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

171188 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.

	SEC	TION A - PROPERTY	INFOR	MATION		'FOR INSUR	RANCE COMPANY USE
A1. Building Owner's Name					Policy Num	ber:	
H and H CONSTRUCTORS							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.Q. Route and Corr Box No.  108 EMERALD RUSH COURT					Company N	AIC Number:	
City		<b>-</b>	<del></del>	State	<del></del>	ZIP Code	<del></del>
LONGS				South C	arolina	29568	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 88 RIVERHAVEN PHASE 3B, PIN 304-07-01-0016, PLAT BOOK 293 PAGE 119							
A4. Building Use (e.	g., Resider	ntial, Non-Residential,	Addition	, Accessory,	etc.) RESIDENTI	AL	
A5. Latitude/Longitu	de: Lat. 3	3 54' 22.37"	Long. 7	'8 42' 13.74"	Horizontal	Datum: NAD 1	927 NAD 1983
A6. Attach at least 2	2 photograp	hs of the building if th	e Certific	ate is being ι	used to obtain flood	l insurance.	
A7. Building Diagran	n Number	1A					
A8. For a building w	ith a crawis	space or enclosure(s):					
a) Square foota	ge of craw	lspace or enclosure(s)	·		NA sq ft		
b) Number of pe	ermanent flo	ood openings in the cr	awispac	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ide NA
c) Total net area	a of flood o	penings in A8.b		NA sqir	1		
d) Engineered fi	lood openii	ngs? 🗌 Yes 🖾 N	No				
A9. For a building wit	th an attacl	ned garage:					
a) Square footag	ge of attach	ned garage		400 +- sq ft			
b) Number of pe	ermanent flo	ood openings in the at	tached g	arage within	1.0 foot above adja	acent grade NA	
c) Total net area	of flood o	penings in A9.b		NA sq	in		
d) Engineered fi	ood openin	gs? 🗌 Yes 🔯 N	10				
		<del></del>				<del>-</del>	· <del></del>
	SE	CTION B - FLOOD	INSURA			ORMATION	<u>,</u>
B1. NFIP Community		Community Number		B2. County	Name		B3. State
HORRY COUNTY 4	50104			HORRY			South Carolina
B4. Map/Panel I Number	B5. Suffix	B6. FIRM Index Date	Eff	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	ilevation(s) e Base Flood Depth)
45051C0415			3-30-2	006	AE	21	
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: LOMR 06-04-B138X-450104							
B11. Indicate elevation datum used for BFE in Item B9: X NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🔲 Yes 🔀 No							
Designation Date: CBRS  OPA							

121188 9/2

OMB No. 1660-0008 **ELEVATION CERTIFICATE** Expiration Date: November 30, 2022 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. Policy Number: 108 EMERALD RUSH COURT City State ZIP Code Company NAIC Number LONGS 29568 South Carolina 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 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. Check the measurement used. a) Top of bottom floor (including basement, crawlspace, or enclosure floor) **⊠** feet meters feet [ NA meters b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) NA ☐ feet meters meters 25.6 **X** feet meters d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building 25.4 **⊠** feet meters (Describe type of equipment and location in Comments) **K** feet 25.0 ☐ meters f) Lowest adjacent (finished) grade next to building (LAG) ∫ feet ☐ meters g) Highest adjacent (finished) grade next to building (HAG) 25.2 h) Lowest adjacent grade at lowest elevation of deck or stairs, including 25.0 ★ feet meters structural support 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? X Yes No. Check here if attachments. Certifier's Name License Number JAN K. DALE L-12236 Title PROFESSIONAL LAND SURVEYOR Company Name Address 891 COPAS ROAD City State ZIP Code SHALLOTTE North Carolina 28470 Signature Date Telephone Ext. 8-25-2021 910 754 4477 ages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. Complents (including type of equipment and location, per C2(e), if applicable)

### ELEVATION CERTIFICATE

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Expiration Date: November 30 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY US Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. **Policy Number:** 108 EMERALD RUSH COURT City ZIP Code Company NAIC Number State LONGS 29568 South Carolina 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. crawispace, 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 ZIP Code City State Date Signature Telephone Comments

Check here if attachments.

# **ELEVATION CERTIFICATE**

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MPORTANT: In these spaces, copy the con	FOR INSURANCE COMPANY USE.				
Building Street Address (including Apt., Unit, S 108 EMERALD RUSH COURT	x No. Policy Number:				
City	State ZIP Code	Company NAIC Number *			
LONĢS	South Carolina 29568	·			
SECTI	ON G - COMMUNITY INFORMATION (OP)	IONAL)			
The local official who is authorized by law or of Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, etc.	n Certificate. Complete the applicable item(s				
G1. The information in Section C was tal engineer, or architect who is authoridata in the Comments area below.)	ken from other documentation that has been zed by law to certify elevation information. (I	signed and sealed by a licensed surveyor, adicate the source and date of the elevation			
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 r	nanagement 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 Improve	ment			
G8. Elevation of as-built lowest floor (includir of the building:	ng basement)	☐ 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:	<del></del>	feet meters Datum			
Local Official's Name	Title				
Community Name	Telephone	· · · · · · · · · · · · · · · · · · ·			
Signature	Date	······································			
Comments (including type of equipment and lo	ocation, per C2(e), if applicable)				
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#### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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## **ELEVATION CERTIFICATE**

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Building Street Address (including Apt., Unit,	Suite, and/or Bldg. No.) or P	.O. Route and Box N	D,	Policy Number:
108 EMERALD RUSH COURT				1
City	State	ZIP Code		Company NAIC Number
LONGS	South Carolina	29568		

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 Caption **FRONT VIEW 8-25-21** 

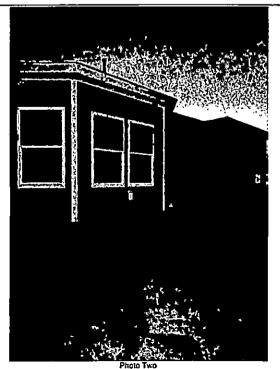


Photo Two Caption **REAR VIEW 8-25-21** 

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## **BUILDING PHOTOGRAPHS**

Continuation Page

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IMPORTANT: in these spaces, copy the corresponding information from Section A.				FOR INSURANCE COMPANY USE		
	Building Street Address (including Apt., Uni 108 EMERALD RUSH COURT	it, Suite, and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number:	•	
	City	State	ZIP Code	Company NAIC Number		
	LONGS	South Carolina	29568	· ·	_	

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 Caption RIGHT VIEW 8-25-21

**ELEVATION CERTIFICATE** 

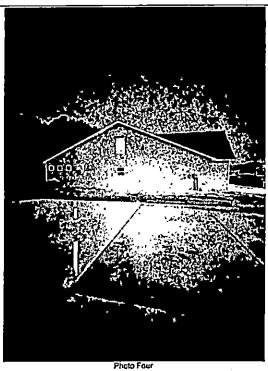


Photo Four Caption LEFT VIEW 8-25-21