U.S. DEFARTMENT OF HOMELAND SECU	RITY ELEVATION	ON CERTIFICA	ATE	OMB	No. 1660-0008	
ional Flood Insurance Program Important: Read the instructions on pages 1–9.					tion Date: July 31, 2015	
SECTION A - PROPERTY INFORMATION					SURANCE COMPANY USE	
A1. Building Owner's Name DAWOL HOMES					lumber: -	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. 160 TERRACINA CIRCLE					ny NAIC Number:	
City MYRTLE BEACH		State SC ZiP C	ode 29588		45005	
A3. Property Description (Lot and Bio THE GATES, UNIT 20, PHASE 7	k Numbers, Tax Parcel Numb	er, Legal Description, etc	:) / W	OU	性39	
A4. Building Use (e.g., Residential, No				-767	1 6/25/15	
A5. Latitude/Longitude: Lat. N-33-37-4 A6. Attach at least 2 photographs of the						
N7. Building Diagram Number 1A			i ilisularice.			
18. For a building with a crawlspace of			or a building with an at			
 a) Square footage of crawlspace b) Number of permanent flood or 			 Square footage of at Number of permane 			
or enclosure(s) within 1.0 foot	above adjacent grade N/A		within 1.0 foot above	adjacent	grade <u>N/A</u>	
 c) Total net area of flood opening d) Engineered flood openings? 	s in A8.b <u>N/A</u> ☐ Yes ⊠ No	✓ sq in c				
	SECTION B - FLOOD INSI				☐ Yes ☒ No	
31. NFIP Community Name & Commu	nity Number B2.	County Name		B3. Stat	e /	
HORRY COUNTY 450104	HOF			SC		
B4. Map/Panel Number	86. FIRM Index Date 09/17/2003	B7. FIRM Panel Effective/Revised D 12/03/2004	B8. Flood Zone(s) AE*	В9.	Base Flood Elevation(s) (Zone AO, use base flood depth) 23	
☐ FIS Profile ☐ FIPM 1. Indicate elevation datum used for 2. Is the building located in a Coasta Designation Date:	Barrier Resources System (C	29 🔲 NAVD 198	Other/Source Protected Area (OPA)?		☐ Yes ☑ ¶o	
	TION C - BUILDING ELE			IRED)		
Building elevations are based on: *A new Elevation Certificate will be	☐ Construction Drawing		Under Construction*		nished Construction	
 Elevations – Zones A1–A30, AE, Al below according to the building diag 	l, A (with BFE), VE, V1–V30, gram specified in Item A7. In P	V (with BFE), AR, AR/A, uerto Rico only, enter me	eters.	R/AH, AR//	AO. Complete Items C2.a-h	
Benchmark Utilized: RTK GPS VIA	_	ertical Datum: <u>NGVD 19</u> th h) below 🛭 NGVD 19		Other/Sour	rce.	
Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1926 D NAVD 1988 D Ot Datum used for building elevations must be the same as that used for the BFE.						
a) Tan of hottom floor (including ho	omant aroulonges as analysis	una flacul	Che		surement used.	
a) Top of bottom floor (including base)b) Top of the next higher floor	sement, crawispace, or enclos	ule libor)	23. <u>4</u> N/A	⊠ feet ☐ feet	☐ meters ☐ meters	
c) Bottom of the lowest horizontal s	ructural member (V Zones onl	y)	N/A	☐ feet	meters	
d) Attached garage (top of slab)			N/A	☐ feet	meters	
 e) Lowest elevation of machinery or (Describe type of equipment and 		ing	24.7	⊠ feet	meters	
f) Lowest adjacent (finished) grade	•		23.8	⊠ feet	meters	
g) Highest adjacent (finished) grade	• • •		24.4		meters	
h) Lowest adjacent grade at lowest			N/A	⊠ feet	meters	
	CTION D - SURVEYOR, E		"			
his certification is to be signed and se formation. I certify that the information understand that any false statement n	on this Certificate represents	my best efforts to interpi	et the data available.	ation		
Check here if comments are provided the Check here if attachments.	led on back of form. Wer	e latitude and longitude i		/a		
ertifier's Name F. WILLIAM FAIREY,		License Num		f i		
tle S.C.P.L.S.	Company Name THE I	BRIGMAN COMPANY		<u>_</u>	1312	
ddress 607 MAIN STREET	City CONWAY	State SC	ZIP Code 29526	<u> </u>	ジャー	
ignature CLIH CLIP	Date 05/19/2015		843-248-9388	*	What was	
11 2000 790 10				<u>[1</u>		
MA Form 086-0-33 (7/12)	Seero	verse side for continua	ation	Po	places all previous editions	

