U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency National Flood Insurance Program 73595 1-56-18 CK57

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

oten, 3,18 1/20

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 Policy Number: Wayne Willis A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg, No.) or P.O. Route and Company NAIC Number: 1251 Sharks Tooth Trail ZIP Code City State 29575 Myrtle Beach South Carolina A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Site #1251 Ocean Lakes Campground A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Long. 78° 57' 42.1" W A5. Latitude/Longitude: Lat. 33° 37' 18.9" N 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 crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) 120 b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b 220 / sq in d) Engineered flood openings? Yes X No A9. For a building with an attached garage: a) Square footage of attached garage b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade sq in c) Total net area of flood openings in A9.b d) Engineered flood openings? Yes X No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B2. County Name B3. State B1. NFIP Community Name & Community Number South Carolina 450104 Horry Horry County B9. Base Flood Elevation(s) **B7. FIRM Panel** B8. Flood Zone(s) B4. Map/Panel B5. Suffix B6. FIRM Index (Zone AO, use Base Effective/ Number Date Revised Date Flood Depth) H 09/17/2003 08/23/1999 AE 45051C0752 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: X 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 X No CBRS OPA Designation Date:

73595 -50. 18 CKS7 OMB No. 1660-0008 Expiration Date: November 30, 2018 FOR INSURANCE CO.

ELEVATION CERTIFICATE

IMPORTANT: In the	se spaces, copy the co	rresponding informatio	n from Section A.		FOR INSURAN	ICE COMPANY USE
Building Street Addr 1251 Sharks Tooth		Suite, and/or Bldg. No.)	or P.O. Route and B	ox No.	Policy Number	
City Myrtle Beach	/	State / South Carolina	ZIP Code / 29575		Company NAIC	Number
	SECTION E – BUIL	DING ELEVATION INF OR ZONE AO AND ZO	ORMATION (SUR'	VEY NOT I	REQUIRED)	
For Zones AO and A complete Sections A enter meters.	A (without BFE), complete A, B,and C. For Items E1-	e Items E1–E5. If the Cer –E4, use natural grade, if	tificate is intended to available. Check the	support a e measuren	LOMA or LOMP nent used. In Po	R-F request, uerto Rico only,
the highest adja	on information for the followage in the followage in the following the following basem in floor (including basem)	owing and check the app ne lowest adjacent grade	ropriate boxes to sho (LAG).	ow whether	the elevation is	above or below
crawlspace,	or enclosure) is		feet	meters	above or	below the HAG.
	m floor (including basem or enclosure) is	ent,	feet	meters	above or	below the LAG.
E2. For Building Dia	agrams 6-9 with perman	ent flood openings provid	ed in Section A Item	s 8 and/or	9 (see pages 1-	-2 of Instructions),
the next higher the diagrams) of	floor (elevation C2.b in of the building is		feet	meters	above or	below the HAG.
E3. Attached garag	e (top of slab) is	-	feet	meters	above or	below the HAG.
E4. Top of platform servicing the bu	of machinery and/or equilding is	ipment	feet	meters	above or	below the HAG.
E5. Zone AO only: floodplain mana	If no flood depth number agement ordinance?	is available, is the top of Yes No Unk	the bottom floor elev nown. The local off	vated in acc icial must c	ordance with the ertify this inform	e community's nation in Section G.
	SECTION E - PROPE	ERTY OWNER (OR OWN	IER'S REPRESENT	ATIVE) CE	RTIFICATION	57.710
community-issued B	or owner's authorized re FE) or Zone AO must sign Owner's Authorized Repre	presentative who comple gn here. The statements i esentative's Name	tes Sections A, B, and Sections A, B, and City	d E for Zond E are corr	ect to the best o	ZIP Code
Address						
Signature			Date	Tel	ephone	
Comments						
					☐ Check	here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008 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. 1251 Sharks Tooth Trail

Policy Number:

