

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

62792

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 DAWOL HOMES			Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. VILLA 16 TERRACINA CIRCLE			Company NAIC Number:		
City MYRTLE BEACH	State SC	Zip Code 29588			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) THE GATES UNIT 16, PHASE 7 TMS# 190-00-03-247					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat. N-33-37-45 Long. W-79-01-34 Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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 1B					
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) 0 sq ft	b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0		c) Total net area of flood openings in A8.b 0 sq in	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
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No			d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number HORRY COUNTY 450104			B2. County Name HORRY		B3. State SC
B4. Map/Panel Number 450104-0670	B5. Suffix H	B6. FIRM Index Date 09/17/2003	B7. FIRM Panel Effective/Revised Date 12/03/2004	B8. Flood Zone(s) AE*	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 23*
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input type="radio"/> FIRM <input type="radio"/> Community Determined <input checked="" type="radio"/> Other/Source: *LOMR #04-0423P, 12/03/2004					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: N/A <input type="radio"/> CBRS <input type="radio"/> OPA					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> 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: RTK GPS VIA SC VRN NETWORK Vertical Datum: NGVD 1929 (ADJUSTED FROM NAVD 1988)					
Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: N/A					
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)	25 . 0	<input checked="" type="radio"/> feet <input type="radio"/> meters			
b) Top of the next higher floor	34 . 8	<input checked="" type="radio"/> feet <input type="radio"/> meters			
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input type="radio"/> feet <input type="radio"/> meters			
d) Attached garage (top of slab)	N/A	<input type="radio"/> feet <input type="radio"/> meters			
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	24 . 2	<input checked="" type="radio"/> feet <input type="radio"/> meters			
f) Lowest adjacent (finished) grade next to building (LAG)	24 . 0	<input checked="" type="radio"/> feet <input type="radio"/> meters			
g) Highest adjacent (finished) grade next to building (HAG)	24 . 5	<input checked="" type="radio"/> feet <input type="radio"/> meters			
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	24 . 0	<input checked="" type="radio"/> feet <input type="radio"/> meters			

ELEVATION CERTIFICATE, page 2

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

62792
HG-45
2-6-17

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. VILLA 16 TERRACINA CIRCLE			Policy Number:	
City MYRTLE BEACH	State SC	Zip Code 29588	Company NAIC Number:	

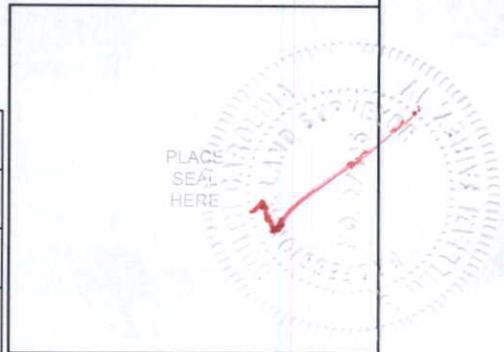
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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 F. WILLIAM FAIREY, IV		License Number SC 27446	
Title PROFESSIONAL LAND SURVEYOR	Company Name THE BRIGMAN COMPANY		
Address 607 MAIN STREET	City CONWAY	State SC	Zip Code 29526
Signature <i>F. William Fairey IV</i>	Date 01/27/2017	Telephone 843-340-0285	



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)
B7, B8, & B9- FIRM PANEL IS DATED 08/23/1999, BASE FLOOD ELEVATION PER LOMR#04-0423P ISSUED 12/03/04, THIS IS BFE ENFORCED BY HORRY COUNTY FLOODPLAIN MANAGEMENT.

Signature *F. William Fairey IV* Date **01/27/2017**

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 No. 1660-0008
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

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. TERRACINA CIRCLE (VILLA 16)			Policy Number:
City MYRTLE BEACH	State South Carolina	ZIP Code 29588	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

Photo One Caption FRONT VIEW



Photo Two

Photo Two Caption REAR VIEW