### **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.

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.         A7. Building Diagram Number1A	SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
Box N6.       Company N445 Humber.       Company N445 Humber.         710 COOUINA BAY DRIVE       State       ZIP Code         City       State       SC       29526         A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)       LOCHAVEN LOT 340 PH. 3A, PIN# 340-01-02-0057         A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)       RESIDENTIAL         A5. Latitude/Longitude:       Lat.       33*5140*N       Long. 79*00*18*W       Horizontal Datum:       NAD 1927       X 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       IA         A8. For a building with a crawlspace or enclosure(s):       a) Square footage of crawlspace or enclosure(s)       N/A       sq ft         b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade       N/A       N/A         c) Total net area of flood openings in A9.b       N/A       sq in       d) Engineered flood openings in A9.b       N/A         b) Number of permanent flood openings in A9.b       N/A       sq in       d) Engineered flood openings in A9.b       N/A       sq in         c) Total net area of flood openings in A9.b       N/A       sq in       B2. County Name       B3. State         B		Policy Number:
CÓNWAY       SC       29526         A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOCHAVEN LOT 340 PH, 3A, PIN# 340-01-02-0057       RESIDENTIAL         A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)       RESIDENTIAL         A5. Latitude/Longitude:       Lat. 33*5140*N       Long. 79*00*18* W       Horizontal Datum:       NAD 1927       X 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       1A	Box No.	Company NAIC Number:
LOČHÁVEN LÓT 340 PH. 3A, PIN# 340-01-02-0057         A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)       RESIDENTIAL         A5. Latitude/Longitude:       Lat. 33*51'40"N       Long. 79*00*18" W       Horizontal Datum:       NAD 1927       X NAD 1983         A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.       Aftach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.         A7. Building Diagram Number       1A         A8. For a building with a crawlspace or enclosure(s):       a) Square footage of crawlspace or enclosure(s):       N/A       sq ft         b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade       N/A       of Total net area of flood openings in A8.b       N/A         a) Square footage of attached garage       416       sq ft       b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade       N/A         c) Total net area of flood openings in A9.b       N/A       sq in       d) Engineered flood openings:       N/A       sq in         d) Engineered flood openings:       PY E       XNo       sq in       d) foot above adjacent grade       N/A         e) Total net area of flood openings:       N/A       sq in       Sq in       d) Engineered flood openings:       SK       SK		
A5. Latitude/Longitude:       Lat. 33*51*40*N       Long. 79*00*18* W       Horizontal Datum:       NAD 1927       X 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		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.         A7. Building Diagram Number1A	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)RESIDENTI	AL
A7. Building Diagram Number	A5. Latitude/Longitude: Lat. 33°51'40"N Long. 79°00'18" W Horizontal Da	tum: 🗌 NAD 1927 🛛 NAD 1983
A8. For a building with a crawlspace or enclosure(s):       a) Square footage of crawlspace or enclosure(s)       N/A	A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood ins	urance.
a) Square footage of crawlspace or enclosure(s)       N/A	17. Building Diagram Number 1A	
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade       N/A         c) Total net area of flood openings in A8.b	<ol> <li>For a building with a crawlspace or enclosure(s):</li> </ol>	
c) Total net area of flood openings in A8.b       N/A       sq in         d) Engineered flood openings?       Yes       XNo         A9. For a building with an attached garage:       a) Square footage of attached garage       416       sq ft         b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade       N/A         c) Total net area of flood openings in A9.b       N/A       sq in         d) Engineered flood openings?       Yes       XNo         SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION         B1. NFIP Community Name & Community Number       B2. County Name         HORRY COUNTY 450104       B2. County Name         HORRY COUNTY 450104       B3. State         SC       SC         B4. Map/Panel       B5. Suffix         Namber       12/16/2021         Revised Date       *X         12/16/2021       *X         B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:         □ FIS Profile       X         FIS Profile       X         B11. Indicate elevation datum used for BFE in Item B9:       NGVD 1929         MAVD 1988       Other/Source:         B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected	a) Square footage of crawlspace or enclosure(s) N/A sq ft	
d) Engineered flood openings?       Yes       XNo         A9. For a building with an attached garage:       a) Square footage of attached garage       416	b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot abc	ve adjacent grade N/A
A9. For a building with an attached garage:       a)       Square footage of attached garage	c) Total net area of flood openings in A8.b N/A sq in	
