

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

ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

59465
 5-19-16
 OK
 Mike
 5-20-16
 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 KEITH GRAYSON GUNTER, II		Policy Number	
A2 Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3958 GUNTERS ISLAND ROAD		Company NAIC Number	
City GALIVANTS FERRY	State SC	Zip Code 29544	
A3 Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL 2 TAX# 092-00-01-226 PIN# 282-09-02-0005			
A4 Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL			
A5 Latitude/Longitude Lat 33.9345 Long -79.2702 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)		A9 For a building with an attached garage	
a) Square footage of crawlspace or enclosure(s) N/A sq ft	a) Square footage of attached garage N/A sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A	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	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 45051 C0 300	B5 Suffix H	B6 FIRM Index Date 9/17/2003	B7 FIRM Panel Effective/Revised Date 8/23/1999
B8 Flood Zone(s) A		B9 Base Flood Elevation(s) (Zone AO, use base flood depth) NO BASE FLOOD	
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 23.98'		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)	28.8	<input checked="" type="radio"/> feet	<input type="radio"/> meters
b) Top of the next higher floor	0.0	<input type="radio"/> feet	<input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	0.0	<input type="radio"/> feet	<input type="radio"/> meters
d) Attached garage (top of slab)	0.0	<input 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)	28.2	<input checked="" type="radio"/> feet	<input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	23.1	<input checked="" type="radio"/> feet	<input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	23.9	<input checked="" type="radio"/> feet	<input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs including structural support	23.4	<input checked="" type="radio"/> feet	<input type="radio"/> meters

59465
5-19-16
HFB

ELEVATION CERTIFICATE, page 2

OMB Control Number 1680-0008
Expiration 11/30/2018

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. 3958 GUNTERS ISLAND ROAD				Policy Number	
City GALIVANTS FERRY		State SC	Zip Code 29544	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 checked="" 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 HARRY F. BRUTON			License Number 24275		
Title REG. LAND SURVEYOR		Company Name HARRY F. BRUTON & ASSOCIATES			
Address 905-2 SEA MTN. HWY.		City NORTH MYRTLE BCH	State SC	Zip Code 29582	
Signature 		Date 5-13-2016	Telephone 843-281-8822		
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) RESIDENCE IS ONE STORY RAISED ON BLOCKS WITH NO OBSTRUCTIONS BENEATH LOCATED IN AN "A" FLOOD ZONE. FINISH FLOOR @ 28.8'. LOWEST MECHANICALS LOCATED @ LEFT REAR OF HOME @ 28.2'.					
Signature Date 5-13-2016					
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					

59465
5-1916
1070

ELEVATION CERTIFICATE, page 3

CMB Control Number 1660-0008
Expiration 11/30/2018

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. 3958 GUNTERS ISLAND ROAD		Policy Number	
City GALIVANTS FERRY	State SC	Zip Code 29544	Company NAIC Number
SECTION G - COMMUNITY INFORMATION (OPTIONAL)			
<p>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.</p> <p>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.)</p> <p>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.</p> <p>G3 <input type="checkbox"/> The following information (items G4-G10) is provided for community floodplain management purposes.</p>			
G4 Permit Number	G5 Date Permit issued	G6 Date Certificate of Compliance/Occupancy Issued	
G7 This permit has been issued for: <input type="radio"/> New Construction <input type="radio"/> Substantial Improvement			
G8 Elevation of as-built lowest floor (including basement) of the building	_____ . _____	<input type="radio"/> feet <input type="radio"/> meters	Datum: _____
G9 BFE or (in Zone AO) depth of flooding at the building site	_____ . _____	<input type="radio"/> feet <input type="radio"/> meters	Datum: _____
G10 Community's design flood elevation	_____ . _____	<input type="radio"/> feet <input type="radio"/> 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			

59465
5-19-16
AKO

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE, page 4

See instructions for Item A6.

OMB Control Number: 1660-0008
Expiration: 11/30/2018

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.
3958 GUNTERS ISLAND ROAD

Policy Number:

City
GALIVANTS FERRY

State
SC

Zip Code
29544

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



59465
5-19-16
WFLD

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE, page 5

Continuation Page

OMB Control Number: 1660-0008
Expiration: 11/30/2018

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.
3958 GUNTERS ISLAND ROAD

Policy Number:

City GALIVANTS FERRY	State SC	Zip Code 29544	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.

