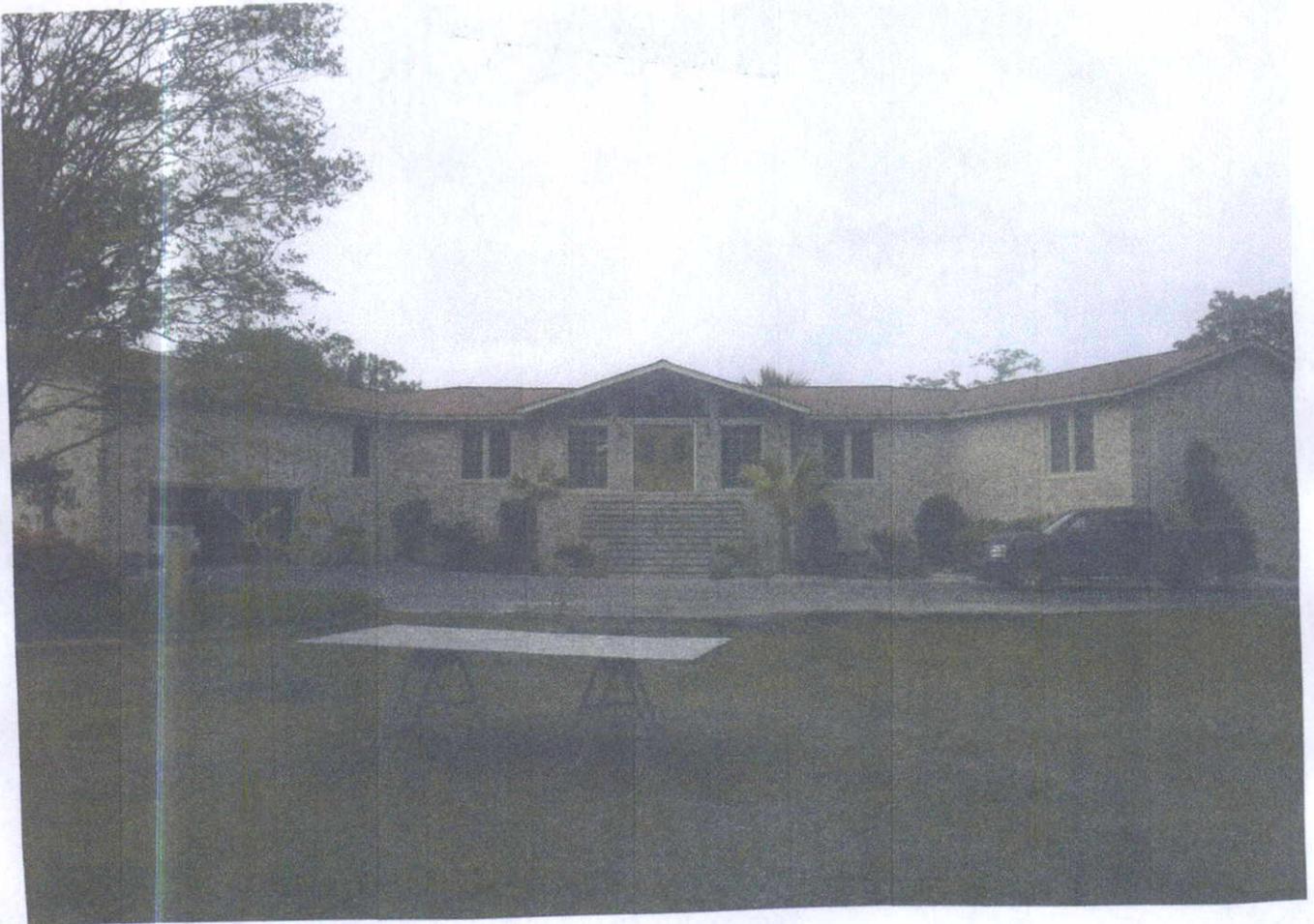
Policy Number:

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.



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.
1361 RIVERSIDE DRIVE

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.



HORRY COUNTY CODE ENFORCEMENT DIVISION

1301 2nd Ave Suite 1D09 Conway, SC 29526

(843) 915-5090 / (843) 205-5090 922033

PERMIT # 53961

DATE 5/11/2016

POWER PERMIT # _____

NAME Paglia

LOCATION 1361 Riverside Dr.

TIME ARRIVE 9:31 TIME DEPART 10:00

SETBACKS: FR _____ LT _____ RT _____ RR _____

| TYPE INSPECTION | P | I | | P | I |
|--------------------------|---|---|-----------------------|---|---|
| TEMP SERVICE | — | — | FOUNDATION | ✓ | — |
| PILASTER | ✓ | — | SLAB / POLY WIRE | — | — |
| BOND BEAM | ✓ | — | ROUGH PLUMBING | — | — |
| SLAB PLUMBING | — | — | ROUGH ELECTRICAL | — | — |
| NAILING | — | — | BRICK FLASHING | — | — |
| FRAMING | ✓ | — | WINDOW FLASHING | — | — |
| ROUGH MECHANICAL | — | — | ROUGH FIRE | — | — |
| INSULATION | — | — | FINAL | — | — |
| FINAL FIRE | — | — | C/OCCUPANCY | — | — |
| MOBILE HOME | — | — | TUB INSULATION | — | — |
| MOBILE HOME UNDERPINNING | — | — | SWIMMING POOL | — | — |
| SIGN | — | — | POOL / DECK GROUNDING | — | — |
| C/O/S | — | — | METER SERVICE | — | — |
| POST FOUNDATION | — | — | EROSION SEDIMENT | — | — |
| DRYWALL / NAILING | — | — | OTHER | — | — |

REMARKS Letter on File From ENGINEER
OF RECORD. Foundation OK per
Engineer physical inspection and
Letter Dated May 6, 2014.
Corrected Final Construction
E-CURT ROAD.

INSPECTOR Donald R. Elder #23

RECEIVED BY _____

May 6, 2016

Permit # 53961
Hrs # 53 5/11/2016

Re: Foundation Inspection for Raised Home

Stephanie Paglia
1361 Riverside Drive
Horry County, SC

To whom it may concern:

Upon a physical inspection of the structure located at 1361 Riverside Drive, the foundation is acceptable and meets the 2012 IRC.

If you should have any questions, I can be reached at (843) 421-3840.

Sincerely,

Jack W. Huggins