a) Square footage of attached garage416sq ft         b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	d) Engineered flood openings?  Yes  No	
a) Square footage of attached garage416sq ft         b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	A9. For a building with an attached garage:	
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade       N/A         c) Total net area of flood openings in A9.b       N/A       sq in         d) Engineered flood openings?       Yes       XNo         SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION         B1. NFIP Community Name & Community Number       B2. County Name       B3. State         HORRY COUNTY 450104       B6. FIRM Index       B7. FIRM Panel       B8. Flood Zone(s)       B9. Base Flood Elevation(s)         Number       K       Date       B12/16/2021       *X       *X       Prove house flood opening)         B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:       ``N/A       ``N/A         B10. Indicate elevation datum used for BFE in Item B9: ``NGVD 1929 ``NAVD 1988 ``Other/Source:       Other/Source:       ``		
c) Total net area of flood openings in A9.b       N/A       sq in         d) Engineered flood openings?       Yes       XNo         SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION         B1. NFIP Community Name & Community Number       B2. County Name       B3. State         HORRY COUNTY 450104       B2. County Name       B3. State         34. Map/Panel       B5. Suffix       B6. FIRM Index       B7. FIRM Panel       B8. Flood Zone(s)       B9. Base Flood Elevation(s)         Value       Value       Date       12/16/2021       *X       B1.1/10/2021       *X         B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:       N/A       N/A         B11. Indicate elevation datum used for BFE in Item B9:       NGVD 1929       X NAVD 1988       Other/Source:         B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?       Yes, XIN		
d) Engineered flood openings?       Yes       Xo         SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION         B1. NFIP Community Name & Community Number       B2. County Name HORRY       B3. State SC         34. Map/Panel Number       B5. Suffix K       B6. FIRM Index Date 12/16/2021       B7. FIRM Panel Effective/ Revised Date 12/16/2021       B8. Flood Zone(s) *X       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: B11. Indicate elevation datum used for BFE in Item B9:       Other/Source:         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, Xin		t grade N/A
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION         B1. NFIP Community Name & Community Number HORRY COUNTY 450104       B2. County Name HORRY       B3. State SC         34. Map/Panel Number 45051C0532       B5. Suffix K       B6. FIRM Index Date 12/16/2021       B7. FIRM Panel Effective/ Revised Date 12/16/2021       B8. Flood Zone(s) *x       B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) *N/A         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/Source:         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, Xin	c) Total net area of flood openings in A9.bN/A sq in	
B1. NFIP Community Name & Community Number HORRY COUNTY 450104       B2. County Name HORRY       B3. State SC         B4. Map/Panel Number 45051C0532       B5. Suffix K       B6. FIRM Index Date 12/16/2021       B7. FIRM Panel Effective/ Revised Date 12/16/2021       B8. Flood Zone(s) *X       B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) *N/A         B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: □ FIS Profile X       FIRM □ Community Determined □ Other/Source: □       Other/Source: □         B11. Indicate elevation datum used for BFE in Item B9:       □ NGVD 1929 X       NAVD 1988 □ Other/Source: □       Other/Source: □         B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? □ Yes, X       Yes, X	d) Engineered flood openings?  Yes  No	
HORRY COUNTY 450104       HORRY       SC         B4. Map/Panel Number 45051C0532       B5. Suffix K       B6. FIRM Index Date 12/16/2021       B7. FIRM Panel Effective/ Revised Date 12/16/2021       B8. Flood Zone(s) *X       B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) *N/A         B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: FIS Profile X       FIRM Community Determined Other/Source:         B11. Indicate elevation datum used for BFE in Item B9:       NGVD 1929 X       NAVD 1988 Other/Source:         B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?       Yes, XIN	SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFOR	MATION
Number 45051C0532       K       Date 12/16/2021       Effective/ Revised Date 12/16/2021       K       (Zone AO, use Base Flood Depth) *N/A         B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: FIS Profile       TRM       Community Determined       Other/Source:         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, Xin		
FIS Profile       X       FIRM       Community Determined       Other/Source:         B11.       Indicate elevation datum used for BFE in Item B9:       NGVD 1929       X       NAVD 1988       Other/Source:         B12.       Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?       Yes, X	NumberKDateEffective/45051C053212/16/2021Revised Date	(Zone AO, use Base Flood Depth)
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?	FIS Profile X FIRM Community Determined Other/Source:	
	311. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988	Other/Source:
Designation Date:		rotected Area (OPA)?  Ves  Ves
	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise P	

