9/23/19 VK35 18 9/25/19 9354/

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

OMB No. 1660-0008 Expiration Date: November 30, 2018

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.

| | | TION A - PROPERT | Y INFORMATION | | FOR INSU | RANCE COMPANY US | |
|------------------------|-----------------------------|--|--|--|-----------------------|--|--|
| A1. Building Owne | | Maria L. Martins | | | Policy Num | ber: | |
| Box No. | Address (in 1737 Ed Smit | cluding Apt., Unit, Sui th Blvd | te, and/or Bldg. No | .) or P.O. Route and | Company N | NAIC Number: | |
| City Myrtle | Beach | | State South | n Carolina | ZIP Code 29588 | | |
| | | ind Block Numbers, Ti N: 440-03-03-0015 / G | | and the second s | etc.) | 7 63 | |
| 4. Building Use (| e.g., Resider | ntial, Non-Residential, | Addition, Accesso | ry, etc.) residenti | ial | | |
| 5. Latitude/Longi | tude: Lat. N | 33° 41' 32" | Long. W 78° 59' 4 | 7" Horizoni | tal Datum: NAD | 1927 X NAD 1983 | |
| 6. Attach at least | 2 photograp | hs of the building if th | e Certificate is bein | ng used to obtain flo | ood insurance. | | |
| 7. Building Diagra | am Number | 6 | | | | | |
| 8. For a building | with a crawls | space or enclosure(s): | | | | | |
| a) Square foo | tage of crawl | space or enclosure(s) | | 19.00 sq ft | | | |
| b) Number of | ermanent flo | ood openings in the cr | awispace or enclos | sure(s) within 1.0 for | ot above adjacent gr | ade N/A | |
| c) Total net an | ea of flood o | penings in A8.b | N/A s | q in | | | |
| d) Engineered | flood openir | ngs? ☐ Yes 🖾 I | No. | | | | |
| | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| 9. For a building v | | | | | | | |
| a) Square foot | | | N/A s | | | | |
| b) Number of p | ermanent flo | ood openings in the at | tached garage with | nin 1.0 foot above a | djacent grade N/A | | |
| c) Total net are | ea of flood of | penings in A9.b | N/A | sq in | | | |
| d) Engineered | flood openin | ngs? ☐ Yes ☒ I | No | | | | |
| | SE | ECTION B - FLOOD | INSURANCE RA | TE MAP (FIRM) IN | FORMATION | | |
| | | Community Number | B2. Cou | B2. County Name | | B3. State | |
| Horry County | 450104 | | 100 | Horry County | | South Carolina | |
| 4. Map/Panel Number | B5. Suffix | B6. FIRM Index Date | B7. FIRM Panel Effective/ Revised Date 08-23-1999 | | (Zone AO, us | Base Flood Elevation(s) (Zone AO, use Base Flood Depth) | |
| 0010 0000 | | 03-17-2003 | 00-20-1999 | AE | | 6 | |
| 10. Indicate the s | ource of the | Base Flood Elevation | (BFE) data or bas | e flood depth entere | ed in Item B9: | | |
| the second second | | ☐ Community Deter | | | | 1 10 10 10 | |
| 11. Indicate eleva | ation datum (| used for BFE in Item E | 9 × NGVD 1929 | NAVD 1988 | Other/Source: | | |
| 12 le the buildin | g located in a | a Coastal Barrier Reso | ources System (CB | RS) area or Otherw | vise Protected Area (| OPA)? ☐ Yes ☒ N | |
| 12. 15 the building | | | | | | | |
| Designation I | Date: | | CBRS OPA | | | | |

