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/com	pany	, and (	(3)	building	owner
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SECTION A – PROPERTY INFORMATION				FOR INSU	FOR INSURANCE COMPANY U		
A1. Building Owner's Na Susan E. Kissane	me	a deres		Policy Nun	nber:		
A2. Building Street Addr Box No. 220 S. Waccamaw Dr.	ess (including Apt., Unit, Su	uite, and/or Bldg. No.)	or P.O. Route an	d Company I	NAIC Number:		
City Garden City	1.2.2.3.50	State	Secoline	ZIP Code			
A3. Property Description	(Lot and Block Numbers,		Carolina egal Description,	29576 etc.)			
Lot 7 Blk 25, PIN#470-06							
/	esidential, Non-Residentia Lat. 33-34-31.3				1927 🛛 NAD 1983		
<ul> <li>A7. Building Diagram Nu</li> <li>A8. For a building with a <ul> <li>a) Square footage o</li> <li>b) Number of permains</li> <li>c) Total net area of f</li> <li>d) Engineered flood</li> </ul> </li> <li>A9. For a building with an a) Square footage of b) Number of permains</li> </ul>	crawlspace or enclosure(s) f crawlspace or enclosure(s) f crawlspace or enclosure(s) nent flood openings in A8.b openings? Yes X attached garage: attached garage nent flood openings in the a ood openings in A9.b	): s)	32.40 sq ft re(s) within 1.0 fc n ft 1.0 foot above a	oot above adjacent gr	ade 0		
	SECTION B - FLOOD			FORMATION			
B1. NFIP Community Nar Horry County, 450104	ne & Community Number	B2. County Horry	Name		B3. State South Carolina		
34. Map/Panel NumberB5. S15051C 0753H	09-17-2003	B7. FIRM Panel Effective/ Revised Date 08-23-1999	B8. Flood Zone(s) VE	B9. Base Flood E (Zone AO, us	Elevation(s) Be Base Flood Depth)		
FIS Profile I F	of the Base Flood Elevation IRM C Community Detention atum used for BFE in Item ed in a Coastal Barrier Res	rmined ☐ Other/Sou B9: ⊠ NGVD 1929	urce:	Other/Source:	OPA)? 🗌 Yes 🔀 No		
			1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /				

ELEVATION CERTIFICATE			OMB No. 16 Expiration D	60-0008 <b>BL/3 z</b> ate: November 30, 2018
MPORTANT: In these spaces, copy the corresp	FOR INSURANCE COMPANY US			
Building Street Address (including Apt., Unit, Suite 220 S. Waccamaw Dr.	, and/or Bldg. No.) or P.O. Rou	ite and Box No.	Policy Num	ber:
City Garden City	State ZIP South Carolina 295	Code 76	Company N	IAIC Number
and a second	NG ELEVATION INFORMAT			
	nstruction Drawings* Buil when construction of the buildi on BFE), VE, V1–V30, V (with B	ding Under Constru ng is complete. FE), AR, AR/A, AR/ in Item A7. In Puert	AE, AR/A1-	Finished Construction A30, AR/AH, AR/AO. enter meters.
Indicate elevation datum used for the elevation	ons in items a) through h) belo	w.		
X NGVD 1929 NAVD 1988				
Datum used for building elevations must be t	he same as that used for the E	IFE.	Check th	he measurement used.
a) Top of bottom floor (including basement,	crawlspace, or enclosure floor)		9.30 🗙	feet meters
b) Top of the next higher floor			22.60 ×	feet meters
o) Bottom of the lowest horizontal structural	member (V Zones only)		21.10 ×	feet meters
d) Attached garage (top of slab)			N/A 🗙	feet inters
<ul> <li>e) Lowest elevation of machinery or equipm (Describe type of equipment and location)</li> </ul>	ent servicing the building in Comments)		<u>21.80</u> 🗙	
f) Lowest adjacent (finished) grade next to l	building (LAG)		8.70 🗙	feet 🗌 meters
g) Highest adjacent (finished) grade next to	building (HAG)		8.80 ×	feet inters
<ul> <li>h) Lowest adjacent grade at lowest elevation structural support</li> </ul>	n of deck or stairs, including	<u></u>	9.30 ×	feet 🗌 meters
SECTION D - SURV	EYOR, ENGINEER, OR ARC	HITECT CERTIFI	CATION	
This certification is to be signed and sealed by a l I certify that the information on this Certificate rep statement may be punishable by fine or imprison	resents my best efforts to inter ment under 18 U.S. Code, Sec	pret the data availa tion 1001.	ble. I unders	tand that any false
Were latitude and longitude in Section A provided		XYes LINo	Chec	k here if attachments.
Certifier's Name Ray R. Eshelman	License Number 22753			Inninning,
Title PLS			11/1	NEYOR 4
Company Name	/		TH H	Rent Hol
Palmetto Corp of Conway, Inc. Address	/		- ET	E STATE
643 Hwy 701 S			110	
City Loris	State South Carolina	ZIP Code 29569	115	Mannun unt
Signature	Date 10-31-2019	Telephone (843) 716-6021	Ext.	
Copy all pages of this Elevation Certificate and all at	tachments for (1) community of		agent/compar	iy, and (3) building owne
Comments (including type of equipment and locat A8. Enclosure for Elevator. C2(e). A/C Unit located at the middle right of the p				