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. 710 COQUINA BAY DRIVE	Policy Number:
CityStateZIP CodeCONWAYSC29526	Company NAIC Number
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY	REQUIRED)
<ul> <li>C1. Building elevations are based on: Construction Drawings* Building Under Const *A new Elevation Certificate will be required when construction of the building is complete.</li> <li>C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, A Complete Items C2.a–h below according to the building diagram specified in Item A7. In Pue Benchmark Utilized: <u>SC VRS OBSERVATION</u> Vertical Datum: NAVD88 Indicate elevation datum used for the elevations in items a) through h) below.</li> </ul>	R/AE, AR/A1–A30, AR/AH, AR/AO. erto Rico only, enter meters.
NGVD 1929 X 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>22.9</u>	X feet meters
b) Top of the next higher floorN/A	X feet meters
c) Bottom of the lowest horizontal structural member (V Zones only) N/A	X feet meters
d) Attached garage (top of slab)22.4	X feet meters
e) Lowest elevation of machinery or equipment servicing the building *22.3 (Describe type of equipment and location in Comments)	X feet meters
f) Lowest adjacent (finished) grade next to building (LAG)21.8	X feet meters
g) Highest adjacent (finished) grade next to building (HAG) 22.2	X feet meters
<ul> <li>h) Lowest adjacent grade at lowest elevation of deck orstairs, including <u>N/A</u> structural support</li> </ul>	X feet 🗌 meters
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERT	IFICATION
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized I certify that the information on this Certificate represents my best efforts to interpret the data ava statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.	by law to certify elevation information. A stand that any false
Were latitude and longitude in Section A provided by a licensed land surveyor? $\square$ Yes $\square$ No	Check here if attachments.
Certifier's NameLicense NumberWALTER B. SHEETSL-26959	12/29/2022 L-26959
Title LAND SURVEYOR	COULDEFESSION TH
Company Name RLA ASSOCIATES, PA	
Address 14323 OCEAN HIGHWAY, STE 4139	SURVECE
CityStateZIP CodePAWLEYS ISLANDSC29585	Marcher B. Stannin
Signature Date Telephone Walter B. Sheeta 843-879-9091	
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)	
*B8 & B9. PER CURRENT FEMA F.I.R.M., STRUCTURE AND LOT APPEAR TO BE LOCATED IN FLOOD ZO PER HORRY COUNTY GIS MAP, LOT APPEARS TO LIE IN AN HORRY COUNTY SUPPLEMENTAL FLOOI STRUCTURE DOES NOT APPEAR TO LIE IN THE HORRY COUNTY SUPPLEMENTAL FLOOD ZONE. *C2. e) HVAC UNIT. ELEVATION SHOT ON TOP OF HVAC RISER.	