9/23/19 VK35

93541

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the corres | ponding information from | Section A. | FOR IN | ISURANC | E COMPANY USE |
|--|--|-----------------------------|---------------------------|---------------------|---------------------------------------|
| Building Street Address (including Apt., Unit, Suit 3737 Ed Smith Blvd | te, and/or Bldg. No.) or P.O. | Route and Box No. | Policy | Number: | |
| City Myrtle Beach | | ZIP Code 29588 | Compa | Company NAIC Number | |
| SECTION C - BUILI | DING ELEVATION INFORM | MATION (SURVEY F | REQUIRE | (D) | |
| C1. Building elevations are based on: C *A new Elevation Certificate will be required. | A STATE OF THE STA | Building Under Construit | ruction* | ⊠ Finisi | ned Construction |
| C2. Elevations – Zones A1–A30, AE, AH, A (w Complete Items C2.a–h below according to | the building diagram specific | ed in Item A7. In Pue | R/AE, AR/ rto Rico o | A1–A30, Anly, enter | AR/AH, AR/AO. meters. |
| Benchmark Utilized: GPS on Real-Time No | | um; NAVD88 | | | |
| Indicate elevation datum used for the eleva- | | elow. | | | |
| ▼ NGVD 1929 □ NAVD 1988 □ | | | | | D |
| Datum used for building elevations must be | the same as that used for the | ne BFE. | Che | ck the me | easurement used. |
| a) Top of bottom floor (including basemen | t crawlspace or enclosure fl | oor) | 13.8 | X feet | meters |
| b) Top of the next higher floor | , oranispass, or ondoeste in | 55.7 | N/A | ☐ feet | meters |
| c) Bottom of the lowest horizontal structure | al member (V Zones only) | | N/A | ☐ feet | meters |
| d) Attached garage (top of slab) | | | N/A | feet | meters |
| Lowest elevation of machinery or equip (Describe type of equipment and location) | ment servicing the building on in Comments) | | 10.9 | ★ feet | meters |
| f) Lowest adjacent (finished) grade next to | building (LAG) | | 4.8 | X feet | meters |
| √g) Highest adjacent (finished) grade next t | o building (HAG) | | 5.7 | X feet | meters |
| h) Lowest adjacent grade at lowest elevati structural support | on of deck or stairs, including | | 4.7 | | meters |
| ✓ SECTION D - SUR | VEYOR, ENGINEER, OR | ARCHITECT CERTII | FICATIO | V | |
| This certification is to be signed and sealed by a l certify that the information on this Certificate restatement may be punishable by fine or impriso | epresents my best efforts to i | nterpret the data avail | y law to d lable. I un | ertify elev | ration information. That any false |
| Were latitude and longitude in Section A provide | ed by a licensed land survey | or? Yes No | | Check her | e if attachments. |
| Certifier's Name | License Number | | 1 | 1.07 | All Indian |
| Kenneth D Jordan | 21936 | | | KON. | 1702 |
| Title Preisdent | | | 1 | 0 | 11 Stag 12, 11 |
| Company Name | | | - 1 | | lace |
| K & R Land Surveyors | | | 1 | S | 88 000 |
| Address 312 Laurel Street | | | 1 | Penni | ere/ |
| City Conway | State South Carolina | ZIP Code 29526 | | | Tong and |
| Signature Cometh D. Jordan | Date 09-19-2019 | Telephone (843) 488-1804 | Ext. | | |
| Copy all pages of this Elevation Certificate and all | attachments for (1) communi | ty official, (2) insurance | agent/co | mpany, an | d (3) building owner. |
| Comments (including type of equipment and loc Elevations were determined using Real-Time N | | | ng NGS S | oftware. | |
| The enclosure is a brick chimney | | | | | |
| Lowest piece of machinery is the A/C unit. | | | | | |
| | | | | | |

9/23/19 VK 35

93541

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | | FOR INSURANCE COMPANY US | | |
|--|---|--|-----------------------|--------------------------|---------------------------------|--|
| Building Street Address (including Apt., Unit, Suite, 3737 Ed Smith Blvd | , and/or Bldg. No.) or F | P.O. Route and B | ox No. | Policy Number: | | |
| City Myrtle Beach | State South Carolina | ZIP Code 29588 | | Company NAIC | Number | |
| SECTION E - BUILDING FOR Z | ELEVATION INFOR | MATION (SUR | VEY NOT F | REQUIRED) | | |
| or Zones AO and A (without BFE), complete Item omplete Sections A, B,and C. For Items E1–E4, unter meters. | s E1–E5. If the Certific se natural grade, if av | ate is intended to ailable. Check the | support a le measurem | OMA or LOMR | t-F request, erto Rico only, | |
| Provide elevation information for the following the highest adjacent grade (HAG) and the low | and check the appropriest adjacent grade (LA | riate boxes to sho | w whether | the elevation is | above or below | |
| Top of bottom floor (including basement, crawlspace, or enclosure) is | | feet | meters | above or | below the HAG | |
| Top of bottom floor (including basement, crawlspace, or enclosure) is | | feet | meters | above or | below the LAG | |
| For Building Diagrams 6–9 with permanent flo the next higher floor (elevation C2.b in the diagrams) of the building is | od openings provided | | s 8 and/or 9 | | 2 of Instructions), | |
| E3. Attached garage (top of slab) is | | ENE | meters | | below the HAG | |
| E4. Top of platform of machinery and/or equipmer servicing the building is | nt | □feet | meters | □ above or | Delow the HAG | |
| E5. Zone AO only: If no flood depth number is ava | ilable, is the top of the | bottom floor elev | ated in acc | ordance with the | e community's | |
| floodplain management ordinance? Yes | ☐ No ☐ Unknow | vn. The local off | icial must ce | ertify this inform | ation in Section G. | |
| SECTION F - PROPERTY | OWNER (OR OWNER | 'S REPRESENT | ATIVE) CEI | RTIFICATION | | |
| community-issued BFE) or Zone AO must sign her Property Owner or Owner's Authorized Representa Address | ative's Name | ity | Stat | | ZIP Code | |
| Signature | D | ate | Tele | ephone | | |
| - Syllatoro | | ato | 100 | priorie | Te - | |
| comments | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | ☐ Check I | nere if attachments. | |