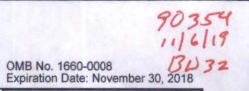
ELEVATION CERTIFICATE MPORTANT: In these spaces, copy the corresponding information from Sec auilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rou 220 S. Waccamaw Dr. Only State ZIP I Garden City South Carolina 2957 SECTION E – BUILDING ELEVATION INFORMATIO FOR ZONE AO AND ZONE A (WIT FOR ZONE AO AND ZONE A (WIT FOR ZONE AO AND ZONE A (WIT For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is int complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Or enter meters. E1. Provide elevation information for the following and check the appropriate box the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent flood openings provided in Section the next higher floor (elevation C2.b in the diagrams) of the building is E3. Attached garage (top of slab) is E4. Top of platform of machinery and/or equipment servicing the building is E5. Zone AO only: If no flood depth number is available, is the top of the bottom floodplain management ordinance? Yes No Unknown. The SECTION F – PROPERTY OWNER (OR OWNER'S REPF) The property owner or owner's authorized representative who completes Sections or property Owner or Owner's Authorized Representative's Name	tion A. FOR e and Box No. Policy Code Comp 6 Comp 6 FOR N (SURVEY NOT REQU HOUT BFE) ended to support a LOMA theck the measurement un es to show whether the el check the meters check the meters	A or LOMR-F request, sed. In Puerto Rico only, levation is above or below above or below the HAG. above or below the LAG. pages 1–2 of Instructions), above or below the HAG. above or below the HAG. above or below the HAG. ce with the community's this information in Section G.
auilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rou         220 S. Waccamaw Dr.         Dry       State       ZIP (         Garden City       South Carolina       2957         SECTION E – BUILDING ELEVATION INFORMATIO FOR ZONE AO AND ZONE A (WIT         For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intomplete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Center meters.         E1. Provide elevation information for the following and check the appropriate box the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).       a)         a) Top of bottom floor (including basement, crawlspace, or enclosure) is	Image: and Box No.       Policy         Code       Comp         6       Comp         N (SURVEY NOT REQU         HOUT BFE)         ended to support a LOMA         check the measurement uses to show whether the el         feet       meters         ifeet       meters         ifeet       meters         ifeet       meters         ifoor elevated in accordan         local official must certify t	v Number: pany NAIC Number JIRED) A or LOMR-F request, sed. In Puerto Rico only, levation is above or below above or ☐ below the HAG. pages 1–2 of Instructions), above or ☐ below the HAG. above or ☐ below the HAG. above or ☐ below the HAG. above or ☐ below the HAG. below the HAG. below the HAG. below the HAG. below the HAG. below the HAG.
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community-issued BFE) or Zone AO must sign here. The statements in Sections		
Property Owner or Owner's Authorized Representative's Name	A, B, and E for Zone A (A A, B, and E are correct to	without a FEMA-issued or the best of my knowledge.
	2.53	
Address City	State	ZIP Code
Signature Date	Telephon	e
Comments		

