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

OMB No. 1660-0008

Expiration Date: November 30, 2018

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 - PR	OPERTY INFORMATION	F	OR INSURANCE COMPANY USE
A1. Building Owner's Name PULTE HOMES		P	olicy Number:
A2. Building Street Address (including Apt., U Box No. 407 TRESTLE WAY	Jnit, Suite, and/or Bldg. No.) or P.C	. Route and C	ompany NAIC Number:
City	State SC	_ Z	IP Code 29526
A3. Property Description (Lot and Block Num HERITAGE OAKS PH II; LOT 45, PIN# 3		escription, etc.)	
A4. Building Use (e.g., Residential, Non-Res	idential, Addition, Accessory, etc.)	RESIDENTIAL	
A5. Latitude/Longitude: Lat. 33°50'11"N	Long. 078°53'48"W	Horizontal Datum:	☐ NAD 1927 X NAD
1983 A6. Attach at least 2 photographs of the	e building if the Certificate is being	used to obtain flood ins	surance.
A7. Building Diagram Number 1A			
A8. For a building with a crawlspace or enclo	osure/s):		
Square footage of crawlspace or end			W.
b) Number of permanent flood openings		within 1.0 foot above as	liacent grade N/A
		Within 1.0 loot above ac	njacent grade N/A
c) Total net area of flood openings in A8			
d) Engineered flood openings?	es XNo		
A9. For a building with an attached garage:			
a) Square footage of attached garage	498 sq ft		
b) Number of permanent flood openings	s in the attached garage within 1.0 f	oot above adjacent grad	de N/A
c) Total net area of flood openings in A9			
d) Engineered flood openings?	es XNo		
SECTION B -	FLOOD INSURANCE RATE MA	P (FIRM) INFORMAT	ION
B1. NFIP Community Name & Community N			B3. State
HORRY COUNTY 450104	HORRY		SC
B4. Map/Panel B5. Suffix B6. FIRM Date	Effective/	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base
45051C0535 09/17/	2003 Revised Date 08/23/1999	X, AE	Flood Depth)
B10. Indicate the source of the Base Flood E	Claustian (REE) data or base flood	lanth antared in Itam B	0.
	nity Determined Other/Source:		9.
B11. Indicate elevation datum used for BFE	in Item B9: X NGVD 1929	NAVD 1988 Othe	er/Source:
B12. Is the building located in a Coastal Bar	rrier Resources System (CBRS) are	ea or Otherwise Protect	tedArea (OPA)? Yes, XNo
Designation Date:	☐ CBRS ☐ OPA		

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MPORTANT: In these spaces, copy the corresponding information from S	FOR INSURANCE COMPANY US		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. R 407 TRESTLE WAY	Policy Number:		
	P Code 29526	Company NAIC Number	
SECTION C - BUILDING ELEVATION INFORM	ATION (SURVEY F	REQUIRED)	
C1. Building elevations are based on: Construction Drawings* E		truction*	
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with Complete Items C2.a–h below according to the building diagram specifie	d in Item A7. In Pue		
Benchmark Utilized: SEE COMMENTS Vertical Date		-	
Indicate elevation datum used for the elevations in items a) through h) be	elow.		
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 flo	or) 23.8	X feet meters	
Top of the next higher floor	N/A.	X feet meters	
Bottom of the lowest horizontal structural member (V Zones only)	N/A		
Attached garage (top of slab)	23.5		
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	23.7	X feet meters	
1) Lowest adjacent (finished) grade next to building (LAG)	23.2	X feet meters	
g) Highest adjacent (finished) grade next to building (HAG)	23.3	X feet meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	X feet meters	
SECTION D - SURVEYOR, ENGINEER, OR A	RCHITECT CERTI	FICATION	
This certification is to be signed and sealed by a land surveyor, engineer, or a I certify that the information on this Certificate represents my best efforts to in statement may be punishable by fine or imprisonment under 18 U.S. Code, Se	rchitect authorized b	y law to certify elevation information.	
Were latitude and longitude in Section A provided by a licensed land surveyor	? XYes □No	Check here if attachments.	
Certifier's Name License Number WALTER B. SHEETS L-26959		Watthing, Sheer	
Title LAND SURVEYOR		C SO ONAL LAND 11	
pany Name ASSOCIATES, PA		Place No. S26959 WE Here	
Address 14323 OCEAN HIGHWAY, STE 4139		The second	
City State PAWLEYS ISLAND SC	ZIP Code 29585	TINE B. SANKI	
Date 12/13/2018 Copy all pages of this Elevation Certificate and all attachments for (1) community	Telephone 843-839-9091	agent/company and (3) huilding owner	
Comments (including type of equipment and location, per C2(e), if applicable; A9. b & c). THERE ARE NO FLOOD VENTS IN GARAGE. C2. BENCHMARK USED: DESIGNATION: TRUE VINE, PID: DL3271, ELEV.=39.16'(NC2. h) HVAC UNIT.			

