## Horry County Government

Code Enforcement Department www.horrycounty.org



Horry County Government & Justice Center 1301 Second Avenue / Suite 1D09 Conway, South Carolina 29526 Phone 843.915.5090 || Fax 843.915.6090

142627-

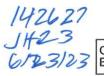
#### MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION

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

| A1. Building Owner's Name  A2. Building Street Address (including Apt., Unit, Suite City State ZIP Code  A3. Property Description (Lot and Block Numbers, Ta.)  A4. Building Use (e.g., Residential, Non-Residential, A5. Latitude/Longitude: Lat Long  A6. Attach at least 2 photographs of the building if the A7. Building Diagram Number | r Parcel Number, Leg<br>Addition, Accessory, e  | al Description, etc.)                            |                                 | Policy Number  Company NAIC Number                            |
|--|---|--|---------------------------------|---|
| City State ZIP Code  A3. Property Description (Lot and Block Numbers, Ta.  A4. Building Use (e.g., Residential, Non-Residential, A5. Latitude/Longitude: Lat Long  A6. Attach at least 2 photographs of the building if the A7. Building Diagram Number  | r Parcel Number, Leg<br>Addition, Accessory, e  | al Description, etc.)                            |                                 | Company NAIC Number   |
| A3. Property Description (Lot and Block Numbers, Ta.  A4. Building Use (e.g., Residential, Non-Residential, A5. Latitude/Longitude: Lat Long  A6. Attach at least 2 photographs of the building if the A7. Building Diagram Number   | Addition, Accessory, e                          | tc.)   |                                 |   |
| A4. Building Use (e.g., Residential, Non-Residential, A5. Latitude/Longitude: Lat Long A6. Attach at least 2 photographs of the building if the A7. Building Diagram Number  | Addition, Accessory, e                          | tc.)   |                                 |   |
| A5. Latitude/Longitude: Lat Long<br>A6. Attach at least 2 photographs of the building if the<br>A7. Building Diagram Number  | -   | •  |                                 |   |
| <ul><li>A5. Latitude/Longitude: Lat Long</li><li>A6. Attach at least 2 photographs of the building if the</li><li>A7. Building Diagram Number</li></ul>  | -   | •  |                                 |   |
| <ul><li>A8.—For a building with a crawl-space or enclosure(s),</li></ul>   |   | A9 For a b                                       | ance.<br>uilding.with.an.attach |   |
| <ul> <li>a) Square footage of crawl space or enclosure(s</li> <li>b) No. of permanent flood openings in the crawl</li> </ul>   |   |  | rare footage of attack          | hed garage sq ft<br>openings in the attached garage           |
| enclosure(s) walls within 1.0 foot above adjac   |   |  | s within 1.0 foot abo           |   |
| c) Total net area of flood openings in A8.b  |   | ' '  | al net area of flood o          | · · · · · · · · · · · · · · · · · · ·                         |
| d) Engineered flood openings?  | AJNo  | d) En  | gineered flood openii           | ngs? 🗆 Yes 📈 No   |
| SECTION B -  | FLOOD INSURAN                                   | CE RATE MAP (FIRM                                | I) INFORMATION                  |   |
| B1. NFIP Community Name & Community Number   | B2. County                                      | Name   | E.                              | B3. State   |
|  |   | B7. FIRM Panel<br>ective/Revised Date            | B8. Flood<br>Zone(s)            | B9. Base Flood Elevation(s) (Zol<br>AO, use base flood depth) |
| O. Indicate the source of the Base Flood Elevation (BI FIS Profile FIRM Commu  1. Indicate elevation datum used for BFE in Item B9: 2. Is the building located in a Coastal Barrier Resource  Designation Date   | nity Determined  NGVD 1929                      | ☐ Other (Describe) _<br>☐ NAVD 1988   [          | Other/Source:                   | Yes 🔲   |
| SECTION C - BU   | ILDING ELEVATION                                | N INFORMATION (S                                 | URVEY REQUIRE                   | ED)   |
| . Building elevations are based on: ☐ Construction  *A new Elevation Certificate will be required when co  Elevations – Zones A1-A30, AE, AH, A (with BFE), \  Items C2.a-h below according to the building diagram  Benchmark Utilized  | /E, V1-V30, V (with B<br>n specified in Item A7 | FE), AR, AR/A, AR/AE, A                          |                                 | ☐ Finished<br>AR/AO. Complete                                 |
| Indicate elevation datum used for the elevations in it   | ems a) through h) bel                           | ow. □ NGVD 1929 □                                | ] NAVD 1988 🔲 O                 | Other/Source:   |
| OMMENTS:   | ,   |  |                                 |   |
|  |   |  |                                 |   |
|  |   | <del>-                                    </del> | - A 1                           |   |

