U.S. DEPARTMENT OF HOMELAND SECURITY ELEVATION CERTIFIC	ATE /	116/15 4750 1 DES / OCO
FEDERAL EMERGENCY MANAGEMENT AGENCY		OMB No. 1660-0008
National Flood Insurance Program Important: Read the instructions on pages 1–9.		Expiration Date: July 31, 2015
SECTION A - PROPERTY INF	ORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name BILL CLARK HOMES OF MYRTLE BEACH		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and 294 SOUTHERN BREEZES CIRCLE	Box No.	Company NAIC Number:
City MURRELLS INLET State SC ZIP C	ode 29576	ρK
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, et TMS # 194-46-01-140 LOT 42 PHEASANT RUN PHASE 2	(c.)	milha
a) Square footage of crawlspace or enclosure(s) N/A sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A8.b 0 sq in	27 NAD 1983 d insurance.  For a building with an atta a) Square footage of att	ached garage 433 sq ft t flood openings in the attached garage adjacent grade 0 t openings in A9.b 0 sq ji
SECTION B - FLOOD INSURANCE RATE MAP	(FIRM) INFORMATIO	DN
B1. NFIP Community Name & Community Number HORRY COUNTY 450104  B2. County Name HORRY		B3. State SOUTH CAROLINA
B4. Map/Panet Number 45051C0731 B5. Suffix H 09/17/2003 B7. FIRM Panel Effective/Revised D 8/23/1999		B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10
110. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in		
☐ FIS Profile ☐ FIPM ☐ Community Determined ☐ Other/Sol  311. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 19  312. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise  Designation Date: ☐ CBRS ☐ OPA	88	— □ Yes ☑ ¶o
SECTION C BUILDING ELEVATION INFORMATI	ON (SURVEY REQUI	RED)
*A new Elevation Certificate will be required when construction of the building is complete.  Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, below according to the building diagram specified in Item A7. In Puerto Rico only, enter on Benchmark Utilized:  Wertical Datum: NGVD 29  Indicate elevation datum used for the elevations in items a) through h) below.	AR/AE, AR/A1-A30, AR eters.	
Datum used for building elevations must be the same as that used for the BFÉ.	Chec	k the measurement used.
<ul> <li>a) Top of bottom floor (including basement, crawlspace, or enclosure floor)</li> <li>b) Top of the next higher floor</li> <li>c) Bottom of the lowest horizontal structural member (V Zones only)</li> <li>d) Attached garage (top of slab)</li> <li>e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)</li> <li>f) Lowest adjacent (finished) grade next to building (LAG)</li> <li>g) Highest adjacent (finished) grade next to building (HAG)</li> <li>h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support</li> </ul>	14.42 N/A. 13.99 13.62 13.79	
SECTION D – SURVEYOR, ENGINEER, OR ARCH This certification is to be signed and sealed by a land surveyor, engineer, or architect authoriz information. I certify that the information on this Certificate represents my best efforts to interp. I understand that any false statement may be punishable by fine or imprisonment under 18 U.	ed by law to certify eleval ret the data available.	

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	e in Section	A provided by a	
$\boxtimes$	Check here if attachments.	licensed land surveyor?	Yes	□ No	

			, –	/			
Certifier's Na	me AARON LEACH		License Number 20191				
Title Land Surveyor		Company Name ROWE PR	OFESSIONAL SERV	ICES COMPANY			
Address 511	BROADWAY STREET	City MYRTLE BEACH	State SC 2	ZIP Code 29577			
Signature		Date 009/09/2015	Telephone 84	3-444-1020			



LLL FALION OLIVINIONIL, P	aye 4				47051	10/11/15 CKS)
IMPORTANT: In these spaces, or	copy the corresponding info	rmation fro	m Section A.		FOR INSURA	NCE COMPANY USE
Building Street'Address (including Apt 294 SOUTHERN BREEZES CIRCLE		P.O. Route a	nd Box No.		Policy Numbe	r;
City MURRELLS INLET		State SC	ZIP Code 29	9576	Company NA	C Number:
SECTION	I D – SURVEYOR, ENGINEE	R, OR ARCH	IITECT CER	TIFICATION (	CONTINUED)	
Copy both sides of this Elevation Cert	ificate for (1) community official, (	2) insurance a	gent/company,	and (3) building	owner.	
Comments Sections E,F, and G of Form has expired, however	this form have been left blank by t er, this is the latetest form provide		eyor			
Signature		Date	e 009/09/2015			
SECTION E - BUILDING ELE	EVATION INFORMATION (SU	RVEY NOT	REQUIRED)	FOR ZONE A	O AND ZONE	A (WITHOUT BFE)
<ul> <li>b) Top of bottom floor (including</li> <li>E2. For Building Diagrams 6–9 with (elevation C2.b in the diagrams)</li> <li>E3. Attached garage (top of slab) is</li> <li>E4. Top of platform of machinery an</li> <li>E5. Zone AO only: If no flood depth</li> </ul>	grade, if available. Check the mean of the following and check the approacent grade (LAG). I basement, crawlspace, or encloss basement, crawlspace, or encloss permanent flood openings provide of the building is feet mod/or equipment servicing the building is number is available, is the top of	surement use ropriate boxes sure) is sure) is ed in Section A reters abo ling is the bottom flo	d. In Puerto Ri to show wheth A Items 8 and/o meters	co only, enter mer the elevation  eet	above or belo above or above or above or above or the HAG.	w the highest adjacent below the HAG. below the LAG. ns), the next higher floor ow the HAG.
	Unknown. The local official mu		••		TICICATION	· · · · · · · · · · · · · · · · · · ·
The property owner or owner's authori	F - PROPERTY OWNER (O					community-issued REE)
or Zone AO must sign here. The stater	ments in Sections A, B, and E are					Community-Issued DFL)
Property Owner's or Owner's Authorize	ed Representative's Name					
Address		City		State	ZIP C	ode
Signature		Date		Telej	ohone	
Comments			-		- · · · · · · · ·	
						Check here if attachments.
	SECTION G - COMMU	JNITY INFOR	RMATION (O	PTIONAL)		
he local official who is authorized by law	or ordinance to administer the cor	nmunity's flood	lplain managen	nent ordinance o		
f this Elevation Certificate. Complete the	e applicable item(s) and sign below was taken from other documentati					•
is authorized by law to certify	elevation information. (Indicate the	e source and	date of the elev	ation data in the	e Comments are	a below.)
	d Section E for a building located ns G4–G10) is provided for comm	•			inity-issued BFE	) or Zone AO.
G4. Permit Number	G5. Date Permit Issued		<del>,</del>	· · · · · · · · · · · · · · · · · · ·	empliance/Occur	ancy legued
O4. F CHIRCHUMBE	Go. Date / emilt issued		Go. Date	Jerundate Of Co		ancy issued
7. This permit has been issued for:	<del>-</del>	Substantial In	nprovement	_		_
8. Elevation of as-built lowest floor (in		·	_ lfeet	meters	Datum	<del>_</del>
<ol><li>BFE or (in Zone AO) depth of flood</li><li>Community's design flood elevation</li></ol>			_	☐ meters	Datum Datum	<del>_</del>
Local Official's Name			itle			
Community Name			elephone		<del> </del>	
Signature		D	ate 	-		<del></del>
Comments						
	<u></u>					Check here if attachments.

## **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**

10/16/15 CKS7

Continuation Page

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. 294 SOUTHERN BREEZES CIRCLE

City MURRELLS INLET St

State SC ZIP Code 29576

Company NAIC Number:

Policy 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.

