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

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

OMB No. 1660-0008 Expiration Date: July 31, 2015

<u></u>	<del></del>	SECTION	A - PROPERT	Y INFORMA	ATION	FOR INSURANCE COMPA	ANY USE
At: Building Owner's Name	Bridges Custom F	lomes				Policy Number:	3
A2. Building Street Address 141 Bridgeway Driv	s (including Apt., Un	it, Suite, and/or Bldg.	No.) or P.O. Rou	te and Box No	0.	Company NAIC Number:	27/
City Little River				ZIP Code 295	566	101/ D	1/
A3. Property Description (Lo Lot 10 Bridgeway Park	t and Block Number tax map: 1	s, Tax Parcel Number 30-39-01-010	, Legal Descripti	on, etc.)		more	f
A4. Building Use (e.g., Resid	dential, Non-Resider	ntial, Addition, Access	ory, etc.)				Residence
A5. Latitude/Longitude: Lat.	N33d 51' 10.6" Lor	ng. <u>W078d 39' 42.8"</u>	in a second to about	_ 8 issues	Horizontal Datum:	☐ NA® 1927 🖾 NAD 19	983
A6. Attach at least 2 photog		if the Certificate is be	eing usea to obta	n iloou insura	nce.		
A6. For a building with a cra	wispace or enclosur	re(s):		A9. For a bu	iliding with an attac	hed garage:	
<ul> <li>a) Square footage of cr</li> </ul>	awispace or enclosu	ure(s) <u>N/A</u>	sq ft W		are footage of attac		sq ft
<ul> <li>b) Number of permane or enclosure(s) within</li> </ul>	nt flood openings in	the crawlspace acent grade <u>N/A</u>	,,	,	nber of permanent in in 1.0 foot above ac	Rood openings in the attache diacent grade N/A	ed garage
c) Total net area of floo		N/A	sq in		I net area of flood		sq in
d) Engineered flood op			•	d) Eng	ineered flood openi	ings? ☐ Yes 🖾 N	lo
		N B – FLOOD INS	URANCE RAT	E MAP (FIR	M) INFORMATIO	ON	
81. NFIP Community Name	& Community Num	her #5 (	County Name			-83 State	
	50104	Horr				sc	
84. Map/Panel Number 45051C0581	∡55, Suffix 8	5. FIRM Index Date 9-17-2003	✓57. FIRM Effective/Rev 8-23-1	rised Date	Z8. Flood Zone(s) AE	89. Base Flood Elevation AO, use base flood 12'	
10. Indicate the source of	the Base Flood Elev	vation (BFE) data or b	ase flood depth e	ntered in Item	1 B9.		
☐ FIS Profile	⊠ FIRM □	Community Determine	ned 🗆 C	ther/Source: <u>I</u>			
811. Indicate elevation datu	ım used for BFE in I	ltem B9: 🗵 NGVD 19	929 🗆 N	AVD 1988	Other/Source:		
B12. Is the building located	in a Coastal Barrier	Resources System (0	BRS) area or O	herwise Prote	ected Area (OPA)?	☐ Yes 🗡 N	40
Designation Date: 🖂		L	└ CBRS	_ OPA			
	SECTION	C – BUILDING ELE	VATION INFO	RMATION (	SURVEY REQUI	RED) /	
						/	
<ol> <li>Building elevations are</li> </ol>	based on:	Construction Drawin	gs*		er Construction*	Finished Construction	วก
*A new Elevation Certifi	cate will be required	when construction of	the building is c	omplete.		,	
<ol> <li>Elevations – Zones A1- below according to the</li> </ol>	-A30, AE, AH, A (wit	th BFE), VE, V1–V30, edified in Item A7. In F	V (with BFE). Af Puerto Rico only	R. AR/A, AR/A enter meters	kE, AR/A1–A30, AR	R/AH, AR/AO, Complete Item	is C2.a—h
Benchmark Utilized: Me	· · · · · · · · · · · · · · · · · · ·		/ertical Datum: N				
Indicate elevation datur	n used for the eleva	tions in items a) throu	gh h) below. 🖾	NGVD 1929	🗌 NAVD 1988 🔲	Other/Source: <u>33833</u>	
Datum used for building	g elevations must be	e the same as that use	ed for the BFE.				
						ck the measurement used.	
<ul> <li>a) Top of bottom floor (</li> </ul>	including basement,	crawispace, or enclos	sure floor)	<u>13</u> .	<u>8</u> √	feet ☐ meters	
<ul><li>b) Top of the next high</li></ul>	er floor			<u>N/A</u>	<u>4</u> .	☐ feet ☐ meters	
<ul> <li>c) Bottom of the lowest</li> </ul>	horizontal structura	l member (V Zones or	nly)	N/A	<u>1</u> .	feet meters	
d) Attached garage (top	o of slab)			<u>+3</u> .	<b>2√</b> /	🗹 feet 🔲 meters	
e) Lowest elevation of (Describe type of eq			ding	<u>13</u> .	<u>○</u>	☐ feet ☐ meters	
f) Lowest adjacent (fin	ished) grade next to	building (LAG)		<u>12</u> .	<u>5</u>	feet meters	
g) Highest adjacent (fir	nished) grade next to	building (HAG)		<u>13</u> .	0	feet 🔲 meters	
h) Lowest adjacent gra	de at lowest elevatio	on of deck or stairs, in	cluding structural	support 13.	2	🗹 feet 🔲 meters	
	SECTION	I D - SURVEYOR,	ENGINEER, O	RARCHITE	CT CERTIFICAT	ION	
This certification is to be sig information. I certify that the I understand that any false:	ned and sealed by a information on this	a land surveyor, engine Certificate represents	eer, or architect a	uthorized by interpret the	law to certify elevat data available.		14
Check here if comment					tion A provided by a	· Nolle 7 B	11/2
Check here if attachme	*		e latitude and lor ised land surveyo	. <del></del>		1 W/7 / Car	(*/*)
Crieck Here II attachine				se Number s	· ·	<u> </u>	
	•	ompany Name Beast				<b> </b> U	
Title Land Surveyor	C(	DOLLY DECEMBER DECEMBER	CY COMO OUNCY!!	154 11154		:	
Address D O Day 20794		<u>-                                      </u>			0.1.00500		ĺ
Address P. O. Box 30784	/ //ci	ity Myrtle Beach	State		Code 29588		Ì

