

83152
 9-24-2018
 RMLCV622

U.S. DEPARTMENT OF HOMELAND SECURITY
 Federal Emergency Management Agency
 National Flood Insurance Program

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

OK
 9-25-18

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 H&H HOMES ✓				Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1945 Pine Cone Lane ✓				Company NAIC Number	
City Longs ✓		State South Carolina ✓		ZIP Code 29568 ✓	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 456 Lakes of Plantation Pines phase 5b, PIN# 304-15-01-0031					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)				RESIDENTIAL	
A5. Latitude/Longitude: Lat. 33d53'23.618" Long. 78d42'19.611" 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>1B</u>					
A8. For a building with a crawspace or enclosure(s):					
a) Square footage of crawspace or enclosure(s) <u>N/A</u> sq ft					
b) Number of permanent flood openings in the crawspace 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>450.00</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 HORRY COUNTY 450104 ✓			B2. County Name HORRY COUNTY ✓		B3. State South Carolina ✓
B4. Map/Panel Number 45051COC0415 ✓	B5. Suffix J ✓	B6. FIRM Index Date 09-17-2003 ✓	B7. FIRM Panel Effective/Revised Date 03-30-2006 ✓	B8. Flood Zone(s) AE ✓	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 20.5 ✓
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 checked="" type="checkbox"/> Other/Source: <u>LOMR 06-04-B138X-450104</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 Designation Date <u>N/A</u> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

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ELEVATION CERTIFICATE

OMB No 1680-0008
 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. 1945 Pine Cone Lane		Policy Number
City Longs	State South Carolina	ZIP Code 29568
		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	
<input checked="" type="checkbox"/> a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	26.93	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
<input checked="" type="checkbox"/> b) Top of the next higher floor	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters
<input checked="" type="checkbox"/> c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input type="checkbox"/> feet	<input type="checkbox"/> meters
<input checked="" type="checkbox"/> d) Attached garage (top of slab)	26.45	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
<input checked="" type="checkbox"/> e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	26.93	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
<input checked="" type="checkbox"/> f) Lowest adjacent (finished) grade next to building (LAG)	25.00	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
<input checked="" type="checkbox"/> g) Highest adjacent (finished) grade next to building (HAG)	25.40	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
<input checked="" type="checkbox"/> h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	<input 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.

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

Certifier's Name JACQUES J. BONNETT		License Number 21431	
Title PLS			
Company Name LOWER CAROLINA SURVEYING, INC.			
Address 3127 HWY 348			
City LORIS	State South Carolina	ZIP Code 29569	

Signature: Jacques J. Bonnett Date: 09-14-2018 Telephone: (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. THE BFE AND EFFECTIVE DATE WAS ADJUSTED ACCORDING TO LOMR 06-04-B136X-450104.

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ELEVATION CERTIFICATE

OMB No 1660-0006
 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. 1945 Pine Cone Lane		Policy Number:	
City Longs	State South Carolina	ZIP Code 29568	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 _____ N/A feet meters above or below the HAG

b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ N/A feet meters above or below the HAG

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 _____ N/A feet meters above or below the HAG

E3. Attached garage (top of slab) is _____ N/A feet meters above or below the HAG

E4. Top of platform of machinery and/or equipment servicing the building is _____ N/A 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 NA			
Address NA	City NA	State South Carolina	ZIP Code NA
Signature	Date	Telephone	

Comments

Check here if attachments.

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ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2016

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. 1945 Pine Cone Lane			Policy Number		
City Longs	State South Carolina	ZIP Code 29568	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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement					
G8. Elevation of as-built lowest floor (including basement) of the building: _____				<input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____	
G9. BFE or (in Zone AO) depth of flooding at the building site: _____				<input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____	
G10. Community's design flood elevation: _____				<input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____	
Local Official's Name			Title		
Community Name			Telephone		
Signature			Date		
Comments (including type of equipment and location, per C2(e), if applicable)					
<input type="checkbox"/> Check here if attachments.					

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ELEVATION CERTIFICATE **BUILDING PHOTOGRAPHS** OMB No. 1660-0008
 See Instructions for Item A6 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. 1945 Pine Cone Lane		Policy Number:
City Longs	State South Carolina	ZIP Code 29508
		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 A6. 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

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ELEVATION CERTIFICATE **BUILDING PHOTOGRAPHS** OMB No. 1660-0008
Continuation Page 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. 1945 Pine Cone Lane ✓			Policy Number
City Longs ✓	State South Carolina ✓	ZIP Code 29568 ✓	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.

