120086

OMB No. 1660-0008

Expiration Date: November 30, 2022

ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

National Flood Insurance Program

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

The state of the s	SECTION A - PROPERTY	INFORMATION		FOR INSUR	ANCE COMPANY USE
A1. Building Owner's Name CK CARR BROTHERS 2, L				Policy Numb	per:
A2. Building Street Address Box No. 224 GLOUCESTER WAY	s (including Apt., Unit, Suit	te, and/or Bldg. No.)	or P.O. Route and	Company N	AIC Number:
City		State	Caralias	ZIP Code	
LITTLE RIVER			Carolina	29566	
A3. Property Description (LUNIT 6 CAPE COD COTTA		ax Parcel Number, L	egai Description, e	etc.)	
A4. Building Use e.g., Res	sidential, Non-Residential,	Addition, Accessory	, etc.) RESIDE	NTIAL	
A5. Latitude/Long tude: L	at. 33D51'12.154"	Long. 78D39'22.96	O" Horizont	tal Datum: NAD 1	927 × NAD 1983
A6. Attach at least 2 photo	graphs of the building if th	e Certificate is being	used to obtain flo	od insurance.	
A7. Building Diagram Num	ber6				
A8. For a building with a cr	rawlspace or enclosure(s):				
a) Square foctage of o	crawlspace or enclosure(s)	1144.00 sq ft		
b) Number of permane	ent flood openings in the ca	rawispace or enclos	ire(s) within 1.0 fo	ot above adjacent gra	ade 6
c) Total net area of flo	od openings in A8.b	1230.00 sq	in		
d) Engineere flood op	penings? X Yes	No			
A9. For a building with an a	ttached garage:				
a) Square foc age of a		N/A so	ft		
	ent flood openings in the a			diagont grade, NVA	
				djacent grade N/A	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
c) Total net area of flo		N/A	sq in		
d) Engineered flood or	penings? Yes X	No			
	SECTION B - FLOOD	INSURANCE RAT	E MAP (FIRM) IN	NFORMATION	
B1. NFIP Community Nam	e & Community Number	B2. Coun			B3. State
HORRY COUNTY 450104		HORRY	COUNTY		South Carolina
B4. Map/Panel B5. St Number	iffix B6. FIRM Index Date	B7. FIRM Panel Effective/	B8. Flood Zone(s)	B9. Base Flood E	Elevation(s) e Base Flood Depth)
45051C0581 H	09-17-2003	Revised Date 08-23-1999			e base i lood beplily
45051C0561	09-17-2003	00-23-1999	AE	12	
B10. Indicate the source of	f the Base Flood Flevation	(BFF) data or base	flood depth enter	ed in Item 89	
	RM Community Dete	A TOTAL SECTION			
B11. Indicate elevation da	tum used for BFE in Item	B9: ⊠ NGVD 1929	☐ NAVD 1988	Other/Source:	
P12 Is the building leasts	d in a Constal Barrier Bar	over Contact (CD)	001		
B12. Is the building locate			(S) area or Otherv	vise Protected Area (DPA)? ☐ Yes ⊠ No
Designation Date: N/	A	CBRS OPA			
	ENTER STATE				

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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. 224 GLOUCESTER WAY Company NAIC Number City State ZIP Code LITTLE RIVER South Carolina 29566 SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Construction Drawings* ☐ Building Under Construction* C1. Building elevations are based on: X 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 meter Benchmark Utilized: SC VRS 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. 10.1 × feet neters a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 20.5 × feet neters b) Top of the next higher floor N/A feet reters c) Bottom of the lowest horizontal structural member (V Zones only) × feet N/A heters d) Attached garage (top of slab) Lowest elevation of machinery or equipment servicing the building 14.6 |X | feet neters (Describe type of equipment and location in Comments) 9.2 X feet f) Lowest adjacent (finished) grade next to building (LAG) heters g) Highest adjacent (finished) grade next to building (HAG) 9.9 |X | feet neters h) Lowest adjacent grade at lowest elevation of deck or stairs, including feet neters structural support 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 ally 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 at achments. License Number Certifier's Name 21431 JACQUES J. BONNETT Title PLS Company Name SITE SURVEYING, LLC Address 111 WHITE OAK FOREST PL ZIP Code State City 29527 CONWAY South Carolina Telephone Ext. Date Signature 04-27-2021 (843) 319-8169 Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) uilding owner. Comments (including type of equipment and location, per C2(e), if applicable) LOWEST MACHINERY WILL BE AC UNIT. FLOOD VENTS ARE ENGINEERED FOR 205 SQ FT PER VENT SEE ATTACHED SHEET. THE NET ARE OF OPENINGS IS 630 SQUARE INCHES. THE COUNTY MAKES ME PUT SQUARE INCHES OF OPENING TO MATCH ENGINEERED RELIEF AREA OF OPENINGS. THIS UNIT IS NOT ON PILES, BUT BOTTOM FLOOR IS AN ENCLOSED GARAGE ON FOUNDATION AND FRAMING CONSIDERED SHEAR WALLS BY HORRY COUNTY.