City Myrtle Beach

ELEVATION CERTIFICATE

State South Carolina ZIP Code 29575

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 Caption Front View

1/20/18

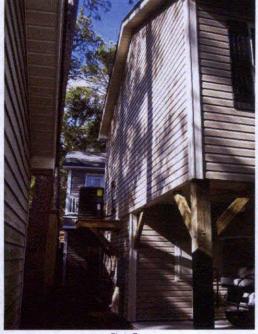


Photo Two

ELEVATION CERTIFICATE

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

MPORTANT: In these spaces, copy the corresponding information	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or 1251 Sharks Tooth Trail	Policy Number:		
City State Myrtle Beach South Carolina	Company NAIC Number		
SECTION C - BUILDING ELEVATION INF	FORMATION (SURVEY	REQUIRED)	
C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of the construction	the building is complete.		
Complete Items C2.a-h below according to the building diagram s	pecified in Item A7. In Pue Il Datum: NGVD 1929	erto Rico only, enter meters.	
Indicate elevation datum used for the elevations in items a) throug ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source:	h h) below.		
Datum used for building elevations must be the same as that used	for the BFE.	Check the measurement used.	
Top of bottom floor (including basement, crawlspace, or enclose)	sure floor)13. 9	X feet meters	
b) Top of the next higher floor	23.8	x feet meters	
c) Bottom of the lowest horizontal structural member (V Zones on	lv)N/A	X feet meters	
d) Attached garage (top of slab)	N/A	X feet meters	
e) Lowest elevation of machinery or equipment servicing the build (Describe type of equipment and location in Comments)	15. 4	X feet meters	
f) Lowest adjacent (finished) grade next to building (LAG)	12. 4	x feet meters	
g) Highest adjacent (finished) grade next to building (HAG)	13. 6	x feet meters	
Lowest adjacent grade at lowest elevation of deck or stairs, inc structural support	eluding N/A.	x feet meters	
SECTION D - SURVEYOR, ENGINEER,	OR ARCHITECT CERT	IFICATION	
This certification is to be signed and sealed by a land surveyor, engine I certify that the information on this Certificate represents my best effor statement may be punishable by fine or imprisonment under 18 U.S. C	ts to interpret the data ava ode, Section 1001.	Check here if attachments.	
Certifier's Name License Nur	mber UTH CARO	William SOUTH CAR	
Ira Hardwick 25085	WINDLY CARO	THE COUNTY CAR	
Title Professional Engineer	NELSON L.	A PROFESSION OF THE PROPERTY O	
Company Name Nelson L. Hardwick & Associates, Inc.	HARDWICK & ASSOCIATES	ARDWOT	
Address PO Box 15909		ST MARKET STATE OF THE STATE OF	
City State Surfside Beach South Caro	ZIP Oode	ARDWCHIM	
Signature Date 01/20/2018	Telephone (843) 238-1142	2	
Copy all pages of this Elevation Certificate and all attachments for (1) com	nmunity official, (2) insurance	ce agent/company, and (3) building owner	
Comments (including type of equipment and location, per C2(e), if app 1) A8 & C2(a) refer to an unfinished non-structural storage enclosure. 2) C2(e) refers to the water heater located in the storage enclosure.			

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Ur 1251 Sharks Tooth Trail	and Box No.	Policy Number:	
City Myrtle Beach	State ZIP Co South Carolina 2957		Company NAIC Number
SE	CTION G - COMMUNITY INFORMATIO	N (OPTIONAL)	
The local official who is authorized by law Sections A, B, C (or E), and G of this Elev used in Items G8–G10. In Puerto Rico onl	ation Certificate. Complete the applicable	y's floodplain mai e item(s) and sign	nagement ordinance can complete below. Check the measurement
G1. The information in Section C wa engineer, or architect who is aut data in the Comments area belo	s taken from other documentation that hat horized by law to certify elevation informa w.)	as been signed ar ation. (Indicate the	nd sealed by a licensed surveyor, e source and date of the elevation
G2. A community official completed or Zone AO.	Section E for a building located in Zone A	(without a FEMA	A-issued or community-issued BFE)
G3. The following information (Items	G4-G10) is provided for community floo	dplain manageme	ent purposes.
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction ☐ Substantial	Improvement	
G8. Elevation of as-built lowest floor (incl of the building:	uding basement)	feet	meters Datum
G9. BFE or (in Zone AO) depth of flooding	g 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		100000000000000000000000000000000000000
Comments (including type of equipment ar	nd location, per G2(e), if applicable)		
			Check have if attachments
			☐ Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

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. 1251 Sharks Tooth Trail.			FOR INSURANCE COMPANY USE Policy 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 One

Photo One Caption Front/Right Side View

1/20/18



Photo Two