

Horry County Code Enforcement

1301 2nd Ave Suite 1D09
Conway, SC 29526



Phone: (843) 915-5090
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Permit 18696

MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION

In accordance with this community's participation in the National Flood Insurance Program's Community Rating System, all FEMA Elevation Certificates must be correct and complete. The attached Certificate has some incorrect items which are noted here.

SECTION A - PROPERTY INFORMATION		For Insurance Company U
A1. Building Owner's Name <i>Retreat of CoC</i>		Policy Number
A2. Building Street Address (including Apt. Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <i>108 CoC Retreat Dr</i>		Company NAIC Number
City <i>Murrells</i>	State <i>SC</i>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>19514 07021 Lot 4 Retreat of CoC</i>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____		
A5. Latitude/Longitude: Lat. _____ Long. _____		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number _____		
A8. For a building with a crawl space or enclosure(s), provide: a) Square footage of crawl space or enclosure(s) <i>N/A</i> sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <i>N/A</i> c) Total net area of flood openings in A8.b <i>N/A</i> sq in d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		A9. For a building with an attached garage, provide: a) Square footage of attached garage <i>N/A</i> b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <i>N/A</i> c) Total net area of flood openings in A9.b <i>N/A</i> 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 <i>Horry County 450104</i>		B2. County Name	B3. State
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date
B8. Flood Zone(s)		B9. Base Flood Elevation (use base flood de)	
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 type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____			
B11. Indicate elevation datum used for BFE in Item B9: <input 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 type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			

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.
Benchmark Utilized _____ Vertical Datum _____

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source: _____

COMMENTS

Section A8 + A9 Not Applicable
Section B1 Incomplete

Date of Review: *2/25/2015*

Community Official: *[Signature]*

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

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SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name Retreat at Garden City, LLC	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 108 GC Retreat Drive	Company NAIC Number:
City Murrells Inlet	State SC
	ZIP Code 29576
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 195-14-07-021, Lot #4 of Retreat at Garden City	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential	
A5. Latitude/Longitude: Lat. 33d34'54" Long. 78d59'53" 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 5	
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) NA sq ft	a) Square footage of attached garage NA sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in	c) Total net area of flood openings in A9.b _____ sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

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SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Horry County	B2. County Name Horry			B3. State SC	
B4. Map/Panel Number 45051C0753	B5. Suffix H	B6. FIRM Index Date 09/17/2003	B7. FIRM Panel Effective/Revised Date 08/23/1999	B8. Flood Zone(s) VE-18	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 18
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					

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: **SCCC 5005-B** 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>21</u> . <u>32</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>31</u> . <u>32</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>19</u> . <u>97</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>21</u> . <u>16</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>7</u> . <u>1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>7</u> . <u>4</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>7</u> . <u>40</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.


Check here if comments are provided on back of form. Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name Jeffrey D. Solan, PE, PLS		License Number 19407	
Title President		Company Name Solan Associates, P.C.	
Address 212 Main St., Suite A		City Conway	State SC
Signature		ZIP Code 29526	Date 03/28/2013
		Telephone (843) 488-3400	

PLACE SEAL HERE
3-28-13

• Sample V Zone Certification

V-Zone Certification					
Property Information			For Insurance Company Use		
Name of Building Owner Retreat at Garden City, LLC			Policy Information		
Building Address or Other Description 66 Retreat Drive, Unit #4, The Retreat at Garden City					
City Murrells Inlet		State SC		Zip 29576	
SECTION I: FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
<i>Note: To be obtained from appropriate FIRMs</i>					
Community No. 450104	Panel No. 45051C0753	Suffix H	Date of FIRM Index 9-17-2003	FIRM Zone VE-18	
SECTION II: ELEVATION INFORMATION					
<i>Note: This form is not a substitute for an Elevation Certificate. Elevations should be rounded to nearest tenth of a foot.</i>					
1. Elevation of the Bottom of Lowest Horizontal Structure Member			19.59 feet		
2. Base Flood Elevation			18 feet		
3. Elevation of Lowest Adjacent Grade			7.1 feet		
4. Approximate Depth of Anticipated Scour/Erosion used for Foundation Design			3 feet		
5. Embedment Depth of Pilings or Foundation Below Lowest Adjacent Grade			20 feet		
6. Datum Used		<input checked="" type="checkbox"/> NGVD '29	<input type="checkbox"/> NAVD '88	<input type="checkbox"/> Other	
SECTION III: FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
<i>Note: This section must be certified by a registered professional engineer or architect.</i>					
I certify that I have developed or reviewed the structural design, plans and specifications for construction and that the methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:					
a.) The bottom of the lowest horizontal structure member of the lowest floor (excluding the pilings or columns) is elevated to or above the BFE; and					
b.) The pile or column foundation and structure attached thereto is anchored to resist flotation, collapse and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood including wave action. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the flood, including wave action.					
SECTION IV: FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
<i>Note: This section must be certified by a registered professional engineer or architect.</i>					
I certify that I have developed or reviewed the structural design, plans and specifications for construction and that the methods of construction to be used for the breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:					
c.) Breakaway collapse shall result from water load less than that which would occur during the base flood; and,					
d.) The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (wind and water loading values defined in Section III).					
SECTION V: CERTIFICATION					
<i>(Check: Section III <input checked="" type="checkbox"/> and/or Section IV <input checked="" type="checkbox"/>)</i>					
Name of Certifier Jeffrey D. Solan, PE, PLS			Title President		
Firm Name Solan Associates, PC			License No. SC 19407		
Street Address 212 Main St., Gate A			Phone No. (843) 488-3400		
City Conway		State SC		Zip 29526	
Signature 			Date 1-27-12		