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	spaces, copy the corresponding information			FOR INSURAN	CE COMPANY USE
Building Street Address 224 GLOUCESTER WA	(including Apt., Unit, Suite, and/or Bldg. No.) o Y	r P.O. Route and Bo	x No.	Policy Number:	
City	State	ZIP Code		Company NAIC	Number
LITTLE RIVER	South Carolina	29566			
	SECTION E – BUILDING ELEVATION INF FOR ZONE AO AND ZO			REQUIRED)	
For Zones AO and A (w complete Sections A. B, enter meters.	ithout BFE), complete Items E1–E5. If the Cert and C. For Items E1–E4, use natural grade, if	ificate is intended to available. Check the	support a l measurem	OMA or LOMF ent used. In Pu	R-F request, serto Rico only,
the highest adjacer	oformation for the following and check the apprint grade (HAG) and the lowest adjacent grade		w whether	the elevation is	above or below
a) Top of bottom fi	oor (including basement, enclosure) is	□ feet	meters	☐ above or	below the HAG.
b) Top of bottom fl crawlspace or	oor (including basement, enclosure) is		meters	12/19	below the LAG.
E2 For Building Diagra	ms 6-9 with permanent flood openings provide	ad in Section A Itam			
	r (elevation C2.b in	feet	meters		below the HAG.
E3. Attached garage (to		[] feet	meters		below the HAG.
E4. Top of platform of r servicing the building	nachinery and/or equipment		☐ meters	□ above or	below the HAG.
	oflood depth number is available, is the top of		STALL BEING		
	ment ordinance? Yes No Unki			eller tin	nation in Section G.
5	SECTION F - PROPERTY OWNER (OR OWN	ER'S REPRESENT	ATIVE) CE	RTIFICATION	
	owner's authorized representative who complet or Zone AO must sign here. The statements i				
Property Owner or Own	er's Authorized Representative's Name				
Address		City	Sta	te	ZIP Code
Signature		Date	Tol	ephone	
Signature		Date	Tel	eprione	
Comments					
				Check	here if attachments.

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MPORTANT: In these spaces, copy the o	corresponding information	from Section A.	FOR INSURAI	NCE COL	PANY USE
Building Street Address (including Apt., Un 224 GLOUCESTER WAY	it, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number	r:	
City LITTLE RIVER	State South Carolina	ZIP Code 29566	Company NAIG	C Numbe	1
SE	CTION G - COMMUNITY IN	FORMATION (OPTIONA	L)		
The local official who is authorized by law Sections A, B, C (or E), and G of this Elevaused in Items G8–G10. In Puerto Rico only The information in Section C was engineer, or architect who is authorized in the Comments area below.	ation Certificate. Complete the y, enter meters. Is taken from other documentationized by law to certify elevalw.)	e applicable item(s) and a ation that has been signe ation information. (Indicate	sign below. Check to d and sealed by a life the source and da	he meas. icensed s ate of the	rement irveyor, elevation
or Zone AO. The following information (Items	ni i			initiality is	Joed Bi Ly
G4. Permit Number	G5. Date Permit Issue	d G	Date Certificate Compliance/Occ		sued
G7. This permit has been issued for: G8. Elevation of as-built lowest floor (incl of the building:		Substantial Improvement	ft	Datum	
G9. BFE or (in Zone AO) depth of flooding				Datum	1-16-2
Local Official's Name		Title			
Community Name		Telephone			
Signature	() () () () () () () () () ()	Date			100
Comments (including type of equipment a	nd location, per C2(e), if appl	icable)			
			☐ Che	ck here if	attachment