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IMPORTANT: In these spaces, copy the correspondent	onding information f	rom Section A.		FOR INSURAN	CE COMPANY USE
Building Street Address (including Apt., Unit, Suite, 407 TRESTLE WAY	and/or Bldg. No.) or F	P.O. Route and B	ox No.	Policy Number:	
City	State SC	ZIP Code 29526	-	Company NAIC	Number
SECTION E – BUILDING FOR Z	ELEVATION INFOR			REQUIRED)	
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, us enter meters.					
E1. Provide elevation information for the following a the highest adjacent grade (HAG) and the lower a) Top of bottom floor (including basement,			w whether	the elevation is	above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet	meters	above or	below the HAG.
crawlspace, or enclosure) is		feet	meters	above or	below the LAG.
E2. For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in the diagrams) of the building is	d openings provided in	n Section A Items ☐ feet	_		
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	t	∏feet	meters	above or	below the HAG.
E5. Zone AO only: If no flood depth number is avail	lable, is the top of the	bottom floor eleva	ated in acco	ordance with the	community's
SECTION F - PROPERTY	OWNER (OR OWNER	'S REPRESENT	ATIVE) CE	RTIFICATION	
The property owner or owner's authorized represer community-issued BFE) or Zone AO must sign here. Property Owner or Owner's Authorized Representation	ntative who completes e. The statements in S	Sections A, B, ar	nd E for Zoi	ne A (without a F	EMA-issued or f my knowledge.
Property Owner of Owner's Authorized Representa	uive s ivaille				
Address	С	ity	Sta	ite	ZIP Code
Signature	D	ate	Tel	ephone	
Comments					
				Check I	here if attachments.

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, S 407 TRESTLE WAY	Suite, and/or Bldg. No.) or P.	O. Route and Box No.	Policy Number:		
CONWAY	State SC	ZIP Code 29526	Company NAIC Number		
SECTI	ON G - COMMUNITY INFO	RMATION (OPTIONAL)			
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, e. G1. The information in Section C was take engineer, or architect who is authorized the comments area below.) G2. A community official completed Section Zone AO. G3. The following information (Items G4)	n Certificate. Complete the a nter meters. sen from other documentation zed by law to certify elevation stion E for a building located in	pplicable item(s) and sign that has been signed an information. (Indicate the	n below. Check the measurement ad sealed by a licensed surveyor, e source and date of the elevation A-issued or community-issued BFE)		
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for: G8. Elevation of as-built lowest floor (includin G9. BFE or (in Zone AO) depth of flooding at G10. Community's design flood elevation:	the building site:		t meters Datum		
Local Official's Name Community Name	Tit				
Community Name	16	lephone			
Signature	Da	ite			
Comments (including type of equipment and lo	ocation, per C2(e), if applical	ole)			
			☐ Check here if attachments.		

BUILDING PHOTOGRAPHS

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See Instructions for Item A6.

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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: 407 TRESTLE WAY State ZIP Code Company NAIC Number

29526

SC

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.



RONT RIGHT VIEW 12/13/18

CONWAY



BUILDING PHOTOGRAPHS

Continuation Page

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ELEVATION CERTIFICATE

A STATE OF THE STA			Carlotte Company		
IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURANCE COMPANY USE	
Building Street 407 TRESTLE	t Address (including Apt., Unit,	Suite, and/or Bldg. No.)	or P.O. Route and I	Box No.	Policy Number:
City		State SC	ZIP Code 29526	/	Company NAIC Number

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.



REAR RIGHT VIEW 12/13/18

