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U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

OMB Control Number: 1660-0008

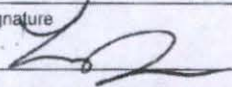
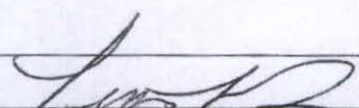
Expiration: 11/30/2018

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 Thomas W. Gwyn				Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1520 Waccamaw Circle				Company NAIC Number:		
City Conway		State SC		Zip Code 29526		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lor 17 & 16 PIN # 320-11-01-0004						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential						
A5. Latitude/Longitude: Lat. N33°52'26.6" Long. W78°53'48.1" Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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):						
a) Square footage of crawlspace or enclosure(s) N/A sq ft		A9. For a building with an attached garage:				
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A		a) Square footage of attached garage N/A 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 A8.b N/A sq in		c) Total net area of flood openings in A9.b N/A sq in		d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number Horry County 450104			B2. County Name Horry		B3. State SC	
B4. Map/Panel Number 45051C0535 H	B5. Suffix H	B6. FIRM Index Date 9-17-2003	B7. FIRM Panel Effective/ Revised Date 8-23-1999	B8. Flood Zone(s) AE 16	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 16	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____						
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA						
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> 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 Network Vertical Datum: NGVD 1929						
Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> 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)	26.16		<input checked="" type="radio"/> feet <input type="radio"/> meters			
b) Top of the next higher floor	N/A		<input checked="" type="radio"/> feet <input type="radio"/> meters			
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A		<input checked="" type="radio"/> feet <input type="radio"/> meters			
d) Attached garage (top of slab)	N/A		<input checked="" type="radio"/> feet <input type="radio"/> meters			
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	20.13		<input checked="" type="radio"/> feet <input type="radio"/> meters			
f) Lowest adjacent (finished) grade next to building (LAG)	10.30		<input checked="" type="radio"/> feet <input type="radio"/> meters			
g) Highest adjacent (finished) grade next to building (HAG)	10.40		<input checked="" type="radio"/> feet <input type="radio"/> meters			
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	10.35		<input checked="" type="radio"/> feet <input type="radio"/> meters			

ELEVATION CERTIFICATE, page 2

OMB Control Number: 1680-0008
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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. 1520 Waccamaw Circle		Policy Number:	
City Conway	State SC	Zip Code 29526	Company NAIC Number:
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.			
<input type="checkbox"/> Check here if attachments.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Certifier's Name Timothy L. Davis, PLS		License Number 27445	
Title Professional Land Surveyor	Company Name Timothy L. Davis, PLS		
Address 4618 Main Street	City Loris	State SC	Zip Code 29569
Signature 	Date 9-18-2019	Telephone 843-756-2029	
PLACE SEAL HERE			
Copy all pages of this Elevation Certificate 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 A/C Unit.			
Signature 	Date		
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 _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.			
E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
E3. Attached garage (top of slab) is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
E4. Top of platform of machinery and /or equipment servicing the building is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> 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? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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			
Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			
<input type="checkbox"/> Check here if attachments.			

ELEVATION CERTIFICATE, page 3

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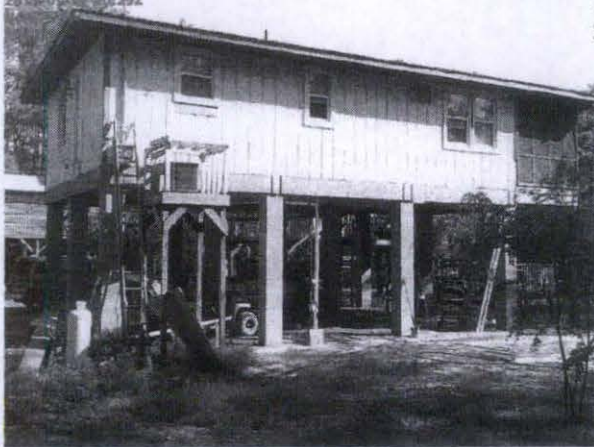

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1520 Waccamaw Circle		Policy Number:	
City Conway	State SC	Zip Code 29526	Company NAIC Number:
SECTION 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.			

ELEVATION CERTIFICATE, page 4**BUILDING PHOTOGRAPHS**

See instructions for Item A6.

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1520 Waccamaw Circle			Policy Number:
City Conway	State SC	Zip Code 29526	Company NAIC Number:
<p>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.</p> <p>2019-09-17 20:29Z No GPS Fix img009</p> 			
<p>2019-09-17 20:29Z</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. 1520 Waccamaw Circle			Policy Number:
City Conway	State SC	Zip Code 29526	Company NAIC Number:
<p>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.</p>			