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 224 GLOUCESTER WAY	Apt., Unit, Suite, and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
LITTLE RIVER	South Carolina	29566	

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 Photo One Caption

Clear Photo One

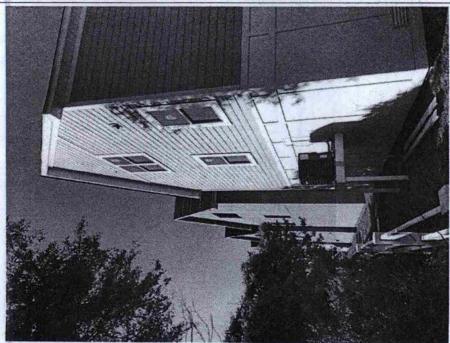


Photo Two Caption

BACK

Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy t	FOR INSURANCE COM	PANY USE		
Building Street Address (including Apt. 224 GLOUCESTER WAY	, Unit, Suite, and/or Bldg. No.) or P	P.O. Route and Box No.	Policy Number:	
City LITTLE RIVER	State South Carolina	ZIP Code 29566	Company NAIC Numbe	

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 48.



Photo Three

Photo Three Caption FLOOD VENT

Cle r Photo Three



Photo Four

Photo Four Caption FLOOD VENT

Clear Photo Four

Certification of Engineered Flood Openings

In accordance with the Code of Federal Regulations for the National Flood Insurance Program

I hereby certify that the Crawl Space Door Systems flood vents 816CS, 1220CS, 1232CS, 1616CS, 1624CS, 1632CS, 2032CS, 2424CS, and 2436CS are designed are designed in accordance with the requirements of the Code of Federal Regulations for the National Flood Insurance Program (NFIP) to provide automatic equalization of hydrostatic flood forces by allowing for the entry and exit of floodwaters, when properly installed and sized as set forth below. Vent opening measurements were measured and certified by Mr. Christopher Mark Loney, Virginia P.E. NO. 029000. Detailed calculations were prepared as outlined In "Review of certification of Engineered Flood Openings," prepared by Dr. Georg Reichard, Associate Professor of Building Construction, Virginia Tech (available upon request from Crawl Space Door Systems, Inc. billy@crawlspacedoors.com)

Design Characteristics

Section 2.6.2.2 of ASCE/SEI 24-05 provides an equation to determine the required <u>net area</u> of engineered openings (A_o) for a given <u>enclosed area</u> (A_e) This equation is based on the hydraulic formula for the flow rate across sharp edged orifices. I have utilized this equation to calculate 1) the restricted flow rate through the main frame opening in case the louver is blown out during a flood event; 2) the flow rate through the individual openings between louver blades; and 3) the flow rate through projected openings between louver blades following hydraulic short-tube theory. The maximum total enclosed area (A_e) that can be serviced by a single vent has then been determined by utilizing the lowest flow rate of the three assessed scenarios for each vent and is listed in Table 1.

These values are based on the following assumptions:

- In absence of reliable data, the rates of rise and fall have been assumed at a minimum rate of 5 feet/hour;
- The (maximum) difference between the exterior and interior floodwater levels shall not exceed 1 foot during base flood conditions;
- A factor of safety of 5 has been assumed, which is consistent with design practices related to protection of life and property;
- The net area of openings (A_o) as provided by the manufacturer.

Installation	Rea	uirements	and	Limitations
IIIStallation	1100	MIL CILICIALS	MARKE	MILLICACIONIS

This certification will be voided if the following installation requirements and limitations are not enforced:

- There shall be a minimum of two openings on different sides of each enclosed area subject to flooding;
- The bottom of all openings shall be no higher than one foot
 above the higher of the interior or exterior grade that is immediately under each opening;
- No temporary (e.g. during cold weather) or permanent solid cover may be placed into or over the flood vent that would block the
 automatic entry or exit of floodwaters at any time;
- Where data or analyses indicate more rapid rates of rise and fall, the required number of openings shall be increased to account
 for those different conditions. The number or size of the openings may be decreased if data or analyses indicate rates of rise and
 fall are less than 5 feet per hour.

