

HORRY COUNTY PERMIT APPLICATION

(Must be fully completed in ink)

Subst-Improv. B.O.-V

Final ECERT REQUIRED

FLOOD ZONE AE
 BFE 13
 PANEL# 753
 ECERT REQ NES
 APPROVED [Signature]
12-13-18

DATE IN _____
 FEES PD \$ _____ P/R _____ Z _____
 CLERK _____
 PLAN CASE # _____
 REF _____
 APPD [Signature] DATE 12-13-18

Name on Owner (as listed on Tax Books) Dawn Myers
 Telephone (843) 247 9543
 Mailing Address 239 Flamingo City Garden City State SC Zip 29525
 Site Address Same Subdivision Oceanside Village Lot# _____
 Project Name Myers 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 148 Heated Space 48 Unheated 180

Remarks: Remodel inside, outside windows & dry wood deck w/ roof system & 12 laundry room raise house
 Value of Construction \$ 84,000 10x12 porch
 Building Permit Fees \$ 50.40 4x12 laundry room -
 Zoning Fees \$ 25.00 - additions - \$5152
 MIG C Fire Fee \$ 336.00 - alterations \$78,848
 Alter Fee \$ 396.00 Permit # 92129
 TOTAL FEES \$ 807.40 Mobile Home Sticker # 94929
 Farm # _____ MIGC Fire Receipt # _____
 Plan / Bin # _____
 App Code 2015 JRC

Contractor or Builder Timothy West - Ferguson LLC Tele # 843-503-4646 State License # 3BB21929
 Address 11051 McDowell Street Rd Email Ferguson@horrymail.com
 Architect or Engineer _____ Tele # _____ Fax # _____
 Address 46213020060 Email _____
 Estimated Date of Completion 46200000 931/1950001023 61 MHP CB
 TMS/PIN # _____ Dist # _____ Zone _____ 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 Christy Banker Signature Owner Contractor Agent
 Date 12-13-18 Print name Tiffany Martin

ADMINISTRATIVE INFORMATION

PARCEL NUMBER
99800094929

Parent Parcel Number

Property Address

Neighborhood
9999999 MOBILE HOME

Property Class
119 119 - M Home+Add No Land

TAXING DISTRICT INFORMATION

Jurisdiction 26
Area 001
District 610

OWNERSHIP

BISHOP ROGER D & MARIE
40 HONEYSUCKLE LN
LADYS ISLAND, SC 29907
195 00 01 023; 12 60 79 BRIGADIER

Tax ID 99800094929

TRANSFER OF OWNERSHIP

Date
07/04/1776

\$0

Bk/Pg: NO BOO, NO PAG

Printed 03/27/2019 Card No. 1 of 1

RESIDENTIAL

VALUATION RECORD

Assessment Year	12/31/2008	12/31/2008	12/31/2009	12/31/2009	12/31/2009
Reason for Change	ADM	CB	ADM	CV 2010	CV 2010
VALUATION	L	0	0	0	0
MARKET VALUE	B	6520	6522	5400	5400
	T	6520	6522	5400	5400
VALUATION	L	0	0	0	0
LAND USE	B	6520	6522	5400	5400
	T	6520	6522	5400	5400

LAND DATA AND CALCULATIONS

Rating	Measured	Table	Prod. Factor	Base	Adjusted	Extended	Influence	Value
Soil ID	-or- Acreage	-or- Effective	-or- Depth	Rate	Rate	Value	Factor	
Frontage	Frontage	Depth	Square Feet					

Site Description

Topography:

Public Utilities:

Street or Road:

Neighborhood:

Zoning:

Legal Acres:
0.0000

IMPROVEMENT DATA

03

PHYSICAL CHARACTERISTICS

Style: 91 - MH Single Wide
 Occupancy: Single family
 Finished Area: 0
 Attic: None
 Basement: None
ROOFING
 Material: Comp.sh to 235#
 Type: Gable
 Framing: Std for class
 Pitch: Not available

FLOORING

EXTERIOR COVER

INTERIOR FINISH

ACCOMMODATIONS

2

HEATING AND AIR CONDITIONING

Primary Heat: Heat pump
 Lower /Bsmt 1 Upper

PLUMBING

3 Fixt. Baths #
 Kit Slnk 1 3
 Water Heat 1 1
 TOTAL 1 5

REMODELING AND MODERNIZATION

Amount Date

Construction	Base Area	Floor Area	Sq Ft	Value
0	Crawl	----		0

TOTAL BASE 6500
 Row Type Adjustment 0.00%
 SUB-TOTAL 6500

0 Interior Finish
 0 Ext Lvg Units
 0 Basement Finish
 0 Fireplace(s)
 0 Heating
 0 Air Condition
 0 Frame/Siding/Roof
 0 Plumbing Fixt: 5

Exterior Features	Description	Value
SUB-TOTAL ONE UNIT 6500		
SUB-TOTAL 0 UNITS 6500		
Garages	0 Integral	0
	0 Att Garage	0
	0 Att Carports	0
	0 Bsmt Garage	0
	Ext Features	13740
SUB-TOTAL 20240		
Quality Class/Grade	D	
GRADE ADJUSTED VALUE		10120

(LCM: 100.00)