		TON INSUITANCE COMPANY USE						
<sup>™</sup> <b>Buildin</b> g Street Address (including Apt., Unit, Scite, e.id/or Blo 141 - Bridgeway Drive	ig, No.) or P.O. Route and Box No.	Policy Number:						
City Little River	State SC ZIP Code 29566	Company NAIC Number						
SECTION D - SURVEYOR, EI	NGINEER, OR ARCHITECT CERTIFI	CATION (CONTINUED)						
Copy both sides of this Elevation Certificate for (1) community of	official, (2) insurance agent/company, and (	(3) building owner.						
Comments This Certificate may not be used for any other pers This is a final construction certificate. C2e is HVAC. Water he		SUNCEYSIO, FAC.						
Signature (AU) - Defin	Date Feb. 11, 2014							
SECTION E - BUILDING ELEVATION INFORMAT	ION (SURVEY NOT REQUIRED) FOR	R ZONE AO AND ZONE A (WITHOUT BFE)						
For Zones AO and A (without BFE), complete Items E1–E5. If and C. For Items E1–E4, use natural grade, if available. Check								
E1. Provide elevation information for the following and check (HAG) and the lowest adjacent grade (LAG).	_							
a) Top of bottom floor (including basement, crawlspace, o     b) Top of bottom floor (including basement, crawlspace, o	or enclosure) is <u>20000.0000</u> fe	eet U meters U above or U below the HAG. eet U meters D above or D below the LAG.						
E2. For Building Diagrams 6–9 with permanent flood opening (elevation C2.b in the diagrams) of the building is DEST	DO.COCO Geet meters abov	ve or Delow the HAG.						
<b>0 0 ( )</b> ————	feet meters above or below							
	Top of platform of machinery and/or equipment servicing the building is DIDED DIDED feet meters above or below the HAG.  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 of								
	VNER (OR OWNER'S REPRESENTA							
The property owner or owner's authorized representative who can also appears to the statements in Sections A, B, and		,						
Property Owner's or Owner's Authorized Representative's Nam		<del></del>						
Address 0000	City Gaara	State DC ZIP Code DDDD						
Signature 30000	Date DODD	Telephone DEADD						
Comments BBBDE								
		☐ Check here if attachments.						
SECTION G -	- COMMUNITY INFORMATION (OPT	IONAL)						
The local official who is authorized by law or ordinance to administrate of this Elevation Certificate. Complete the applicable item(s) and								
is authorized by law to certify elevation information.	(Indicate the source and date of the elevati	*						
G2. L. A community official completed Section E for a buildi		· · · · · · · · · · · · · · · · · · ·						
G3. The following information (Items G4-G10) is provide	d for community floodplain management pu	urposes.						
G4. Permit Number G5. Date Permit Iss	ued G6, Date Cei	rtificate Of Compliance/Occupancy Issued						
G7. This permit has been issued for:  New Construction								
G8. Elevation of as-built lowest floor (including basement) of t	he building: <u>30230.05233</u>	feet meters Datum <u>annon</u>						
G9. BFE or (in Zone AO) depth of flooding at the building site.		meters Datum <u>1910</u>						
G10. Community's design flood elevation:		meters Datum <u>DEDED</u>						
Local Official's Name SDDDD	Title DOCTO							
Community Name 30630	Telephone CIDI	Telephone Cadag						
Signature 30000	Date DEGED							
Comments CDDCD		n						
		Check here if attachments.						