*)	Model	H x W [in]	A _o [in ²]	A _e [ft ²]
Ø	816CS	8 x 16	105	205
	1220CS	12 x 20	235	500
	1232CS	12 x 32	305	645
	1616CS	16 x 16	180	395
	1624CS	16 x 24	310	670
	1632CS	16 x 32	405	835
	2032CS	20 x 32	630	1240
	2424CS	24 x 24	570	1230
	2436CS	24 x 36	850	1765

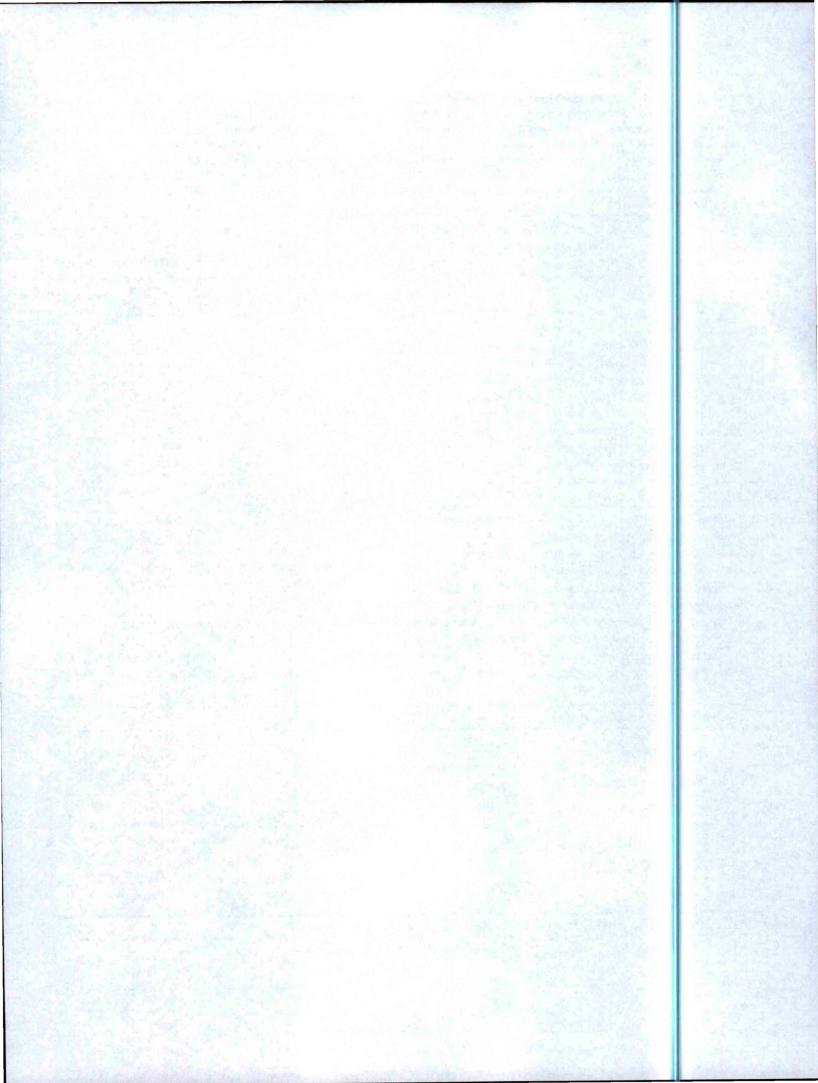
Table 1 Maximum total <u>enclosed</u> <u>area</u> (A_e) that can be serviced by each individual model based on the given <u>net area</u> of engineered openings (A_o)

Certifyi	ng Design Professional	TH CAROLINA
Name	Frederick Allen House	Title President HOUSE AND THE CAROLINAL
Company	House Engineering P.C.	ENGINEERING, P.C.
Address	PO Box 466, Kitty Hawk, NC 27949	No. 3900 No. 26841
License	South Carolina	License No. 26841 No. 26841 E.
Signature	" Red & Oltones, P.E.	Date: 11/17/2017

Identification of the Building and Installed Flood Vents (By Others)

The flood vent models marked in Table 1*) are being installed at the following building:

