

OK for 7-12-18 84015

**ELEVATION CERTIFICATE**

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

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

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 <b>WILLIAM MUMFORD</b> ✓				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>405 CALHOUN DR</b> ✓				Company NAIC Number:	
City <b>MURRELLS INLET/GARDENCITY</b> ✓		State <b>SC</b> ✓		Zip Code <b>29576</b> ✓	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>TM#195-10-11-016,019 &amp;020, LOTS 16A &amp;17B, BLOCK O, WOODLAND TERRACE, GARDEN CITY</b>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>ACCESSORY</b>					
A5. Latitude/Longitude: Lat. <b>33-35-26.257</b> Long. <b>-078-59-41.92</b> 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 <b>1A</b>					
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) <b>N/A</b> ✓ sq ft			a) Square footage of attached garage <b>N/A</b> ✓ sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <b>N/A</b> ✓			b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>N/A</b> ✓		
c) Total net area of flood openings in A8.b <b>N/A</b> ✓ sq in			c) Total net area of flood openings in A9.b <b>N/A</b> ✓ sq in		
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 <b>450104CO</b> ✓			B2. County Name <b>HORRY</b> ✓		B3. State <b>SC</b> ✓
B4. Map/Panel Number <b>45051CO753</b> ✓	B5. Suffix <b>H</b> ✓	B6. FIRM Index Date <b>09/17/2003</b> ✓	B7. FIRM Panel Effective/Revised Date <b>08/23/1999</b> ✓	B8. Flood Zone(s) <b>AE</b> ✓	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>12</b> ✓
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 checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____					
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: <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: <b>SCCC 4999-E 2014</b> Vertical Datum: <b>NAVD 29</b>					
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: _____					
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)	<b>14.1</b> ✓	<input checked="" type="radio"/> feet <input type="radio"/> meters			
b) Top of the next higher floor	<b>N/A</b> ✓	<input checked="" type="radio"/> feet <input type="radio"/> meters			
c) Bottom of the lowest horizontal structural member (V Zones only)	<b>N/A</b> ✓	<input type="radio"/> feet <input type="radio"/> meters			
d) Attached garage (top of slab)	<b>N/A</b> ✓	<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)	<b>N/A</b> ✓	<input checked="" type="radio"/> feet <input type="radio"/> meters			
f) Lowest adjacent (finished) grade next to building (LAG)	<b>12.4</b> ✓	<input checked="" type="radio"/> feet <input type="radio"/> meters			
g) Highest adjacent (finished) grade next to building (HAG)	<b>13.7</b> ✓	<input checked="" type="radio"/> feet <input type="radio"/> meters			
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<b>N/A</b> ✓	<input checked="" type="radio"/> feet <input type="radio"/> meters			



**ELEVATION CERTIFICATE, page 2**

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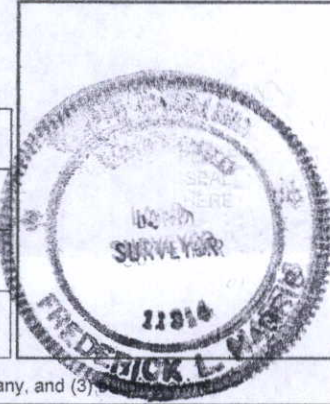
<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>		<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 405 CALHOUN DR		Policy Number:	
City MURRELLS INLET/GARDEN CITY	State SC	Zip Code 29576	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.

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

Certifier's Name FREDERICK L HARRIS		License Number SC11314	
Title PROFESSIONAL LAND SURVEYOR	Company Name SELF		
Address 615 GIBSON AVENUE	City MURRELLS INLET	State SC	Zip Code 29576
Signature <i>F. L. Harris</i>	Date 07/02/2018	Telephone 843-385-8880	



Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) \_\_\_\_\_

Comments (including type of equipment and location, per C2(e), if applicable)  
**STRUCTURE IS A 1 STORY ACCESSORY BUILDING AND GARAGE WITH NO SIGN OF EXTERIOR EQUIPMENT SERVICING STRUCTURE.**

Signature: *F. L. Harris* Date: 07/02/2018

**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.