

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

Lot #114
 OMB No. 1669-0008
 Expiration Date: July 31, 2015
 7-11-12
 9657

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

| | | | |
|---|--|----------------------|---|
| A1. Building Owner's Name | Crosbie Group Myrtle Beach, LLC. | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or R.O. Route and Box No. | 184 Dowerbury Drive | Company NAIC Number: | |
| City | Myrtle Beach | State | SC |
| | | ZIP Code | 29588 |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) | Horry County TMS# 190-38-01-114, Lot #114, Sommerset Cove Ph. II | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) | Residential | | |
| A5. Latitude/Longitude: Lat. <u>33d37'25"</u> Long. <u>79d01'53"</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 | 1B | | |
| 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) | NA | sq ft | a) Square footage of attached garage |
| b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade | NA | | b) Number of permanent flood openings in the attached garage 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 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 |
| Horry County 450104 | Horry County | | SC |
| B4. Map/Panel Number | B5. Suffix | B6. FIRM Index Date | B7. FIRM Panel Effective/Revised Date |
| 45051C0732 | H | 09/17/2003 | 12/03/2004 |
| B8. Flood Zone(s) | | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) | |
| AE | | 23 | |
| 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 checked="" type="checkbox"/> Other/Source: LOMR - 04-04-203P-12-03-04 | | | |
| 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: 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: 26 202 Vertical Datum: NGVD 1929

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.

| | | |
|--|----------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>24 . 53</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor | NA | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | NA | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>24 . 01</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 . 25</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>23 . 5</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.

Check here if comments are provided on back of form. Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

| | | | | | |
|------------------|--------------------------|-----------|----------------|----------------|------------------------|
| Certifier's Name | Jeffrey D. Solan | | | License Number | 19407 |
| Title | President | | | Company Name | Solan Associates, P.C. |
| Address | 212 Main Street, Suite A | | | City | Conway |
| | | State | SC | ZIP Code | 29526 |
| Signature | | | | Date | 05/31/2013 |
| | | Telephone | (843) 488-3400 | | |

5-31-13

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7-11-13
957

| | | | | |
|---|-------------|-------------------|----------------------------------|--|
| 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. 184 Downenbury Drive | | | Policy Number: | |
| City Myrtle Beach | State SC | ZIP Code 29588 | 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

Signature _____ Date _____

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 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-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-G9) is provided for community floodplain management purposes.

| | | |
|-------------------------|------------------------------|---|
| G4. Permit Number _____ | G5. Date Permit Issued _____ | G6. Date Certificate Of Compliance/Occupancy Issued _____ |
|-------------------------|------------------------------|---|

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 _____

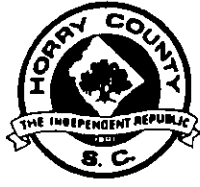
| | |
|-----------------------------|-----------------|
| Local Official's Name _____ | Title _____ |
| Community Name _____ | Telephone _____ |
| Signature _____ | Date _____ |

Comments _____

Check here if attachments.

Horry County Code Enforcement

1301 2nd Ave Suite 1D09
Conway, SC 29526



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

Fax: (843) 915-6090

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 <i>Crosbie Group Myrtle Beach, LLC</i> | Policy Number | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | Company NAIC Number | |
| City | State | ZIP Code |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) | | |
| 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 _____ | | |
| 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 <i>N/A</i> sq in | | c) Total net area of flood openings in A9.b <i>N/A</i> |
| 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 de |
| 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 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/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: *A8 + A9 Incomplete*

Date of Review: *3/4/2015* Community Official: *Harold Edgus*

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