Building Address



120086

U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

National Flood Insurance Program

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

ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

	SEC	TION A - PROPERTY	Y INFORMATION		FOR INSUR	RANCE COMPANY US
A1. Building Dw	ner's Name				Policy Num	ber:
CK CARR BFOT	HERS 2, LLC					
A2. Building Stre Box No. 224 GLOUCE ST		cluding Apt., Unit, Sui	te, and/or Bldg. No.) o	r P.O. Route and	d Company N	IAIC Number:
City			State		ZIP Code	
LITTLE R VE	R		South C	arolina	29566	
		nd Block Numbers, Ta 6 @ MARKER 350	ax Parcel Number, Le	gal Description,	etc.)	16 2
A4. Building Use	(e.g. Residen	tial Non-Residential	Addition, Accessory,	etc.) RESIDE	NTIAI	
			Long. 78D39'22.960			1027 VAD 1092
	1					1921 X NAD 1903
A6. Attach at ea	st 2 photograp	hs of the building if th	e Certificate is being	used to obtain flo	ood insurance.	
A7. Building Diag	gram Number	1B				
A8. For a buildin	g with a crawls	pace or enclosure(s):				
a) Square for	ootage of crawl	space or enclosure(s)	1144.00 sq ft		
b) Number of	f permanent flo	ood openings in the c	rawispace or enclosur	e(s) within 1.0 fo	ot above adjacent gr	ade 6
			1230.00 sq i		0	
			1230.00 30		(hy)	
d) Engineer	ed flood openin	IGS / X Voc	NI -			
		igo, Mies I	No		Hr.	
A9. For a build no			NO		Ho	
	g with an attach	ned garage:			Ho	
a) Square fo	g with an attach	ned garage:	N/A sq f		Hv.	
a) Square fo	g with an attach	ned garage:			djacent grade N/A	
a) Square for	g with an attach otage of attach	ned garage:	N/A sq f	1.0 foot above a	djacent grade N/A	
a) Square forb) Number ofc) Total net	g with an attach otage of attach	ned garage: ned garage pood openings in the a penings in A9.b	N/A sq f	1.0 foot above a	djacent grade N/A	
a) Square forb) Number ofc) Total net	g with an attach otage of attach of permanent floa area of flood of	ned garage: ned garage pood openings in the a penings in A9.b	N/A sq fttached garage within	1.0 foot above a	djacent grade N/A	
a) Square forb) Number ofc) Total net	g with an attach totage of attach of permanent floa area of flood opening	ned garage: ned garage pood openings in the a penings in A9.b gs? Yes	N/A sq fttached garage within	1.0 foot above a		
a) Square for b) Number of c) Total net d) Engineers	g with an attach totage of attach of permanent floa area of flood opening	ned garage: ned garage pood openings in the a penings in A9.b gs? Yes	N/A sq f ttached garage within N/A so	1.0 foot above a		B3. State
b) Number of c) Total net d) Engineers	g with an attach	ned garage: ned garage pood openings in the a penings in A9.b ngs? Yes	N/A sq fittached garage within N/A so No INSURANCE RATE	1.0 foot above a in MAP (FIRM) IN Name		B3. State South Carolina
a) Square for b) Number of c) Total net d) Engineers	g with an attach	ned garage: ned garage pood openings in the a penings in A9.b ngs? Yes	N/A sq fittached garage within N/A so No INSURANCE RATE B2. County HORRY Co B7. FIRM Panel Effective/	1.0 foot above a in MAP (FIRM) IN Name	NFORMATION B9. Base Flood B	South Carolina
a) Square for b) Number of c) Total net d) Engineers B1. NFIP Community HORRY COUNT	g with an attach	ned garage: ned garage ood openings in the a penings in A9.b ngs? Yes COTION B – FLOOD Community Number B6. FIRM Index	N/A sq fittached garage within N/A so No INSURANCE RATE B2. County HORRY Co	1.0 foot above a in MAP (FIRM) IN Name DUNTY B8. Flood	NFORMATION B9. Base Flood B	South Carolina Elevation(s)
a) Square for b) Number of c) Total net d) Engineers B1. NFIP Community HORRY COUNT	g with an attach otage of attach of permanent floarea of flood opening the second seco	ned garage: ned garage pod openings in the a penings in A9.b gs? Yes ECTION B – FLOOD Community Number B6. FIRM Index Date	N/A sq fittached garage within N/A so No INSURANCE RATE B2. County HORRY Co HORRY Co Effective/ Revised Date	1.0 foot above a in MAP (FIRM) IN Name DUNTY B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	South Carolina Elevation(s)
a) Square for b) Number of c) Total net d) Engineers B1. NFIP Community HORRY COUNT 4. Map/Panel Number 5051C0581	g with an attach totage of attach of permanent flo area of flood openin ed flood openin SE unity Name & C Y 450104 B5. Suffix H	ned garage: ned garage pod openings in the a penings in A9.b gs? Yes ECTION B – FLOOD Community Number B6. FIRM Index Date 09-17-2003	N/A sq fittached garage within N/A so No INSURANCE RATE B2. County HORRY Co HORRY Co Effective/ Revised Date	1.0 foot above a in MAP (FIRM) IN Name DUNTY B8, Flood Zone(s) AE	B9. Base Flood E (Zone AO, us	South Carolina Elevation(s)
a) Square for b) Number of c) Total net d) Engineers B1. NFIP Community COUNT 44. Map/Panel Number 5051C0581	g with an attach otage of attach of permanent floarea of flood opening of the desired flood opening of the desired flood opening of the desired flood opening	ned garage: ned garage pod openings in the a penings in A9.b gs? Yes ECTION B – FLOOD Community Number B6. FIRM Index Date 09-17-2003	N/A sq fittached garage within N/A so No INSURANCE RATE B2. County HORRY Co B7. FIRM Panel Effective/ Revised Date 08-23-1999	1.0 foot above a in MAP (FIRM) IN Name DUNTY B8. Flood Zone(s) AE	B9. Base Flood E (Zone AO, us	South Carolina Elevation(s)
a) Square for b) Number of C) Total net d) Engineers B1. NFIP Community HORRY COUNT 4. Map/Panel Number 5051C0581 B10. Indicate the	g with an attach otage of attach otage of attach of permanent floarea of flood opening of the design of the otage of the otage of the otage of the design of the otage of the design of the otage	ned garage: ned garage pod openings in the a penings in A9.b ngs? Yes Community Number B6. FIRM Index Date 09-17-2003 Base Flood Elevation Community Dete	N/A sq fittached garage within N/A so No INSURANCE RATE B2. County HORRY Co B7. FIRM Panel Effective/ Revised Date 08-23-1999	1.0 foot above a in MAP (FIRM) IN Name DUNTY B8. Flood Zone(s) AE	B9. Base Flood E (Zone AO, us	South Carolina Elevation(s) se Base Flood Depth)
a) Square for b) Number of c) Total net d) Engineers B1. NFIP Community COUNT 4. Map/Panel Number 5051C0581 B10. Indicate the B11. Indicate elections	g with an attach otage of attach of permanent floarea of flood opening of flood opening of the flood opening of the file of the file of the file of the flood opening	ned garage: ned garage pood openings in the a penings in A9.b ngs? Yes CTION B – FLOOD Community Number B6. FIRM Index Date 09-17-2003 Base Flood Elevation Community Dete	N/A sq fittached garage within N/A so No INSURANCE RATE B2. County HORRY Co B7. FIRM Panel Effective/ Revised Date 08-23-1999 n (BFE) data or base firmined Other/Soil	1.0 foot above a in MAP (FIRM) IN Name DUNTY B8. Flood Zone(s) AE lood depth enter	B9. Base Flood B (Zone AO, us 12 ed in Item B9:	South Carolina Elevation(s) se Base Flood Depth)