9/23/19 VK35

93541

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

| 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 3737 Ed Smith Blvd | | P.O. Route and Box No | policy Number: |
| City Myrtle Beach | State South Carolina | ZIP Code 29588 | Company NAIC Number |
| SI | ECTION G - COMMUNITY IN | FORMATION (OPTION | AL) |
| The local official who is authorized by law Sections A, B, C (or E), and G of this Ele used in Items G8–G10. In Puerto Rico or | vation Certificate. Complete the | community's floodplai e applicable item(s) and | n management ordinance can complete d sign below. Check the measurement |
| G1. The information in Section C was engineer, or architect who is au data in the Comments area bel | thorized by law to certify eleva | ation that has been sign tion information. (Indica | ed and sealed by a licensed surveyor, ate the source and date of the elevation |
| G2. A community official completed or Zone AO. | Section E for a building locate | ed in Zone A (without a | FEMA-issued or community-issued BFE) |
| G3. The following information (Item | s G4–G10) is provided for com | munity floodplain mana | gement purposes. |
| G4. Permit Number | G5. Date Permit Issued | d | G6. Date Certificate of Compliance/Occupancy Issued |
| G7. This permit has been issued for: G8. Elevation of as-built lowest floor (inc | ☐ New Construction ☐ S | Substantial Improvemen | ıt |
| of the building: | | | feet meters Datum |
| G9. BFE or (in Zone AO) depth of flooding at the building site: | | | Datain |
| G10. Community's design flood elevation Local Official's Name | | Title | feet meters Datum |
| Local Cilicia's Name | | Title | |
| Community Name | | Telephone | |
| Signature | | Date | |
| Comments (including type of equipment a | and location, per C2(e), if applic | cable) | |
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | Check here if attachments. |

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

| No.) or P.O. Route and Box No. Policy Number: | 1.77 |
|--|--|
| | |
| The state of the s | er |
| rc | ZIP Code Company NAIC Number rolina 29588 |

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

Photo One Caption

Front

Clear Photo One

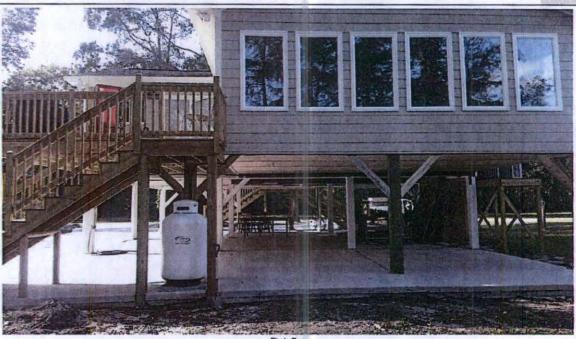


Photo Tw

Photo Two Caption

Rear

Clear Photo Two

9/23/19 VK 35 93541

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the | FOR INSURANCE COMPANY USE | | | |
|--|---------------------------|-------------------|---------------------|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3737 Ed Smith Blvd | | | Policy Number: | |
| City Myrtle Beach | State South Carolina | ZIP Code 29588 | 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.



Photo Three

Photo Three Caption

Right

Clear Photo Three

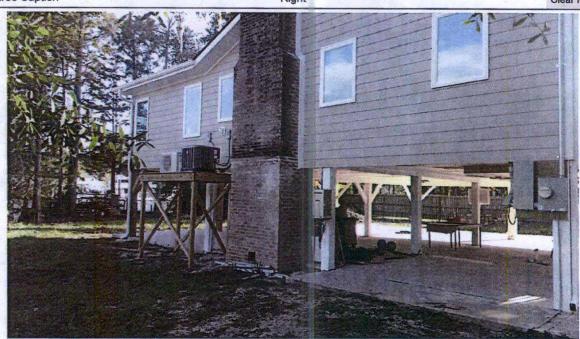


Photo Fo

Photo Four Caption

Left

Clear Photo Four