	copy the corresponding information fro	om Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt 160 TERRACINA CIRCLE	., Unit, Suite, and/or Bldg. No.) or P.O. Route a	and Box No.	Policy Number:
City MYRTLE BEACH	State SC	ZIP Code 29526	Company NAIC Number:
SECTION	D - SURVEYOR, ENGINEER, OR ARC	HITECT CERTIFICATION (CONTINUED)
Copy both sides of this Elevation Cert	ificate for (1) community official, (2) insurance	agent/company, and (3) building	owner.
	EL IS DATED 08/23/1999, BASE FLOOD ELE LOODPLAIN MANAGEMENT, C2.b/ NO ACCI		
Signature F. William Fage	Da Da	te 05/19/2015	
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY NOT	REQUIRED) FOR ZONE A	O AND ZONE A (WITHOUT BFE)
and C. For Items E1–E4, use natural state of the control of the co	basement, crawlspace, or enclosure) is basement, crawlspace, or enclosure) is permanent flood openings provided in Section of the building is feet _	ded. In Puerto Rico only, enter mests to show whether the elevation	is above or below the highest adjacent above or below the HAG. above or below the LAG. 8-9 of Instructions), the next higher floor the HAG. above or below the HAG. the community's floodplain management
Property Owner's or Owner's Authorize	ed Representative's Name		
Address	City	State	e ZIP Code
Signature	Date	Tele	phone
Comments			Check here if attachments
	SECTION G - COMMUNITY INFO	ORMATION (OPTIONAL)	
of this Elevation Certificate. Complete the G1. The information in Section C v is authorized by law to certify G2. A community official complete	y or ordinance to administer the community's floor applicable item(s) and sign below. Check the nowas taken from other documentation that has believation information. (Indicate the source and Section E for a building located in Zone A (with the source and Section E for a building located in Zone A (with the source and Section E for a building located in Zone A (with the source and the source a	neasurement used in Items G8- been signed and sealed by a lice d date of the elevation data in the vithout a FEMA-issued or commain management purposes.	G10. In Puerto Rico only, enter meters. ensed surveyor, engineer, or architect who ee Comments area below.)
G7. This permit has been issued for:	□ New Construction □ Substantial	Improvement	
38. Elevation of as-built lowest floor (in	• , • • • • • • • • • • • • • • • • • •	feet meters	Datum
39. BFE or (in Zone AO) depth of flood		· · · · · · · · · · · · · · · · · · ·	Datum
310. Community's design flood elevatio	n:	leet meters	Datum
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	• · · · · · · · · · · · · · · · · · · ·
Comments			☐ Check here if attachments
			La <u>Orion noto il attagnitorità</u>

ELEVATION CERTIFICATE, page 3

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE
Policy Number:

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 160 TERRACINA CIRCLE

City MYRTLE BEACH

State SC

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.



FRONT VIEW (UNIT 20 ON LEFT)



REAR VIEW (UNIT 20 ON RIGHT)

ELEVATION CERTIFICATE, page 3

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Policy Number:

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

154 TERRACINA CIRCLE
City MYRTLE BEACH

State SC

* 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.



FRONT VIEW (UNIT 19 ON RIGHT)



REAR VIEW (UNIT 19 ON LEFT)