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

	Unit, Suite, and/or Bldg. No.) or P.O. Rout	te and Box No.	Policy	Number:	
4 CLOUCES ER WAY			_		
ty	State ZIP (Comp	any NAIC	Number
ITLE RIVER	South Carolina 2956	6			
SECTION C	- BUILDING ELEVATION INFORMAT	ION (SURVEY	REQUIR	ED)	
C1. Building elevations are based on: *A new Elevation Certificate will be	Construction Drawings* Builder required when construction of the building	ding Under Consi	truction*	× Finis	shed Construction
	AH, A (with BFE), VE, V1–V30, V (with BF cording to the building diagram specified in	n Item A7. In Pue			
	Vertical Datum:				
	the elevations in items a) through h) below	v.			
NGVD 1929 NAVD	s must be the same as that used for the B	EE			
Datum used for building dievations	s must be the same as that used for the b	-	Ch	eck the m	easurement used
a) Top of bottom floor (including b	pasement, crawlspace, or enclosure floor)	1000	10.1	× feet	meters
b) Top of the next higher floor			20.5	× feet	meters
c) Bottom of the lowest horizontal	structural member (V Zones only)		N/A	feet	meters
d) Attached garage (top of slab)			N/A	× feet	meters
e) Lowest elevation of machinery (Describe type of equipment at	or equipment servicing the building nd location in Comments)		14.6	× feet	meters
f) Lowes: adjacent (finished) grad	de next to building (LAG)		9.2	× feet	meters
g) Highest adjacent (finished) gra	ide next to building (HAG)		9.9	× feet	meters
h) Lowes: adjacent grade at lowe structural support	est elevation of deck or stairs, including		N/A	☐ feet	meters
	D – SURVEYOR, ENGINEER, OR ARC	HITECT CERT	EICATIO	N.	
I certify that the information on this Cer statement may be punishable by fine of	ealed by a land surveyor, engineer, or architificate represents my best efforts to interpriment imprisonment under 18 U.S. Code, Section A provided by a licensed land surveyor?	pret the data ava tion 1001.	ilable. I u	nderstand	evation information of that any false ere if attachments
Certifier's Name	License Number				
JACQUES J. BONNETT	21431				OLINA "
Title PLS				TIL AF	ace Surviv
Company Name SITE SURVEYING, LLC				SOUT	Seal
Address 111 WHITE OAK FOREST PL				3.0	Tere &
		ZIP Code		11111	VACQUES, IN
	State South Carolina	29527		-	"HILLING"
City CONWAY Signature My Municipal Control Con			Ext.		mmu.
Signature My Man	South Carolina Date	29527 Telephone (843) 319-8169		ompany, a	and (3) building ow