SUMMARY OF IMPROVEMENTS

ID	Use	Sty	Hgt	Const	Year	Eff	Base	Feat-	Adj	Size	or	Computed	PhysObsol	Market	%		
				Type	Grade	Const	Rate	ures	Rate	Area	Value	Depr	Depr	Adj	Comp	Value	
M	MHOME	0.00		D		1979	0.00	Y	0.00	12x	60	10120	0	0	100	100	3700
03	MHCANOPY	0.00		C		1987	0.00	N	0.00	12x	56	0	0	0	100	100	1700

SPECIAL FEATURES

Description	Value
M :SK	0
SK	0

Supplemental Cards
 TOTAL IMPROVEMENT VALUE

Neighborhood
 Neigh 9999999 AV

Appraiser/Date

Data Collector/Date

5400

92129
3/26/19
BW32

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 Dawn Meyers ✓				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 239 Flamingo ✓				Company NAIC Number:	
City Surfside Beach ✓		State South Carolina ✓		ZIP Code 29575 ✓	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) ✓ Lot 29 Oceanside Village - 239 Flamingo					
✓ A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
✓ A5. Latitude/Longitude: Lat. <u>33-35-32.8"</u> Long. <u>78-59-19.2"</u> 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 <u>5</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A8.b <u>N/A</u> 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 <u>N/A</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A9.b <u>N/A</u> 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 Horry County 450104 ✓			B2. County Name Horry County ✓		B3. State South Carolina ✓
B4. Map/Panel Number 45051C-0753 ✓	B5. Suffix H ✓	B6. FIRM Index Date 09-17-2003 ✓	B7. FIRM Panel Effective/ Revised Date 08-23-1999 ✓	B8. Flood Zone(s) AE ✓	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <u>13.0'</u>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ✓ <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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 Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

Handwritten signature

Job# 23734

92129
3/26/19
PL32

ELEVATION CERTIFICATE

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

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. 239 Flamingo ✓			Policy Number:
City Surfside Beach ✓	State South Carolina ✓	ZIP Code 29575 ✓	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: SC VRS Network Vertical Datum: NAVD 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) _____ 15.60 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) _____ 14.90 feet meters
- ~~f)~~ Lowest adjacent (finished) grade next to building (LAG) _____ 9.60 feet meters
- ~~g)~~ Highest adjacent (finished) grade next to building (HAG) _____ 9.70 feet meters
- ~~h)~~ Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ N/A 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.

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

Certifier's Name W.B. Huntley, III	License Number 8809		
Title Professional Land Surveyor			
Company Name Huntley and Associates, Inc. ✓			
Address 7760 Fallen Timber Dr.			
City Myrtle Beach	State South Carolina		ZIP Code 29588
Signature 	Date 02-07-2019	Telephone (843) 238-8745	Ext. JOB# 23134

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)
Machinery servicing building in C2e is air conditioner.

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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. 239 Flamingo			Policy Number:
City Surfside Beach	State South Carolina	ZIP Code 29575	Company NAIC Number

**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 pages 1–2 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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BU 32

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. 239 Flamingo			Policy Number:
City Surfside Beach	State South Carolina	ZIP Code 29575	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	2-7-19	#23734	Clear Photo One
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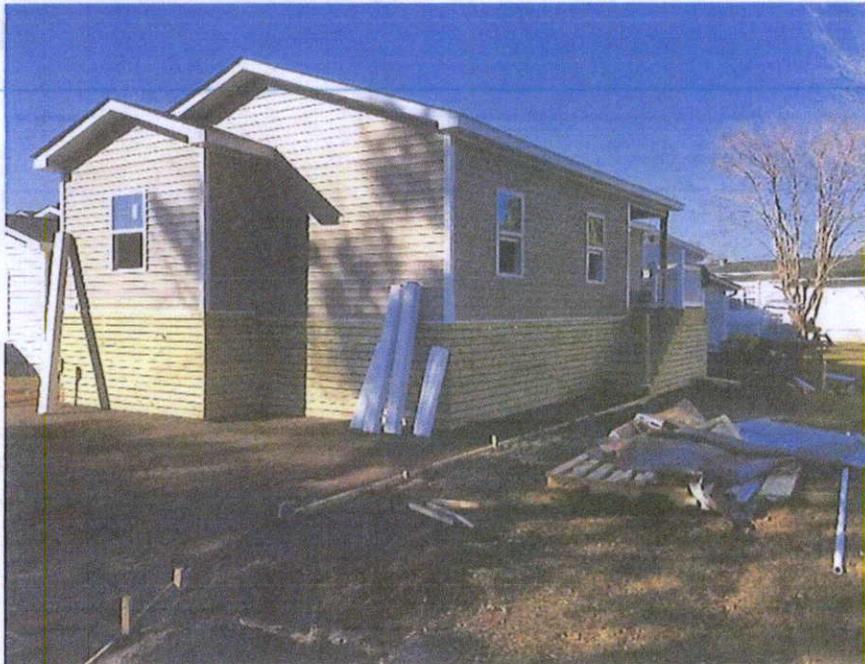


Photo Two

Photo Two Caption	Side	2-7-19	#23734	Clear Photo Two
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BUILDING PHOTOGRAPHS

Continuation Page

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.
239 Flamingo

Policy Number:

City
Surfside Beach

State
South Carolina

ZIP Code
29575

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

Photo Three Caption

Rear

2-7-19

#23734

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four