

## 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 INSURANCE COMPANY USE	
A1. Building Owner's Name H and H CONSTRUCTORS				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 123 EMERALD RUSH COURT				Company NAIC Number:	
City LONGS		State South Carolina		ZIP Code 29568	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 94 RIVERHAVEN PHASE 3B, PIN 304-07-01-0018, PLAT BOOK 293 PAGE 119					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>33 54' 23.2"</u> Long. <u>78 42' 16.56"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" 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>1A</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>NA</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>NA</u>					
c) Total net area of flood openings in A8.b <u>NA</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>464+-</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>NA</u>					
c) Total net area of flood openings in A9.b <u>NA</u> sq in					
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 HORRY COUNTY 450104			B2. County Name HORRY		B3. State South Carolina
B4. Map/Panel Number 45051C0440	B5. Suffix K	B6. FIRM Index Date 12-16-2021	B7. FIRM Panel Effective/ Revised Date 12-16-2021	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 21
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input checked="" type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" 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					



ELEVATION CENTER

Each building of the Elevation Center is a separate building and is identified by a separate building number.

SECTION 1 - BUILDING IDENTIFICATION	
Building Name	AT Building
Building Number	101
Building Address	101 Building
Building City	Washington, D.C.
Building State	D.C.
Building Zip	20535
Building Phone	202-452-1000
Building Fax	202-452-1000
Building Email	at@elevationcenter.gov
Building Website	www.elevationcenter.gov
Building Description	AT Building is a multi-story building located in the Elevation Center. It is used for various purposes, including housing the AT Building, the AT Building, and the AT Building.
Building Use	AT Building
Building Type	AT Building
Building Material	AT Building
Building Color	AT Building
Building Height	AT Building
Building Area	AT Building
Building Volume	AT Building
Building Weight	AT Building
Building Age	AT Building
Building Condition	AT Building
Building Status	AT Building
Building Notes	AT Building

SECTION 2 - BUILDING IDENTIFICATION	
Building Name	AT Building
Building Number	101
Building Address	101 Building
Building City	Washington, D.C.
Building State	D.C.
Building Zip	20535
Building Phone	202-452-1000
Building Fax	202-452-1000
Building Email	at@elevationcenter.gov
Building Website	www.elevationcenter.gov
Building Description	AT Building is a multi-story building located in the Elevation Center. It is used for various purposes, including housing the AT Building, the AT Building, and the AT Building.
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Building Color	AT Building
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Building Notes	AT Building



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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 123 EMERALD RUSH COURT			Policy Number:
City LONGS	State South Carolina	ZIP Code 29568	Company NAIC Number

**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. In Puerto Rico only, enter meters.

Benchmark Utilized: GPS 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)	<u>24.8</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>NA</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>NA</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>24.5</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>24.4</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>24.0</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>24.0</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>24.0</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> 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 JAN K. DALE	License Number L-12236
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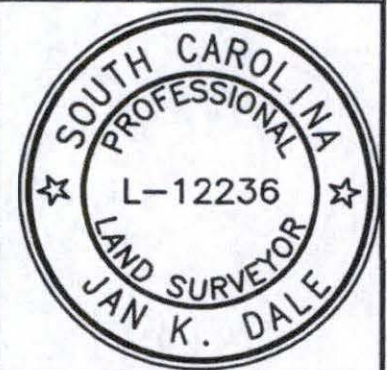
Title PROFESSIONAL LAND SURVEYOR
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Company Name
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Address 891 COPAS ROAD
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City SHALLOTTE	State North Carolina	ZIP Code 28470
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Signature <i>Jan K. Dale</i>	Date 3-14-2022	Telephone 910 754 4477	Ext.
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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)

NOTE:  
House permitted before updated FEMA Maps







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**ELEVATION CERTIFICATE**OMB No. 1660-0008  
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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 123 EMERALD RUSH COURT			Policy Number:
City LONGS	State South Carolina	ZIP Code 29568	Company NAIC Number

**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–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 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 Datum \_\_\_\_\_

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

G10. Community's design flood elevation: \_\_\_\_\_ ☐ feet ☐ meters Datum \_\_\_\_\_

Local Official's Name	Title
-----------------------	-------

Community Name	Telephone
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Signature	Date
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Comments (including type of equipment and location, per C2(e), if applicable)

☒ Check here if attachments.