OMB No. 1660-0008 **ELEVATION CERTIFICATE** 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: 224 CLOUCES ER WAY City ZIP Code Company NAIC Number State LITTLE RIVER 29566 South Carolina 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 elezation 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 feet meters above or below the HAG. b) Top of bottom floor (including basement, crawlspace, or enclosure) is feet meters above or below the LAG. 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 feet meters above or below the HAG. E3. Attached garage (top of slab) is feet meters above or below the HAG. E4. Top of platform of machinery and/or equipment servicing the building is _ ☐ 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 ZIP Code Address City State Signature Date Telephone Comments

Check here if attachments.

OMB No. 1660-0008 Expiration Date: November 30, 2022 FOR INSURANCE COMPANY LISE IMPORTANT: In these spaces, conv the corresponding information from Section A

in Ottiviti. in these spaces, sop	y the corresponding information in	om Section A.	FOR INSURANCE COMPANY US
Building Street Address (including A	pt., Unit, Suite, and/or Bldg. No.) or P	O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
ITTLE RIVER	South Carolina	29566	Company NAIC Number
	SECTION G - COMMUNITY INFO	RMATION (OPTIONAL)	
Sections A, B, \bigcirc (or E), and G of this used in Items G3–G10. In Puerto Ri	C was taken from other documentation is authorized by law to certify elevation	applicable item(s) and sign on that has been signed a	n below. Check the measurement and sealed by a licensed surveyor,
	oleted Section E for a building located	in Zone A (without a FEM	A-issued or community-issued BFE)
3. The following information	(Items G4–G10) is provided for comm	unity floodplain managem	ent purposes.
64. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued
67. This permit has been issued for 68. Elevation of as-built lowest floor of the building: 69. BFE or (in Zone AO) depth of the first cone AO)	or (including basement)	bstantial Improvement	Datum
ocal Official's Name		itle fee	t meters Datum
ocal Official's Name	136	ide	
Community Name	T	elephone	
ignature	D	ate	
comments (including type of equipm	nent and location, per C2(e), if applica	ible)	

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

MPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 224 CLOUCESTER WAY	Apt., Unit, Suite, and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number

If using the E evation 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 Capi on FRONT Clear Photo One



Photo Two Capt on BACK

Clear Photo Two

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

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. 224 CLOUCESTER WAY			
City	State	ZIP Code	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 Caution FLOOD VENT

Clear Photo Three

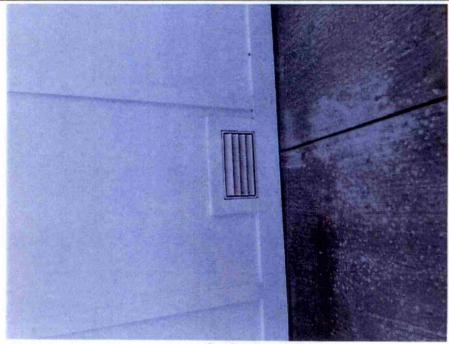


Photo Four

Photo Four Caption FLOOD VENT

Clear Photo Four