Check here if attachments. Form Page 3 of 6



ELEVATION CERTIFICATE			OMB No. 1660-0008 Expiration Date: November 30, 2018
IMPORTANT: In these spaces, copy the co			FOR INSURANCE COMPANY US
Building Street Address (including Apt., Unit, 220 S. Waccamaw Dr.	Suite, and/or Bldg. No.) or P	P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
Garden City	South Carolina	29576	
SECT	TION G - COMMUNITY INFO	ORMATION (OPTIONAL	L)
The local official who is authorized by law or Sections A, B, C (or E), and G of this Elevati used in Items G8–G10. In Puerto Rico only,	on Certificate. Complete the	community's floodplain r applicable item(s) and s	management ordinance can complete ign below. Check the measurement
	rized by law to certify elevati		and sealed by a licensed surveyor, the source and date of the elevation
G2. A community official completed Se or Zone AO.	ction E for a building located	I in Zone A (without a FE	MA-issued or community-issued BFE)
G3. The following information (Items G	4–G10) is provided for comn	nunity floodplain manage	ement purposes.
G4. Permit Number	G5. Date Permit Issued	G6	<ul> <li>Date Certificate of Compliance/Occupancy Issued</li> </ul>
<ul> <li>G7. This permit has been issued for:</li> <li>G8. Elevation of as-built lowest floor (includ of the building:</li> <li>G9. BFE or (in Zone AO) depth of flooding a G10. Community's design flood elevation:</li> </ul>		fe	eet in meters Datum eet in meters Datum eet in meters Datum
Local Official's Name	Т	ïtle	
Community Name	Т	elephone	
Signature	D	ate	
		martine - 1998	
Comments (including type of equipment and	location, per C2(e), if applica	ible)	

Check here if attachments.



## **ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS** 

See Instructions for Item A6.

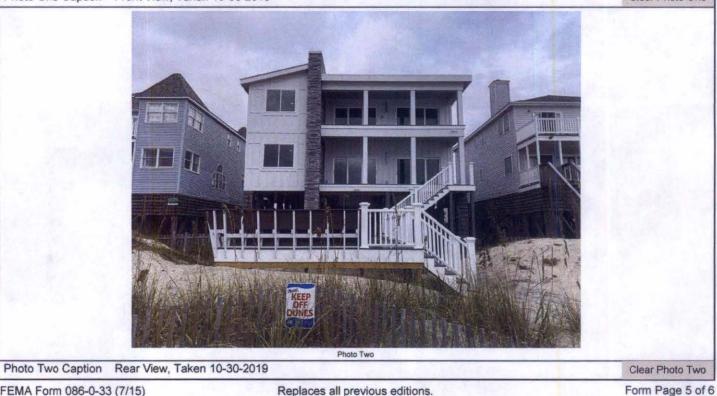
IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including 220 S. Waccamaw Dr.	Apt., Unit, Suite, and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
Garden City	South Carolina	29576	

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.



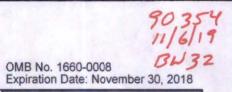
Photo One Caption Front View, Taken 10-30-2019

Clear Photo One



FEMA Form 086-0-33 (7/15)

Replaces all previous editions.



## **ELEVATION CERTIFICATE**

## **BUILDING PHOTOGRAPHS Continuation Page**

IMPORTANT: In these spaces, o	FOR INSURANCE COMPANY USE		
Building Street Address (including 220 S. Waccamaw Dr.	g Apt., Unit, Suite, and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
Garden City	South Carolina	29576	

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 Left View, Taken 10-30-2019

Photo Four

Photo Four Caption Right View, Taken 10-30-2019

FEMA Form 086-0-33 (7/15)

Replaces all previous editions.

**Clear Photo Four** Form Page 6 of 6

Clear Photo Three