S. DEPARTMENT OF HOMELAND SEC	CURITY ELEVA			
DERAL EMERGENCY MANAGEMENT tional Flood Insurance Program	AGENCY	Read the instructions		OMB No. 1660-0008 Expiration Date: July 31, 2015
	SEC	CTION A - PROPERTY	INFORMATION	FOR INSURANCE COMPANY USE
1. Building Owner's Name Ray G	B. Boyd		1	Policy Number:
2. Building Street Address (includ 559 Waccamaw Circle	ing Apt. Unit, Suite, and/o	or Bldg. No.) or P.O. Route a	and Box No.	Company NAIC Number:
City Conway		State SC ZI	P Code 29526	non /
 Property Description (Lot and E MS# 126-18-01-006 Lot 6 Waccan 	Block Numbers, Tax Parcel naw Circle	I Number, Legal Description	n, etc.)	Marths
 Building Use (e.g., Residential, Latitude/Longitude: Lat. <u>33d52</u> Attach at least 2 photographs of Building Diagram Number <u>5</u> For a building with a crawlspace a) Square footage of crawlspace or enclosure(s) within 1.0 for c) Total net area of flood oper 	25.88"N Long. <u>78d53'42</u> . of the building if the Certific e or enclosure(s): to e or enclosure(s) openings in the crawlspace to above adjacent grade nings in A8.b	76"W cate is being used to obtain A N/A sq ft	Horizontal I flood insurance. 9. For a building with a a) Square footage o b) Number of perm within 1.0 foot at c) Total net area of	of attached garage N/A sq ft anent flood openings in the attached garage pove adjacent grade N/A flood openings in A9.b N/A
d) Engineered flood openings			d) Engineered flood	
	SECTION B - FLOOI	D INSURANCE RATE N	IAP (FIRM) INFORM	ATION
1. NFIP Community Name & Com orry County-450104	munity Number	B2. County Name Horry	/	B3. State SC
	Suffix B6. FIRM Index		anel B8. Flor	
		8/23/1999 ta or base flood depth enter	ed Date Zone(s AE red in Item B9.	AO, use base flood depth) 16.40
 ☐ FIS Profile	Flood Elevation (BFE) dat Community De for BFE in Item B9: NO stal Barrier Resources Sys	8/23/1999 ta or base flood depth enter etermined Other GVD 1929 NAVE stem (CBRS) area or Other CBRS 0	ed Date Zone(s AE red in Item B9. r/Source: 0 1988 ☐ Other/So wise Protected Area (OF OPA	0000000000000000000000000000000000000
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IMPORTANT: In these space	FOR	FOR INSURANCE COMPANY USE			
Building Street Address (including 559 Waccamaw Circle	Iding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number:				
City Conway	State SC	ZIP Code 29526	Comp	bany NAIC Number:	
SECTI	ON D - SURVEYOR, ENGINEER, OR AI	RCHITECT CERTIFICA	TION (CONTI	NUED)	
opy both sides of this Elevation C	ertificate for (1) community official, (2) insuran	ce agent/company, and (3) building owner.		
omments Lowest machinery ob	served servicing the residence is the HVAC un	it /			
	BBel	V			
lignature		Date 09/10/2015			
	LEVATION INFORMATION (SURVEY N				
SECTION E - BUILDING E	LEVATION INFORMATION (SURVET N	IOT REQUIRED) FOR A	LONE AU ANL	ZONE A (WITHOUT BEE)	
), complete Items E1–E5. If the Certificate is in ral grade, if available. Check the measurement			uest, complete Sections A, B,	
	for the following and check the appropriate bo	and a second s		e or below the highest adjacent	
grade (HAG) and the lowest	adjacent grade (LAG). ling basement, crawlspace, or enclosure) is	T fact [ameters 🗖 ebs		
	ling basement, crawispace, or enclosure) is			ove or below the HAG. below the LAG.	
2. For Building Diagrams 6-9 w	ith permanent flood openings provided in Sect	tion A Items 8 and/or 9 (se			
E3. Attached garage (top of slab	ms) of the building is ☐ feet) is □ feet □ meters □	above or below the H		6.	
	and/or equipment servicing the building is			or Delow the HAG.	
	pth number is available, is the top of the botton Unknown. The local official must certify t			nmunity's floodplain managemer	
ordinance? Yes No	I Inknown The local official must certify t	this information in Section	G		
SECTI	ON F - PROPERTY OWNER (OR OWNE	ER'S REPRESENTATI	VE) CERTIFIC		
SECTI he property owner or owner's aut	ON F - PROPERTY OWNER (OR OWNER) horized representative who completes Section	ER'S REPRESENTATI	VE) CERTIFIC		
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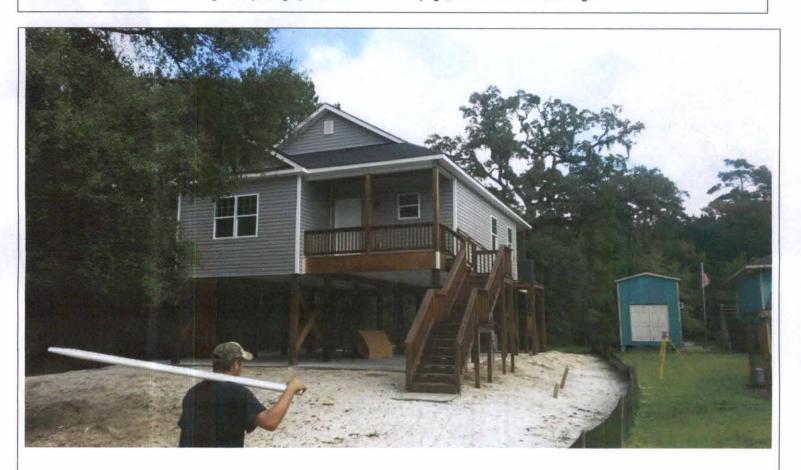
ELEVATION CERTIFICATE, page 3

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1559 Waccamaw Circle			Policy Number:
City Conway	State SC	ZIP Code 29526	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.



Front 09/03/2015