# ELEVATION CERTIFICATE

1. Name of the property: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_

4. State: \_\_\_\_\_

5. Zip: \_\_\_\_\_

6. Owner: \_\_\_\_\_

7. Agent: \_\_\_\_\_

8. Date: \_\_\_\_\_

9. Signature: \_\_\_\_\_

10. Notary: \_\_\_\_\_

11. Title: \_\_\_\_\_

12. Description: \_\_\_\_\_

13. Remarks: \_\_\_\_\_

14. Remarks: \_\_\_\_\_

15. Remarks: \_\_\_\_\_

16. Remarks: \_\_\_\_\_

17. Remarks: \_\_\_\_\_

18. Remarks: \_\_\_\_\_

19. Remarks: \_\_\_\_\_

20. Remarks: \_\_\_\_\_

21. Remarks: \_\_\_\_\_

22. Remarks: \_\_\_\_\_

23. Remarks: \_\_\_\_\_

24. Remarks: \_\_\_\_\_

25. Remarks: \_\_\_\_\_

26. Remarks: \_\_\_\_\_

27. Remarks: \_\_\_\_\_

28. Remarks: \_\_\_\_\_

# ELEVATION CERTIFICATE

1. Name of the property: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_

4. State: \_\_\_\_\_

5. Zip: \_\_\_\_\_

6. Owner: \_\_\_\_\_

7. Agent: \_\_\_\_\_

8. Date: \_\_\_\_\_

9. Signature: \_\_\_\_\_

10. Notary: \_\_\_\_\_

11. Title: \_\_\_\_\_

12. Description: \_\_\_\_\_

13. Remarks: \_\_\_\_\_

14. Remarks: \_\_\_\_\_

15. Remarks: \_\_\_\_\_

16. Remarks: \_\_\_\_\_

17. Remarks: \_\_\_\_\_

18. Remarks: \_\_\_\_\_

19. Remarks: \_\_\_\_\_

20. Remarks: \_\_\_\_\_

21. Remarks: \_\_\_\_\_

22. Remarks: \_\_\_\_\_

23. Remarks: \_\_\_\_\_

24. Remarks: \_\_\_\_\_

25. Remarks: \_\_\_\_\_

26. Remarks: \_\_\_\_\_

27. Remarks: \_\_\_\_\_

28. Remarks: \_\_\_\_\_



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

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**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 1–2 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 or Owner's Authorized Representative's Name

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

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

Comments

☒ Check here if attachments.

<p>1. <b>Introduction</b></p> <p>The purpose of this report is to provide a comprehensive overview of the current state of the market for [Product/Service]. This report will analyze the market environment, identify key trends, and provide recommendations for [Company/Department].</p>	<p>2. <b>Market Overview</b></p> <p>The market for [Product/Service] is currently experiencing a period of growth, driven by increasing demand and technological advancements. Key factors influencing the market include [Factors], which are expected to continue to shape the market in the near future.</p>
<p>3. <b>Market Analysis</b></p> <p>A detailed analysis of the market has been conducted, focusing on the following key areas:</p> <ul style="list-style-type: none"> <li><b>Competitive Landscape:</b> The market is highly competitive, with several key players vying for market share. [Company/Department] is currently positioned as a strong competitor, but faces challenges from [Competitor].</li> <li><b>Customer Segments:</b> The market is composed of several distinct customer segments, each with unique needs and preferences. [Company/Department] has successfully targeted these segments, leading to increased sales and customer loyalty.</li> <li><b>Key Trends:</b> Several key trends are shaping the market, including [Trends]. These trends present both opportunities and challenges for [Company/Department].</li> </ul>	<p>4. <b>Recommendations</b></p> <p>Based on the findings of the market analysis, the following recommendations are provided for [Company/Department]:</p> <ul style="list-style-type: none"> <li><b>Strengthen Competitive Position:</b> [Company/Department] should focus on differentiating its offerings from competitors and improving its marketing efforts to maintain its competitive edge.</li> <li><b>Expand Customer Base:</b> [Company/Department] should explore new customer segments and markets to drive growth and increase its market share.</li> <li><b>Monitor Market Trends:</b> [Company/Department] should closely monitor market trends and be prepared to adapt its strategy as the market evolves.</li> </ul>
<p>5. <b>Conclusion</b></p> <p>The market for [Product/Service] is dynamic and evolving, presenting both opportunities and challenges. [Company/Department] is well-positioned to succeed in this market, provided it implements the recommended strategies and remains agile in its approach.</p>	<p>6. <b>Appendix</b></p> <p>The following information is provided for reference:</p> <ul style="list-style-type: none"> <li><b>Market Data:</b> [Data]</li> <li><b>Competitor Analysis:</b> [Data]</li> <li><b>Customer Feedback:</b> [Data]</li> </ul>
<p>7. <b>References</b></p> <p>The following sources were consulted during the preparation of this report:</p> <ul style="list-style-type: none"> <li>[Source 1]</li> <li>[Source 2]</li> <li>[Source 3]</li> </ul>	<p>8. <b>Signatures</b></p> <p>This report was prepared by [Name], [Title], and reviewed by [Name], [Title].</p>
<p>9. <b>Disclaimer</b></p> <p>This report is intended for informational purposes only and does not constitute an offer or recommendation. It is subject to change without notice.</p>	<p>10. <b>Page 1 of 1</b></p>



