

69605 HG-45  
9-27-17  
OK M... 28-17

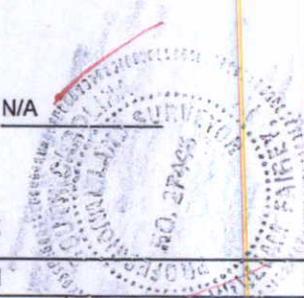
OMB No. 1660-0008  
Expiration Date: November 30, 2018

# ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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<br>DAWOL HOMES  |                 |                                   |   |  | Policy Number:  |                           |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>159 TERRICINA CIRCLE   |                 |                                   |   |  | Company NAIC Number:  |                           |
| City<br>MYRTLE BEACH  |                 | State<br>South Carolina           |   | ZIP Code<br>29588  |   |                           |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>THE GATES UNIT 11, PHASE 7  |                 |                                   |   |  |   |                           |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  |                 |                                   |   |  | RESIDENTIAL   |                           |
| A5. Latitude/Longitude: Lat. N-33-37-44   |                 | Long. W-79-01-35                  |   | Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" 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 1A  |                 |                                   |   |  |   |                           |
| A8. For a building with a crawlspace or enclosure(s):   |                 |                                   |   |  |   |                           |
| a) Square footage of crawlspace or enclosure(s)   |                 |                                   |   |  | 0.00 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   |                 |                                   |   |  | 0.00 sq in  |                           |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                 |                                   |   |  |   |                           |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION   |                 |                                   |   |  |   |                           |
| B1. NFIP Community Name & Community Number<br>450104-HORRY  |                 |                                   | B2. County Name<br>HORRY                            |  | B3. State<br>South Carolina   |                           |
| B4. Map/Panel Number<br>45051C0670  | B5. Suffix<br>H | B6. FIRM Index Date<br>09-17-2003 | B7. FIRM Panel Effective/Revised Date<br>12-03-2004 | B8. Flood Zone(s)<br>AE*   | B9. Base Flood Elevation(s)<br>(Zone AO, use Base Flood Depth)<br>23* |                           |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br><input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other/Source: *LOMR #04-0423P, 12/03/2004 |                 |                                   |   |  |   |                           |
| 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Designation Date: <input type="checkbox"/> CBRS <input type="checkbox"/> OPA                                     |                 |                                   |   |  |   |                           |



# ELEVATION CERTIFICATE

OMB No. 1660-0008  
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|   |                         |                   |                                  |
|---|-------------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                     |                         |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>159 TERRICINA CIRCLE |                         |                   | Policy Number:                   |
| City<br>MYRTLE BEACH  | State<br>South Carolina | ZIP Code<br>29588 | 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: RTK GPS VIA SC VRN NETWORK Vertical Datum: NGVD 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)   | <u>25.18</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | <u>N/A</u>   | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | <u>N/A</u>   | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | <u>24.62</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | <u>25.11</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <u>24.35</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | <u>24.66</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>24.35</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.

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

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  
South Carolina

ZIP Code  
29526

Signature  
*F. William Fairey, IV*

Date  
09-21-2017

Telephone  
(843) 340-0285

Place  
Seal  
Here

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)

B7, B8, B9 - FIRM PANEL IS DATED 8/23/1999, BASE FLOOD ELEVATION PER LOMR#04-0423P ISSUED 12/03/04, THIS IS BFE ENFORCED BY Horry COUNTY FLOODPLAIN MANAGEMENT.

C2. b - NO ACCESS TO SECOND FLOOR AT TIME OF SURVEY

C2. e - HVAC UNIT

# BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008  
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## ELEVATION CERTIFICATE

|   |                         |                   |                                  |  |
|---|-------------------------|-------------------|----------------------------------|--|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                     |                         |                   | <b>FOR INSURANCE COMPANY USE</b> |  |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>159 TERRICINA CIRCLE |                         |                   | Policy Number:                   |  |
| City<br>MYRTLE BEACH  | State<br>South Carolina | ZIP Code<br>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

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW

Clear Photo Two

**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

Continuation Page

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

**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.  
159 TERRICINA CIRCLE

**FOR INSURANCE COMPANY USE**

City  
MYRTLE BEACH

State  
South Carolina

ZIP Code  
29588

Policy Number:

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.



