



102997-109 Serenity Point Drive

**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 Use:   |
|--|-------|--|
| A1. Building Owner's Name  |       | 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 1983                      |
| 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 _____ sq ft   |
| 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 _____ sq in  |       | c) Total net area of flood openings in A9.b _____ sq in  |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |       | d) Engineered flood openings? <input type="checkbox"/> Yes <input 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(s) (Zone AO, use base flood depth) |

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 (Describe) \_\_\_\_\_

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)?  Yes  No

Designation Date \_\_\_\_\_  CBRS  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.

Benchmark Utilized \_\_\_\_\_ Vertical Datum NGVD 1929

Indicate elevation datum used for the elevations in items a) through h) below.  NGVD 1929  NAVD 1988  Other/Source:

**COMMENTS:**

Corrected vertical datum in C2 to NGVD 1929 - Surveyor put NGVD 29.

Date of Review: 11-2-20

Community Official: [Signature] CFM

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

102997 JH33

10/21/20

# 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<br>LEVEL 10 HOMES ✓   |                   |                                     |   | Policy Number:            |  |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>109 SERENITY POINT DRIVE ✓   |                   |                                     |   | Company NAIC Number:      |  |
| City<br>LITTLE RIVER ✓  |                   | State<br>South Carolina ✓           |   | ZIP Code<br>29566 ✓       |  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>✓ LOT 3 SERENITY POINT (PIN# 350-06-04-0034)  |                   |                                     |   |                           |  |
| ✓ A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL  |                   |                                     |   |                           |  |
| A5. Latitude/Longitude: Lat. 33-50-51.1 Long. 078-39-53.0 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 1A  |                   |                                     |   |                           |  |
| A8. For a building with a crawlspace or enclosure(s):   |                   |                                     |   |                           |  |
| 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 N/A 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 432.00 sq ft   |                   |                                     |   |                           |  |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A   |                   |                                     |   |                           |  |
| c) Total net area of flood openings in A9.b N/A 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<br>HORRY COUNTY 450104 ✓   |                   |                                     | B2. County Name<br>HORRY COUNTY ✓                     |                           | B3. State<br>South Carolina ✓  |
| B4. Map/Panel Number<br>45051C 0581 ✓   | B5. Suffix<br>H ✓ | B6. FIRM Index Date<br>09-17-2003 ✓ | B7. FIRM Panel Effective/Revised Date<br>08-23-1999 ✓ | B8. Flood Zone(s)<br>AE ✓ | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)<br>12' ✓ |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br><input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ |                   |                                     |   |                           |  |
| 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<br>Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA         |                   |                                     |   |                           |  |

**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.<br>109 SERENITY POINT DRIVE |                           |                     | Policy Number:                   |
| City<br>LITTLE RIVER ✓  | State<br>South Carolina ✓ | ZIP Code<br>29566 ✓ | 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: TBM ✓ Vertical Datum: NGVD 29

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.

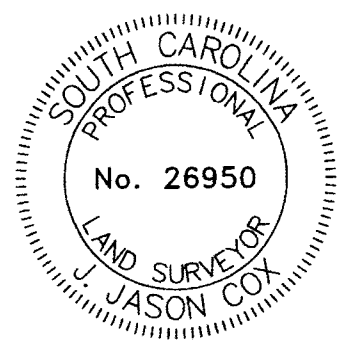
|   |      |  |                                 |
|---|------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | 13.3 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | 25.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | N/A  | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | 12.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | 13.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | 12.3 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | 13.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | 12.7 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

See correction memo form.

**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<br>J. JASON COX                  | License Number<br>SC# 26950 |  |                   |
| Title<br>OWNER                                    |                             |   |                   |
| Company Name<br>COX SURVEYORS & ASSOCIATES, LLC ✓ |                             |   |                   |
| Address<br>4325 DICK POND ROAD, SUITE A           |                             |   |                   |
| City<br>MYRTLE BEACH                              | State<br>South Carolina     |   | ZIP Code<br>29588 |
| Signature<br><i>J. Jason Cox</i>                  | Date<br>09-24-2020          | Telephone<br>(843) 650-1500   | Ext.              |

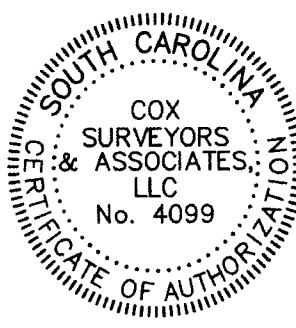
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

C2e is the air conditioner pad located on the left side of the of the house.

**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.<br>109 SERENITY POINT DRIVE   |                           |                     | Policy Number:                   |
| City<br>LITTLE RIVER ✓  | State<br>South Carolina ✓ | ZIP Code<br>29566 ✓ | Company NAIC Number              |
| <b>SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)<br/>FOR ZONE AO AND ZONE A (WITHOUT BFE)</b>  |                           |                     |                                  |
| <p>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.</p> <p>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).</p> <p>a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.</p> <p>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 _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>E3. Attached garage (top of slab) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>E4. Top of platform of machinery and/or equipment servicing the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. The local official must certify this information in Section G.</p> |                           |                     |                                  |
| <b>SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION</b>   |                           |                     |                                  |
| <p>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.</p>   |                           |                     |                                  |
| Property Owner or Owner's Authorized Representative's Name  |                           |                     |                                  |
| Address   | City                      | State               | ZIP Code                         |
| Signature   | Date                      | Telephone           |                                  |
| <p>Comments</p> <div style="text-align: right; margin-top: 20px;">  </div>   |                           |                     |                                  |
| <input type="checkbox"/> Check here if attachments.   |                           |                     |                                  |



**BUILDING PHOTOGRAPHS**

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

**ELEVATION CERTIFICATE**

See Instructions for Item A6.

|   |                         |                                  |
|---|-------------------------|----------------------------------|
| <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.<br>109 SERENITY POINT DRIVE ✓ |                         | Policy Number:                   |
| City<br>LITTLE RIVER ✓  | State<br>South Carolina | ZIP Code<br>29566                |
|   |                         | 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.



Photo One Caption Front View; 09/23/2020

Clear Photo One



Photo Two Caption Right-Rear View; 09/23/2020

Clear Photo Two