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

59736 DS L 6/2/16

ELEVATION CERTIFICATE

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

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

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: Ariel Ayers	Policy Number: OK MLC 6-3-16
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 735 E. Hwy 501	Company NAIC Number:
City: Conway	State: SC — Zip Code: 29526

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): TMS# 137-00-02-100

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

A5. Latitude/Longitude: Lat. N33°49'05.19" Long. W79°02'12.03" 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 County 450104	Horry County	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
45051C0508	H	09/17/2003	08/23/1999	AE	11

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* (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 on RealTime Network — Vertical Datum: NAVD88

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)	17 . 92	(X) 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)	N/A .	[ ] feet [ ] meters
f) Lowest adjacent (finished) grade next to building (LAG)	12 . 02	(X) feet [ ] meters
g) Highest adjacent (finished) grade next to building (HAG)	16 . 12	(X) feet [ ] meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A .	[ ] feet [ ] meters

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. 735 E. Hwy 501 East			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.*

[X] Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?
(•) Yes ( ) No

Certifier's Name Kenneth D. Jordan		License Number 21936
Title President/Owner	Company Name K & R Land Surveyors	
Address 312 Laurel Street	City Conway	State / Zip Code SC 29526
Signature Kenneth D. Jordan	Date 05/20/2016	Telephone 843-248-4439

PLACE SEAL

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)

Elevations were determined using Real Time Network GPS and converting to NGVD29 Datum using Vertcon Software

No Steps / No A/C unit at this time.

Signature Kenneth D. Jordan Date 05/20/2016

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 [ ] 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.

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 735 Hwy 501 East	Policy Number:
City: Conway — State: SC — Zip Code: 29526	Company NAIC Number:

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

☐ Check here if attachments.

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BUILDING PHOTOGRAPHS

See instructions for Item A6.

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 735 East Hwy 501			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 05/20/2016

Rear 05/20/2016

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE, page 5 Continuation Page

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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. 735 East Hwy 501			Policy Number:
City Conway	State SC	Zip Code 29526	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 05/20/2016

Left 05/20/2016