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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

/9	116/154	750	470	1 00
	OMB No.	1660	-0008	

OMB No. 1660-0008						
Expiration Date: July 31, 2015						

SEC	FOR INSURANCE COMPANY USE							
A1. Building Owner's Name BILL CLARK HOMES OF MYRTL	Policy Number:							
A2. Building Street Address (including Apt., Unit, Suite, and/or 294 SOUTHERN BREEZES CIRCLE	Company NAIC Number:							
City MURRELLS INLET	State SC ZIP Code 29	9576	oK.					
A3. Property Description (Lot and Block Numbers, Tax Parcel TMS # 194-46-01-140 LOT 42 PHEASANT RUN PHASE 2	Number, Legal Description, etc.)		hellar					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL A5. Latitude/Longitude: Lat. 33.602003 Long79.053483 Horizontal Datum: NAD 1927 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 1A								
 A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b d) Engineered flood openings?	N/A sq ft a) Squ b) Nur N/A with Q sq in c) Tota	uilding with an atta lare footage of atta nber of permanent in 1.0 foot above a al net area of flood pineered flood ope	ched garage 433 sq ft flood openings in the attached garage adjacent grade 0 sq in A9.b 0 sq in					
SECTION B - FLOOD	INSURANCE RATE MAP (FIRM	I) INFORMATIO	N _					
B1. NFIP Community Name & Community Number HORRY COUNTY 450104	B2. County Name HORRY		B3. State SOUTH CAROLINA					
B4. Map/Panel Number	Date B7. FIRM Panel Effective/Revised Date 8/23/1999	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10					
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. FIS Profile FIPM Community Determined Other/Source: B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date: CBRS OPA								
SECTION C BUILDING	ELEVATION INFORMATION (S	URVEY REQUI	RED)					
SECTION C — BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on:								
Date Local to Dateg State of the California	t used for the BFE.	_						
	t used for the BFÉ.	Check	the measurement used.					
a) Top of bottom floor (including basement, crawlspace, or e	t used for the BFÉ. nclosure floor) 14.42	Check	the measurement used. If feet					
	t used for the BFÉ. nclosure floor) 14.42 N/A.	Check	the measurement used.					
a) Top of bottom floor (including basement, crawlspace, or e b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zone d) Attached garage (top of slab)	t used for the BFÉ. nclosure floor)	Check	the measurement used. If feet					
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 a) Top of bottom floor (including basement, crawlspace, or e b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zone d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) 	t used for the BFÉ. nclosure floor) 14.42 N/A. es only) N/A. 13.99 building 13.62	Check	the measurement used. If feet					
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IMPORTANT: In these spaces, of	·	FOR INSUR	ANCE COMPANY USE			
Building Street Address (including Apt 294 SOUTHERN BREEZES CIRCLE		Policy Numb	er:			
City MURRELLS INLET		State SC	ZIP Code 2	9576	Company NA	AIC Number:
SECTION	D – SURVEYOR, ENGINEE	R, OR ARCHI	TECT CER	TIFICATION (CONTINUED)	
Copy both sides of this Elevation Certi	ficate for (1) community official, ((2) insurance ag	ent/company	and (3) buildin	g owner.	
Comments Sections E,F, and G of t Form has expired, however	his form have been left blank by er, this is the latetest form provide		/or			
Signature		Date	009/09/2015			
SECTION E – BUILDING ELE	VATION INFORMATION (SU	JRVEY NOT F	EQUIRED)	FOR ZONE A	O AND ZONE	A (WITHOUT BFE)
For Zones AO and A (without BFE), cound C. For Items E1–E4, use natural general (HAG) and the lowest adjact a) Top of bottom floor (including b) Top of platform of the diagrams) E3. Attached garage (top of slab) is E4. Top of platform of machinery and E5. Zone AO only: If no flood depth ordinance?	grade, if available. Check the me the following and check the apparent grade (LAG). basement, crawlspace, or enclos basement, crawlspace, or enclos basement flood openings provid of the building is feet matter a floor equipment servicing the building is the top of	asurement used ropriate boxes to sure) is sure) is ed in Section A feet meters above the bottom floo	I. In Puerto Rico show wheth	co only, enter ner the elevation feet meters feet meters or 9 (see pages ove or below w the HAG. meters accordance with	neters. is above or bel above or above or 8–9 of Instruction withe HAG.	ow the highest adjacent] below the HAG.] below the LAG. ons), the next higher floor
	F - PROPERTY OWNER (C				PTIEICATION	-u
The property owner or owner's authoriz or Zone AO must sign here. The states	red representative who complete	s Sections A, B	, and E for Zo	ne A (without a		r community-issued BFE)
Property Owner's or Owner's Authorize	d Representative's Name					
Address		City		Stat	e ZIP	Code
Signature		Date	-	Tele	phone	
Comments		 .			 .	
					_	1 Chaok basa if attachments
	OFOTION C. COMM	NUT (NEOD		DELONAL		Check here if attachments
he local official who is authorized by law	SECTION G – COMMU or ordinance to administer the co				can complete Se	ctions A. B. C (or E), and G
f this Elevation Certificate. Complete the	applicable item(s) and sign below	. Check the mea	asurement use	ed in Items G8-	G10. In Puerto R	lico only, enter meters.
 The information in Section C was authorized by law to cert fy example. 	as taken from other documentat elevation information. (Indicate the	ion that has bee he source and d	n signed and ate of the ele	sealed by a lice vation data in th	ensed surveyor, ie Comments ar	engineer, or architect who ea below.)
2. A community official completed	Section E for a building located	in Zone A (with	out a FEMA-i	ssued or comm	unity-issued BF	E) or Zone AO.
3. The following information (Item	is G4-G10) is provided for comm	nunity floodplain	managemen	t purposes.		
G4. Permit Number	G5. Date Permit Issued		G6. Date	Certificate Of C	ompliance/Occu	pancy Issued
7. This permit has been issued for: 8. Elevation of as-built lowest floor (in: 9. BFE or (in Zone AO) depth of flood: 10. Community's design flood elevation	cluding basement) of the building ng at the building site:	Substantial Im	provement feet feet feet	meters meters meters	Datum Datum Datum	
Local Official's Name		Titl	 е			
Community Name	**********	Te	ephone			
Signature		Da	•		 -	
Comments						
>4one					П	Check here if attachments.
					U	and a diadomnome.

ELEVATION CERTIFICATE, page 3

Building Photographs See Instructions for Item A6.

FOR INSURANCE COMPANY USE 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. Policy Number: 294 SOUTHERN BREEZES CIRCLE City MURRELLS INLET State SC ZIP Code 29576 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.



ELEVATION CERTIFICATE, page 4

Building Photographs

47051

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Policy Number:

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 294 SOUTHERN BREEZES CIRCLE

City MURRELLS INLET

State SC ZIP Code 29576 Company NAIC Number:

FOR INSURANCE COMPANY USE

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.