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

# U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program



OMB No. 1660-0008 Expiration Date: November 30, 2022

# **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

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 INSUI            | RANCE COMPANY US                  |                                    |
|--|--|---------------------------|------------|-----------------------------------|----------------------|-----------------------------------|------------------------------------|
|  |  |                           |            |                                   | Policy Num           | ber:                              |                                    |
| The state of the s | Michael Shane Casey  |                           |            |                                   |                      |                                   |                                    |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Compar Box No.   |  |                           |            |                                   | Company N            | AIC Number:                       |                                    |
| 1999 Lees Landing Circle   |  |                           |            |                                   |                      |                                   |                                    |
| City   | est to the transfer and |                           |            |                                   |                      | ZIP Code                          |                                    |
|  | Conway South Carolina 29526  |                           |            |                                   |                      |                                   |                                    |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PIN 34012040003, db 4492 pg 2571, Lot # 16 Waccamaw Acres, PB 28 PG 96  |  |                           |            |                                   |                      |                                   |                                    |
| A4. Building Use (   | A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential   |                           |            |                                   |                      |                                   |                                    |
| A5. Latitude/Longi   | tude: Lat. 3   | 3* 50' 36.80"             | Long. 7    | 8* 59' 20.21"                     | Horizonta            | Datum: NAD                        | 1927 × NAD 1983                    |
| A6. Attach at least  | 2 photograp  | hs of the building if the | e Certific | ate is being u                    | used to obtain floo  | d insurance.                      |                                    |
| A7. Building Diagra  |  |                           |            |                                   |                      |                                   |                                    |
|  |  | space or enclosure(s):    |            |                                   |                      |                                   |                                    |
|  |  | space or enclosure(s)     |            |                                   | N/A sq ft            |                                   |                                    |
|  |  | •                         |            | o or ondoour                      |                      | ahaya adiasant ar                 | ndo ALLA                           |
|  |  | ood openings in the cra   | awispac    |                                   | 2.2                  | above adjacent gra                | ide N/A                            |
|  |  | penings in A8.b           |            | N/A sq ir                         | 1                    |                                   | <b>©</b>                           |
| d) Engineered  | flood openir   | ngs? Yes N                | No         |                                   |                      |                                   |                                    |
| A9. For a building v   | A9. For a building with an attached garage:  |                           |            |                                   |                      |                                   |                                    |
| a) Square foot   | age of attach  | ned garage                |            | N/A sq ft                         |                      |                                   |                                    |
| 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 A9.b N/A sq in  |  |                           |            |                                   |                      |                                   |                                    |
|  |  |                           |            |                                   |                      |                                   |                                    |
| d) Engineered flood openings?   Yes   No   |  |                           |            |                                   |                      |                                   |                                    |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION  |  |                           |            |                                   |                      |                                   |                                    |
| B1. NFIP Commun  | ity Name & C   | Community Number          |            | B2. County                        | Name                 |                                   | B3. State                          |
| Horry county 45010   | 04   |                           |            | Horry                             |                      |                                   | South Carolina                     |
| B4. Map/Panel<br>Number  | B5, Suffix   | B6. FIRM Index<br>Date    | Effe       | RM Panel<br>ective/<br>vised Date | B8. Flood<br>Zone(s) | B9. Base Flood E<br>(Zone AO, use | levation(s)<br>e Base Flood Depth) |
| 45051C 0555  | K  | 12/16/2021                | 12/16/2    | 2021                              | AE                   |                                   | 14                                 |
| 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: NGVD 1929 NAVD 1988 Other/Source:   |  |                           |            |                                   |                      |                                   |                                    |
| E12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No   |  |                           |            |                                   |                      |                                   |                                    |
| Designation Date: CBRS OPA   |  |                           |            |                                   |                      |                                   |                                    |
|  |  |                           |            |                                   |                      |                                   |                                    |
|  | 1.00   |                           |            |                                   |                      |                                   |                                    |