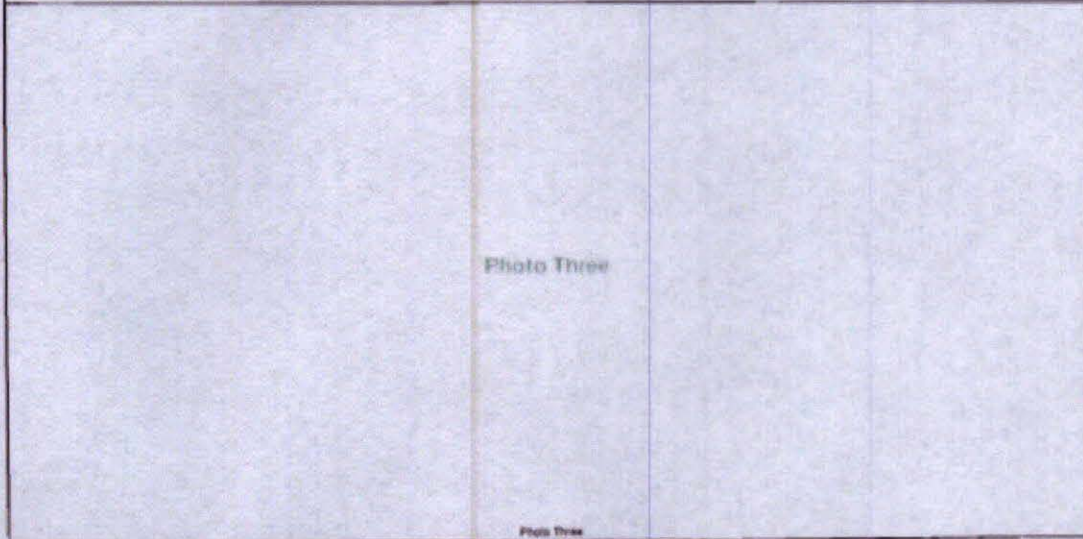


Photo Three Clear Photo Three

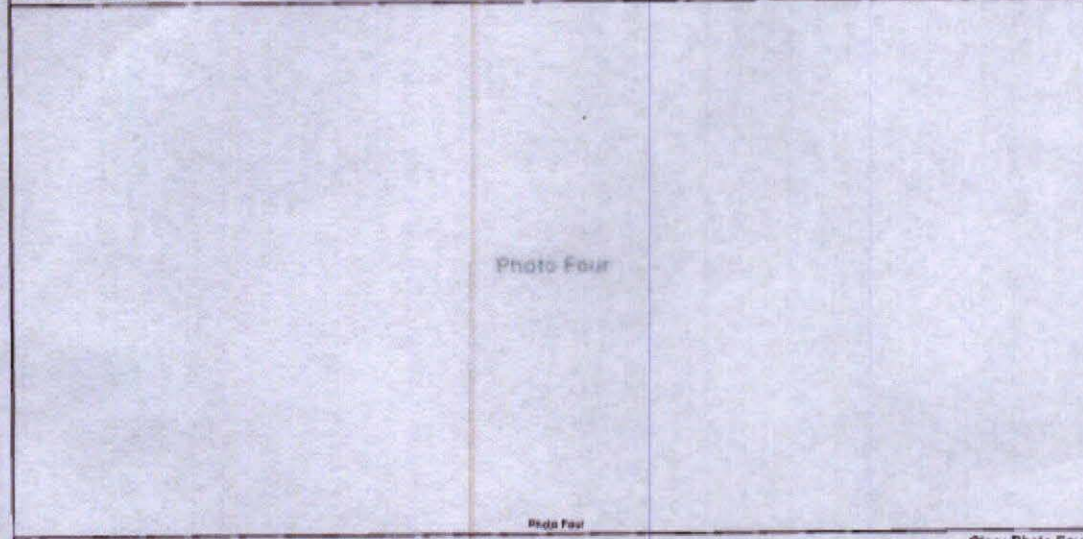


Photo Four Clear Photo Four