Photo Three Caption SIDE/GARAGE VIEW

Photo Three

Clear Photo Three

Photo Four

Photo Four Caption

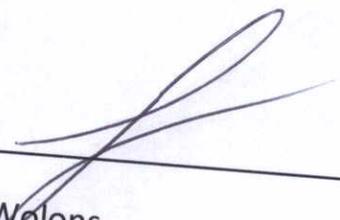
Photo Four

Clear Photo Four

69665

# Roofing Certification

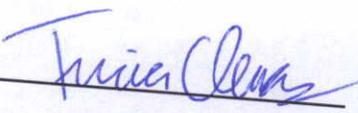
**Permit # RES-03-17-69665, 159 Terracina Circle, Myrtle Beach, SC**  
David Wolons of Dawol Homes, Inc. certifies that the roof sheathing at the above stated property has been nailed in accordance with Strand Engineering details on plan sheets S1-S5, in accordance with 2015 Residential International Building Code. In addition I certify Roofing materials have been installed to manufacturer's specifications.

  
\_\_\_\_\_  
David Wolons

Date 9/22/17

SC State License #: 20726

The above named David Wolons personally appeared before me and acknowledge this to be his free act and deed.

  
\_\_\_\_\_

NOTARY PUBLIC

Tricia Clemons

My Commission Expires: February 4, 2024



# HORRY COUNTY CODE ENFORCEMENT ROSTER CARD

HG-45  
9-27-17

OWNER

Villas At The Gates

PERMIT #

69665

| TRADE                 | CONTRACTOR                   | SC STATE LICENSE | COUNTY BUSINESS LICENSE | PHONE #      | INSPECTOR |
|-----------------------|------------------------------|------------------|-------------------------|--------------|-----------|
| PLUMBER               | H & H Plumbing               | RBP351           | 196276                  | 650-3950     |           |
| ELECTRICIAN           | Ehanced Heating & Electrical | M113013          | 222143                  | 448-3222     |           |
| HEATING & AC          | Longbay Cooling              | M1497            | 220867                  | 448-3222     |           |
| SIDING                | Dawol Homes                  | 20726            | 195978                  | 294-2859     |           |
| INSULATION            | Cohen Insulation             | RBS 475          | 198508                  | 458-0885     |           |
| ROOFER                | Dawol Homes                  | 20726            | 195978                  | 294-2859     |           |
| FLOORING              | Flooring Depot               |                  |                         | 843-602-4669 |           |
| MASON                 |                              |                  |                         |              |           |
| DRY WALL              | Dawol Homes                  | 20726            | 195978                  | 294-2859     |           |
| CARPENTER             | R C Concrete                 | RBS 44406        | 196571                  | 446-2727     |           |
| WALLPAPER             |                              |                  |                         |              |           |
| PAINTER               | L & A Custom Painting        | RBS55950         | 195698                  | 957-5990     |           |
| MOBILE HOME SETUP     |                              |                  |                         |              |           |
| POOL                  |                              |                  |                         |              |           |
| SIGN                  |                              |                  |                         |              |           |
| FIRE SPRINKLER        |                              |                  |                         |              |           |
| FIRE ALARM            |                              |                  |                         |              |           |
| LANDSCAPING           | Perfection Landscaping       | NA               | 188986                  | 458-9847     |           |
| HOME MOVER            |                              |                  |                         |              |           |
| PILE DRIVING          |                              |                  |                         |              |           |
| DOCK/SEA WALL         |                              |                  |                         |              |           |
| INTERIOR RENOVATION   |                              |                  |                         |              |           |
| FOUNDATION/SLAB       | Brick Block Construction     | RBS 45021        | 194963                  | 458-5756     |           |
| PEST CONTROL          | Home Team                    | B0001460         | 197520                  | 979-9991     |           |
| INTERIOR TRIM         | Dawol Homes                  | 20726            | 195978                  | 294-2859     |           |
| HOMEBUILDER           | Dawol Homes                  | 20726            | 195978                  | 294-2859     |           |
| GENERAL CONTRACTOR    |                              |                  |                         |              |           |
| MECHANICAL CONTRACTOR |                              |                  |                         |              |           |
| OTHER                 |                              |                  |                         |              |           |

SIGNATURE

David Wolons  
PRINTED NAME

DATE

9/22/17  
843-294-2859  
PHONE NUMBER