## **ELEVATION CERTIFICATE**

/42627 メ**ド**レ3 **60-0008 60-0008 10-008 10-008 10-008 10-008 10-008 10-008 10-008 10-008 10-008 10-008 10-008 10-008 10-008 10-0** 

| 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. 1999 Lees Landing Circle   | Policy Number:              |  |  |  |  |
| City State ZIP Code Conway South Carolina 29526  | Company NAIC Number         |  |  |  |  |
|  |                             |  |  |  |  |
| SECTION C – BUILDING ELEVATION INFORMATION (SURVEY RI  | EQUIRED)                    |  |  |  |  |
| 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 A1A30, 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.ah below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  |                             |  |  |  |  |
| Benchmark Utilized: VRS network Vertical Datum: NAVD 1988  |                             |  |  |  |  |
| Indicate elevation datum used for the elevations in items a) through h) below.   |                             |  |  |  |  |
| ☐ NGVD 1929 ☒ NAVD 1988 ☐ 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)  | 22.0 X feet meters          |  |  |  |  |
| b) Top of the next higher floor  | N/A feet meters             |  |  |  |  |
| c) Bottom of the lowest horizontal structural member (V Zones only)  | N/A  feet  meters           |  |  |  |  |
| d) Attached garage (top of slab)   | N/A feet meters             |  |  |  |  |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)   | 19.5 X feet meters          |  |  |  |  |
| f) Lowest adjacent (finished) grade next to building (LAG)   | 7.0 X feet  meters          |  |  |  |  |
| g) Highest adjacent (finished) grade next to building (HAG)  | 7.2 X feet  meters          |  |  |  |  |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support   | 7.0 X feet  meters          |  |  |  |  |
| 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. |                             |  |  |  |  |
| Were latitude and longitude in Section A provided by a licensed land surveyor?   ☐ Yes ☐ No  | Check here if attachments.  |  |  |  |  |
| Certifier's Name License Number  | like.                       |  |  |  |  |
| Robert Bryan Pittman 23208   | A STORY                     |  |  |  |  |
| Title PLS  | A Place                     |  |  |  |  |
| Company Name Robert Bryan Pittman, PLS   |                             |  |  |  |  |
| Address  |                             |  |  |  |  |
| 356 N. Bear Swamp Rd.  |                             |  |  |  |  |
| City     State     ZIP Code       Lake View     South Carolina     ▼ 29563   | 100                         |  |  |  |  |
| Signature Date Telephone 06/21/2023 843-433-4544   | Ext.                        |  |  |  |  |
| Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.  |                             |  |  |  |  |
| Comments (including type of equipment and location, per C2(e), if applicable)  |                             |  |  |  |  |
| FF elevation is 22.0'. Concrete slab below house elev = 7.6'.  |                             |  |  |  |  |
| Item C2.e) refers to the raised HVAC unit.   |                             |  |  |  |  |
| House falls in floodway zone   |                             |  |  |  |  |

**ELEVATION CERTIFICATE** 

142427 5th 3 6/23/23 OMB No. 1660-0008 6/23/23 Expiration Date: November 30, 2022