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15**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

**ELEVATION CERTIFICATE**

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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.

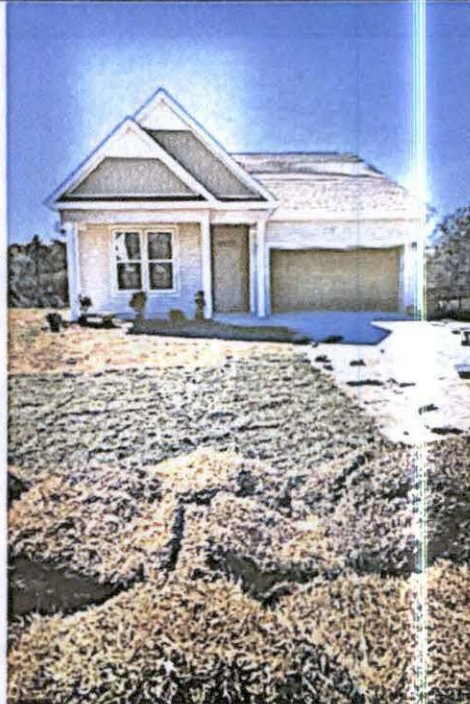


Photo One

Photo One Caption FRONT VIEW 3-14-22

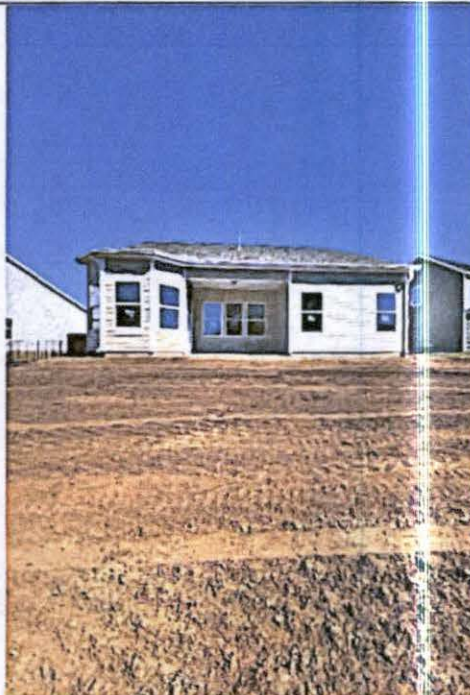


Photo Two

Photo Two Caption REAR VIEW 3-14-22



MEASUREMENT SHEET

ELEVATION CERTIFICATE

1. Name of the Surveyor: \_\_\_\_\_

2. Date of Survey: \_\_\_\_\_

3. Location of Survey: \_\_\_\_\_

4. Name of the Property: \_\_\_\_\_

5. Name of the Owner: \_\_\_\_\_

6. Name of the Surveyor: \_\_\_\_\_

7. Name of the Surveyor: \_\_\_\_\_

8. Name of the Surveyor: \_\_\_\_\_

9. Name of the Surveyor: \_\_\_\_\_

10. Name of the Surveyor: \_\_\_\_\_

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28. Name of the Surveyor: \_\_\_\_\_

29. Name of the Surveyor: \_\_\_\_\_

30. Name of the Surveyor: \_\_\_\_\_



**ELEVATION CERTIFICATE****BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008

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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.



Photo Three

Photo Three Caption RIGHT VIEW 3-14-22



Photo Four

Photo Four Caption LEFT VIEW 3-14-22



