

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008  
Expires March 31, 2012

161220  
577-11  
LFAO

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name NORMA JEAN GASQUE

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3445 RIVER RD

City Nichols State SC ZIP Code 29581

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TMS# 007-12-01-006

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. \_\_\_\_\_ Long. \_\_\_\_\_ 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 5

A8. For a building with a crawlspace or enclosure(s):  
 a) Square footage of crawlspace or enclosure(s) 0 sq ft  
 b) No. 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 \_\_\_\_\_ sq in  
 d) Engineered flood openings?  Yes  No

A9. For a building with an attached garage:  
 a) Square footage of attached garage \_\_\_\_\_ sq ft  
 b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade \_\_\_\_\_  
 c) Total net area of flood openings in A9.b \_\_\_\_\_ sq in  
 d) Engineered flood openings?  Yes  No

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Horry County 45051C

B2. County Name HORRY

B3. State SC

B4. Map/Panel Number 45051C0050

B5. Suffix H

B6. FIRM Index Date 9/17/2003

B7. FIRM Panel Effective/Revised Date 9/23/99

B8. Flood Zone(s) A

B9. Base Flood Elevation(s) (Zone AO, use base flood depth) Water terminated

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 (Describe) P.R. County ORDINANCE

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other (Describe) \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resource System (CBRS) area or Otherwise Protected Area (OPA)?  
 Designation Date \_\_\_\_\_  CBRS  OPA

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  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, ARIA/H, AR/AO. Complete items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.

Benchmark Utilized \_\_\_\_\_ Vertical Datum \_\_\_\_\_

Conversion/Comments \_\_\_\_\_

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) \_\_\_\_\_ feet \_\_\_\_\_ meters (Puerto Rico only)

b) Top of the next higher floor \_\_\_\_\_ feet \_\_\_\_\_ meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V-Zones only) \_\_\_\_\_ feet \_\_\_\_\_ meters (Puerto Rico only)

d) Attached garage (top of slab) \_\_\_\_\_ feet \_\_\_\_\_ meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) \_\_\_\_\_ feet \_\_\_\_\_ meters (Puerto Rico only)

f) Lowest adjacent (finished) grade next to building (LAG) \_\_\_\_\_ feet \_\_\_\_\_ meters (Puerto Rico only)

g) Highest adjacent (finished) grade next to building (HAG) \_\_\_\_\_ feet \_\_\_\_\_ meters (Puerto Rico only)

h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support \_\_\_\_\_ feet \_\_\_\_\_ meters (Puerto Rico only)

## 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.C. Code, Section 1001.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes  No

Certifier's Name \_\_\_\_\_ License Number \_\_\_\_\_

Title \_\_\_\_\_ Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

PLACE SEAL HERE

161220  
5-16-11  
1150

**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.  
City State ZIP Code

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

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

Comments

Signature

Date

Check here if attachments

**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 1.5 feet  meters  above or  below the HAG.  
b) Top of bottom floor (including basement, crawlspace, or enclosure) is 1.5 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 8-9 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 9.0 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's or Owner's Authorized Representative's Name

Eddie Jordan

Address

3445 RIVER RD.

City

Nichols

State

SC

ZIP Code

29581

Signature

Eddie Jordan

Date

5/5/2011

Telephone

843-294-7760

Comments

OWNER IS AUNT OF THE APPLICANT AND REPRESENTATIVE

Check here if attachments

**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 and G9.

- G1.  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.  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.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building \_\_\_\_\_ feet \_\_\_\_\_ meters (PR) Datum \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site \_\_\_\_\_ feet \_\_\_\_\_ meters (PR) Datum \_\_\_\_\_

G10. Community's design flood elevation \_\_\_\_\_ feet \_\_\_\_\_ meters (PR) Datum \_\_\_\_\_

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments

COPY

Check here if attachments

**Horry County Code Enforcement**

1301 2<sup>nd</sup> Ave Suite 1D09  
Conway, SC 29526



Phone: (843) 915-5090  
(843) 205-5090

Fax: (843) 915-6090

*Permit 161220*

**MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION**

In accordance with this community's participation in the National Flood Insurance Program's Community Rating System, all FEMA Elevation Certificates must be correct and complete. The attached Certificate has some incorrect items which are noted here.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use
A1. Building Owner's Name <i>Norma Jean Cagge</i>		Policy Number
A2. Building Street Address (including Apt, Unit, Suite, and/or Bldg No) or P.O. Route and Box No <i>3445 Riverly</i>		Company NAIC Number
City <i>Richards</i> State <i>SC</i> ZIP Code <i>29526</i>		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>TMS 007 17 01 006</i>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____		
A5. Latitude/Longitude: Lat _____ Long _____		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 83
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 crawl space or enclosure(s), provide		A9. For a building with an attached garage, provide:
a) Square footage of crawl space or enclosure(s) _____ sq ft		a) Square footage of attached garage _____
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____		b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b _____
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation (use base flood etc)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)			
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> 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/AI, AR/AI-A30, AR/AII, AR/AO. Complete Items C2 a-h below according to the building diagram specified in Item A7.			
Benchmark Utilized _____		Vertical Datum _____	
Indicate elevation datum used for the elevations in items a) through h) below: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			

**COMMENTS:**

*A8 + A9 Incomplete*

Date of Review: *2-17-15*

Community Official: *[Signature]*