| IMPORTANT: In these spaces, copy the correspond  | FOR INSURANCE COMPANY USE                            |  |  |  |  |
|--|--|--|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and 1999 Lees Landing Circle   | d/or Bldg. No.) or P.O.                              | Route and Box No.                                | Policy Number:   |  |  |
|  |  | ZIP Code   | Company NAIC Number  |  |  |
| ,  |  | 29526  | - 14 H ( 1 H )   |  |  |
| 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 E complete Sections A, B,and C. For Items E1–E4, use tenter meters.   | 1–E5. If the Certificate in atural grade, if availab | s intended to support a<br>le. Check the measure | LOMA or LOMR-F request,<br>ment used. In Puerto Rico only,           |  |  |
| <ul><li>E1. Provide elevation information for the following and<br/>the highest adjacent grade (HAG) and the lowest</li><li>a) Top of bottom floor (including basement,</li></ul>  | I check the appropriate adjacent grade (LAG).        | boxes to show whethe                             | r the elevation is above or below                                    |  |  |
| crawlspace, or enclosure) is   |  | feet meter                                       | s 🔲 above or 🔲 below the HAG.  |  |  |
| <ul> <li>Top of bottom floor (including basement,<br/>crawlspace, or enclosure) is</li> </ul>  |  | feet _ meter                                     | s 🔲 above or 🔲 below the LAG.  |  |  |
| E2. For Building Diagrams 69 with permanent flood of   | ppenings provided in Se                              | ection A Items 8 and/or                          | 9 (see pages 1–2 of Instructions),                                   |  |  |
| the next higher floor (elevation C2.b in the diagrams) of the building is  |  | feet  meter                                      | s 🔲 above or 🔲 below the HAG.  |  |  |
| E3. Attached garage (top of slab) is   | -  | feet _ meter                                     | s [] above or [] below the HAG.                                      |  |  |
| E4. Top of platform of machinery and/or equipment servicing the building is  |  | feet meter                                       | s  |  |  |
| E5. Zone AO only: If no flood depth number is availab floodplain management ordinance? Yes   |  |  | cordance with the community's certify this information in Section G. |  |  |
| SECTION F - PROPERTY OW  | NER (OR OWNER'S R                                    | EPRESENTATIVE) CE                                | RTIFICATION  |  |  |
| 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   | Sta  |  |  |  |
| Cimeture   | Data   | T-   | ▼  |  |  |
| Signature  | Date   | Te   | ephone   |  |  |
| Comments   |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | I  |  |  |
|  |  |  | Check here if attachments.   |  |  |

## **ELEVATION CERTIFICATE**

J#370MB No. 1660-0008 Expiration Date: November 30, 2022

| IMPORTANT: In these spaces, copy the corr   | FOR INSURANCE COMPANY USE   |                         |  |  |  |  |  |
|---|-----------------------------|-------------------------|--|--|--|--|--|
| Building Street Address (including Apt., Unit, States 1999 Lees Landing Circle  | Policy Number:              |                         |  |  |  |  |  |
| City<br>Conway  | State<br>South Carolina     | ZIP Code<br>29526       | Company NAIC Number                                |  |  |  |  |
| SECTION   | ON G - COMMUNITY INFOR      | RMATION (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–G10. In Puerto Rico only, enter meters.  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-  | -G10) is provided for commu | nity floodplain managen | nent purposes.                                     |  |  |  |  |
| G4. Permit Number   | G5. Date Permit Issued      |                         | Date Certificate of<br>Compliance/Occupancy Issued |  |  |  |  |
| G7. This permit has been issued for:  | New Construction  Subs      | stantial Improvement    |  |  |  |  |  |
| G8. Elevation of as-built lowest floor (including of the building:  | t  meters Datum             |                         |  |  |  |  |  |
| G9. BFE or (in Zone AO) depth of flooding at the building site: feet _ meters   |                             |                         |  |  |  |  |  |
| G10. Community's design flood elevation:  |                             | fee                     | t meters Datum                                     |  |  |  |  |
| Local Official's Name Title   |                             |                         |  |  |  |  |  |
| Community Name Telephone  |                             |                         |  |  |  |  |  |
| Signature Date  |                             |                         |  |  |  |  |  |
| Comments (including type of equipment and location, per C2(e), if applicable)   |                             |                         |  |  |  |  |  |
|   |                             |                         |  |  |  |  |  |
|   |                             |                         | Check here if attachments.                         |  |  |  |  |

#### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

CMB No. 1660-0008 Expiration Date: November 30, 2022

#### **ELEVATION CERTIFICATE**

| IMPORTANT: In these spaces, of                              | FOR INSURANCE COMPANY USE Policy Number: |                   |                     |
|---|--|-------------------|---------------------|
| Building Street Address (including 1999 Lees Landing Circle |  |                   |                     |
| ity<br>Conway   | State<br>South Carolina                  | ZIP Code<br>29526 | 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

Photo One Caption front view of house 06/21/2023

Clear Photo One



Photo Two

Photo Two Caption rear view of house 06/21/2023

Clear Photo Two