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corre	sponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Su 710 COQUINA BAY DRIVE	ite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City CONWAY	State SC	ZIP Code 29526	Company NAIC Number
	NG ELEVATION INFO	RMATION (SURVEY NO E A (WITHOUT BFE)	T REQUIRED)
For Zones AO and A (without BFE), complete Ite complete Sections A, B,and C. For Items E1–E4 enter meters.	ems E1–E5. If the Certifiend of the certifiend o	cate is intended to suppor /ailable. Check the measu	t a LOMA or LOMR-F request, rement used. In Puerto Rico only,
<ul> <li>E1. Provide elevation information for the following the highest adjacent grade (HAG) and the logal Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>	owest adjacent grade (L	AG).	
<ul> <li>b) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>	,	[_] feet [_] mei	
E2. For Building Diagrams 6–9 with permanent f the next higher floor (elevation C2.b in the diagrams) of the building is	flood openings provided	in Section A Items 8 and/o	
E3. Attached garage (top of slab) is		feet 🗌 me	ters 🗌 above or 🗌 below the HAG.
E4. Top of platform of machinery and/or equipm servicing the building is	nent	feet 🗌 me	ters 🔄 above or 🗌 below the HAG.
E5. Zone AO only: If no flood depth number is a floodplain management ordinance?	vailable, is the top of the es No Unkno	bottom floor elevated in a wn. The local official mus	accordance with the community's st certify this information in SectionG.
SECTION F – PROPERT	Y OWNER (OR OWNER	R'S REPRESENTATIVE)	CERTIFICATION
The property owner or owner's authorized repre- community-issued BFE) or Zone AO must sign h	sentative who completes nere. The statements in S	s Sections A, B, and E for Sections A, B, and E are c	Zone A (without a FEMA-issued or orrect to the best of my knowledge.
Property Owner or Owner's Authorized Represe	ntative's Name		
Address	(	City	State ZIP Code
Signature	[	Date	Telephone
Comments			
			Check here if attachments.

**ELEVATION CERTIFICATE** 

OMB No.	1660-0008	
Expiratior	n Date: November 30, 20	22

ELEVATION CERTIFICATE IMPORTANT: In these spaces, copy the corresponding information from Section A.			Expiration Date: November 30, 2022
			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, 710 COQUINA BAY DRIVE	o. Policy Number:		
City CONWAY	State SC	ZIP Code 29526	Company NAIC Number
SECT	ION G – COMMUNI	TY INFORMATION (OPTION	IAL)
The local official who is authorized by law or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, e	on Certificate. Compl enter meters.	ete the applicable item(s) an	d sign below. Check the measurement
	rized by law to certify		ed and sealed by a licensed surveyor, ate the source and date of the elevation
G2. A community official completed Se or Zone AO.	ction E for a building	located in Zone A (without a	FEMA-issued or community-issued BFE)
G3. The following information (Items G	4–G10) is provided fo	or community floodplain man	agementpurposes.
G4. Permit Number	G5. Date Permit	Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction	n 🗌 Substantial Improveme	nt
G8. Elevation of as-built lowest floor (includi		neters Datum of the	building: feet
G9. BFE or (in Zone AO) depth of flooding a			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.

# CÓNWAY 29526 SC 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 LEFT VIEW 12/29/2022 FRONT RIGHT VIEW 12/29/2022

#### **ELEVATION CERTIFICATE**

710 COQUINA BAY DRIVE

City

#### **BUILDING PHOTOGRAPHS**

ZIP Code

See Instructions for Item A6.

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

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

State

OMB No. 1660-0008 Expiration Date: November 30, 2022

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

## OMB No. 1660-0008 **ELEVATION CERTIFICATE Continuation Page** Expiration Date: November 30, 2022 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. Policy Number: 710 COQUINA BAY DRIVE City State **ZIP Code** Company NAIC Number CONWAY SC 29526 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. 4 **REAR RIGHT VIEW 12/29/2022**

**BUILDING PHOTOGRAPHS** 

**REAR LEFT VIEW 12/29/2022** 

FEMA Form 086-0-33 (12/19)