

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <u>Anil Om ETAL</u>		For Insurance Company Use: Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>4807 South Ocean Boulevard</u> City <u>Surfside Beach</u> State <u>SC</u> ZIP Code <u>29575</u>		Company NAME Number: _____
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>Lot 2 Blk 2 Long Bay Estates TMS# 186-14-08-004</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>33-38-30</u> Long. <u>78-56-13</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> 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 <u>6</u>		
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) <u>250</u> sq ft		a) Square footage of attached garage _____ sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>See Sect B</u>		b) No. of permanent flood openings in the attached garage within 1.0 foot above _____
c) Total net area of flood openings in A8.b _____ sq ft		c) Total net area of flood openings in A9.b _____ sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

Handwritten: ok make 1-16-12

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <u>Horry County, 45051</u>		B2. County Name <u>Horry</u>		B3. State <u>SC</u>	
B4. Map/Panel Number <u>45051CO698</u>	B5. Suffix <u>H</u>	B6. FIRM Index Date <u>9/172003</u>	B7. FIRM Panel Effective/Revised Date <u>8/23/99</u>	B8. Flood Zone(s) <u>VE19-VE2</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>VE19</u>
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 (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input type="checkbox"/> No					

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.

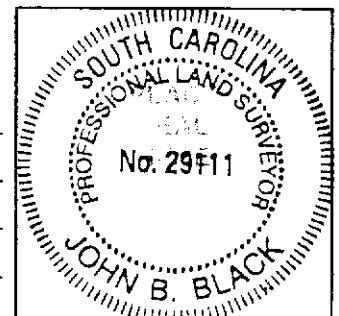
C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. Use the same datum as the BFE.
Benchmark Utilized 5240B Vertical Datum NGVD 1929
Conversion/Comments _____

		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>9.20</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>21.90</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>20.40</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	_____	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>9.20</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG)	<u>7.90</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG)	<u>8.50</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>9.00</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> 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. 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 <u>John B. Black</u>	License Number <u>29111</u>
Title <u>PLS/Owner</u>	Company Name <u>John Black & Associates, LLC</u>
Address <u>2411 Memory Lane</u>	City <u>Loris</u> State <u>SC</u> ZIP Code <u>29569</u>
Signature	Date <u>1/12/12</u> Telephone <u>843-385-2295</u>



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.
4807 South Ocean Blvd.

City Myrtle Beach State SC ZIP Code 29575

For Insurance Company Use

Policy Number

Company NAIC Number

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 Enclosure and bottom floor sheathed in 1 X boards with 1" to 2" spacing. Lowest machinery is the elevator shaft (HVAC is 21.40')

Signature

Date 1/12/12

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 _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ 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 _____ 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

Address City State ZIP Code

Signature Date Telephone

Comments

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

Check here if attachments

Sample V Zone Certification

V-Zone Certification			
Property Information		For Insurance Company Use	
Name of Building Owner Anil On		Policy Information	
Building Address or Other Description 4807 South Ocean Blvd			
City Myrtle Beach		State SC	Zip 29575
SECTION I: FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
<i>Note: To be obtained from appropriate FIRMs</i>			
Community No. 45051	Panel No. 45051C060	Suffix H	Date of FIRM Index 9/3/11
SECTION II: ELEVATION INFORMATION			FIRM Zone VEP
<i>Note: This form is not a substitute for an Elevation Certificate. Elevations should be rounded to nearest tenth of a foot.</i>			
1. Elevation of the Bottom of Lowest Horizontal Structure Member		10.2 feet	
2. Base Flood Elevation		19 feet	
3. Elevation of Lowest Adjacent Grade		9 feet	
4. Approximate Depth of Anticipated Scour/Erosion used for Foundation Design		6 feet	
5. Embedment Depth of Piling or Foundation Below Lowest Adjacent Grade		18 feet	
6. Datum Used	<input checked="" type="checkbox"/> NGVD '29	<input type="checkbox"/> NAVD '88	Other
SECTION III: FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
<i>Note: This section must be certified by a registered professional engineer or architect.</i>			
I certify that I have developed or reviewed the structural design, plans and specifications for construction and that the methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:			
a.) The bottom of the lowest horizontal structure member of the lowest floor (excluding the pilings or columns) is elevated to or above the BFE; and			
b.) The pile or column foundation and structure attached thereto is anchored to resist flotation, collapse and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood including wave action. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the flood, including wave action.			
SECTION IV: FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
<i>Note: This section must be certified by a registered professional engineer or architect.</i>			
I certify that I have developed or reviewed the structural design, plans and specifications for construction and that the methods of construction to be used for the breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:			
c.) Breakaway collapse shall result from water load less than that which would occur during the base flood; and,			
d.) The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (wind and water loading values defined in Section III).			
SECTION V: CERTIFICATION			
<i>(Check: Section III <input checked="" type="checkbox"/> and/or Section IV <input checked="" type="checkbox"/>)</i>			
Name of Certifier J.C. HOLLINGSWORTH		Title ENGINEER	
Firm Name J.C. HOLLINGSWORTH Co.		License No.	
Street Address 4447 HWY 17 - BNC. MURRELLS INLET		Phone No. (843) 357-8782	
City Myrtle Beach	State SC	Zip 29576	
Signature J.C. Hollingsworth Jr.		Date 05/26/11	



February 17, 2015

Michael Odea
Horry County Code Enforcement
1301 Second Avenue
Conway, SC 29526

Re: Anil Om Residence
4807 South Ocean Blvd.
Myrtle Beach, South Carolina

Dear Mr. Odea:

Per our telephone discussion, the details on J.C. Hollingsworth's structural drawings dated 05/12/11 show that the walls of the louvered entry enclosure were design as break-away walls.

If there are further questions, please contact me.

Kind Regards,

Robert A. Speed

Robert A. Speed, PE

*MOR
2-26-15*



Horry County Code Enforcement

1301 2nd Ave Suite 1D09
Conway, SC 29526



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

Fax: (843) 915-6090

Permit # 162589

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 U
A1. Building Owner's Name	Ami am	Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	4507 S. Curran Blvd	Company NAIC Number
City	Surfside Beach SC	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	TMS 166-14-06-104	
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
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 crawl space or enclosure(s), provide		A9. For a building with an attached garage, provide:
a) Square footage of crawl space or enclosure(s)	N/A 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	N/A	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	N/A sq in	c) Total net area of flood openings in A9.b
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	d) Engineered flood openings? <input type="checkbox"/> Yes <input 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 de
				VE	
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 type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input 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 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/AE, AR/A1-A30, AR/AH, 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:

Eng letter on breakaway walls

Date of Review:

2-26-15

Community Official:

Michael O'Brien

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.