



84858

**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 Use:

A1. Building Owner's Name

Policy Number

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Company NAIC Number

City State ZIP Code

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) \_\_\_\_\_

A5. Latitude/Longitude: Lat. \_\_\_\_\_ Long. \_\_\_\_\_

Horizontal Datum:  NAD 1927  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 \_\_\_\_\_

A8. For a building with a crawl space or enclosure(s), provide

- a) Square footage of crawl space or enclosure(s) \_\_\_\_\_ sq ft
- b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade \_\_\_\_\_
- c) Total net area of flood openings in A8.b \_\_\_\_\_ sq in
- d) Engineered flood openings?  Yes  No

A9. For a building with an attached garage, provide:

- a) Square footage of attached garage \_\_\_\_\_ sq ft
- b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade \_\_\_\_\_
- c) Total net area of flood openings in A9.b \_\_\_\_\_ sq in
- d) Engineered flood openings?  Yes  No

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP Community Name & Community Number

B2. County Name

B3. State

B4. Map/Panel Number

B5. Suffix

B6. FIRM Index Date

09-17-2003

B7. FIRM Panel Effective/Revised Date

12-3-04

B8. Flood Zone(s)

B9. Base Flood Elevation(s) (Zone AO, use base flood depth)

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

- FIS Profile
- FIRM
- Community Determined
- Other (Describe) **LOMR DATED Dec 3 2004**

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No

Designation Date \_\_\_\_\_  CBRS  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:**

Date of Review: \_\_\_\_\_ Community Official: \_\_\_\_\_

# ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

9-10-18

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RH2L

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>✓ CAVINESS AND CATES BUILDING & DEVELOPMENT OF GREENVILLE, LLC  |                   |                                     |  |                                   |   | Policy Number:                |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>✓ 834 WACCAMAW RIVER ROAD   |                   |                                     |  |                                   |   | 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>✓ LOT 34T THE LAKES, PB 279 PAGE 163. PIN# 45713030083   |                   |                                     |  |                                   |   |                               |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>  |                   |                                     |  |                                   |   |                               |
| A5. Latitude/Longitude: Lat. <u>33d37'09.573"</u> Long. <u>79d01'19.341"</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>1A</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>608.00</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<br>✓ Horry County 450104  |                   |                                     |  | B2. County Name<br>✓ Horry County |   | B3. State<br>✓ South Carolina |
| B4. Map/Panel Number<br>✓ 45051COC0732   | B5. Suffix<br>✓ H | B6. FIRM Index Date<br>✓ 09-17-2003 | B7. FIRM Panel Effective/ Revised Date<br>✓ 03-30-2006 | B8. Flood Zone(s)<br>✓ AE         | B9. Base Flood Elevation(s) (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: <u>LOMR DATED DEC. 3, 2004</u> |                   |                                     |  |                                   |   |                               |
| 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: <u>N/A</u> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA                             |                   |                                     |  |                                   |   |                               |

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RH2L

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

**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>834 WACCAMAW RIVER ROAD ✓ |                           |                     | 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: SCVRS 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) \_\_\_\_\_ 26.37  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) \_\_\_\_\_ 25.44  feet  meters
- e) Lowest elevation of machinery or equipment servicing the building  
(Describe type of equipment and location in Comments) \_\_\_\_\_ 25.66  feet  meters
- f) Lowest adjacent (finished) grade next to building (LAG) \_\_\_\_\_ 24.25  feet  meters
- g) Highest adjacent (finished) grade next to building (HAG) \_\_\_\_\_ 24.75  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<br>JACQUES J. BONNETT           |                         | License Number<br>21431     |      |  |
| Title<br>PLS                                     |                         |                             |      |  |
| Company Name<br>LOWER CAROLINA SURVEYING, INC. ✓ |                         |                             |      |  |
| Address<br>3127 HWY 348                          |                         |                             |      |  |
| City<br>LORIS                                    | State<br>South Carolina | ZIP Code<br>29569           |      |  |
| Signature<br>                                    | Date<br>09-06-2018      | Telephone<br>(843) 319-8169 | Ext. |  |

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)  
 LOWEST MACHINERY WILL BE A/C UNIT.



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# ELEVATION CERTIFICATE

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

|  |                         |                   |                                  |
|--|-------------------------|-------------------|----------------------------------|
| <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>834 WACCAMAW RIVER ROAD |                         |                   | Policy Number:                   |
| City<br>MYRTLE BEACH   | State<br>South Carolina | ZIP Code<br>29588 | Company NAIC Number              |

## SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters.

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4-G10) is provided for community floodplain management purposes.

|                   |                        |   |
|-------------------|------------------------|---|
| G4. Permit Number | G5. Date Permit Issued | G6. Date Certificate of Compliance/Occupancy Issued |
|-------------------|------------------------|---|

- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_
- G10. Community's design flood elevation: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

|                       |           |
|-----------------------|-----------|
| Local Official's Name | Title     |
| Community Name        | Telephone |
| Signature             | Date      |

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

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# BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

## 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>834 WACCAMAW RIVER ROAD |                         | 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

Clear Photo One



Photo Two

Photo Two Caption BACK

Clear Photo Two

**ELEVATION CERTIFICATE****BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

|  |                         |                   |                                  |
|--|-------------------------|-------------------|----------------------------------|
| <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>834 WACCAMAW RIVER ROAD |                         |                   | Policy Number:                   |
| City<br>MYRTLE BEACH   | State<br>South Carolina | ZIP Code<br>29588 | 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

Photo Three Caption

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four