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

2-22-21 VK35

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

111168

ELEVA	TION	CERTI	FICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for	r (1) community off	icial, (2) insurance	agent/company, and (3) building owne	
SECTION A – PROPERTY INFORMATION			FOR INSURANCE COMPANY US	
A1. Building Owner's Name Po ROWE VENTURES Po			Policy Number:	
 A2. Building Street Address (including Apt., Unit, Suite, and/or Box No. 325 HARBOUR VIEW DRIVE 	r Bldg. No.) or P.C). Route and .	Company NAIC Number:	
City MYRTLE BEACH	State South Carolin	a	ZIP Code 29579	
A3. Property Description (Lot and Block Numbers, Tax Parcel LOT 97 BOARDWALK ON THE WATERWAY (PIN 426-15-02-	Control Andrews and Constraint Controls	escription, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition,	Accessory, etc.)	RESIDENTIAL		
	3°56'12.9981"W	•0. 	m: 🗌 NAD 1927 🔀 NAD 1983	
A6. Attach at least 2 photographs of the building if the CertificaA7. Building Diagram Number 1A	ate is being used t	to obtain flood insui	ance.	
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 attached ga c) Total net area of flood openings in A9.b d) Engineered flood openings? Yes X No SECTION B – FLOOD INSURAL B1. NFIP Community Name & Community Number	N/A sq in NCE RATE MAP B2. County Name	REV. 02/19/20	21 ATION B3. State	
Ny,	HORRY		South Carolina	
Number Date Effect Revi	ctive/ Zon ised Date	e(s) (.	Base Flood Elevation(s) Zone AO, use Base Flood Depth)	
45051C0679 H 09-17-2003 08-23-19	999 AE	7		
B10. Indicate the source of the Base Flood Elevation (BFE) date FIS Profile X FIRM Community Determined		epth entered in Iten	n B9:	
B11. Indicate elevation datum used for BFE in Item B9: X NG	GVD 1929 🗌 N/	AVD 1988 🔲 Of	her/Source:	
B12. Is the building located in a Coastal Barrier Resources Sys	stem (CBRS) area	or Otherwise Prote	ected Area (OPA)? 🗌 Yes 💢 No	
Designation Date: CBRS [OPA			
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nstructions on pages 1

2-22-21-VK 35	
	OMB No.

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MB No.	1660-0	0008		
xpiration	Date:	November	30,	202
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ELEVATION CERTIFICATE				MB No. 1660- xpiration Date:	November 30, 2022
MPORTANT: In these spaces, copy t	he corresponding information	n from Section A.	1	OR INSURAN	CE COMPANY US
Building Street Address (including Apt. 325 HARBOUR VIEW DRIVE	, Unit, Suite, and/or Bldg. No.) o	or P.O. Route and Be	ox No. I	Policy Number:	
City MYRTLE BEACH	State	ZIP Code	(Company NAIC	Number
	South Carolina BUILDING ELEVATION INF	29579 ORMATION (SUR)	EY NOT R	EQUIRED)	
For Zones AO and A (without BFE), co complete Sections A, B,and C. For Iten		ificate is intended to	support a L		
enter meters. 1. Provide elevation information for the the highest adjacent grade (HAG)			w whether t	he elevation is	above or below
 Top of bottom floor (including b crawlspace, or enclosure) is 	asement,	feet	meters	above or	below the HAG
b) Top of bottom floor (including b crawlspace, or enclosure) is	asement,	feet	meters	above or	below the LAG.
 For Building Diagrams 6–9 with pe the next higher floor (elevation C2) 		ed in Section A Item	s 8 and/or 9	(see pages 1-	2 of Instructions),
the diagrams) of the building is		feet	meters	above or	below the HAG.
E3. Attached garage (top of slab) is		feet	meters	above or	below the HAG.
 Top of platform of machinery and/o servicing the building is 	or equipment	feet	meters	above or	below the HAG.
 Zone AO only: If no flood depth nu floodplain management ordinance 		he bottom floor elev nown. The local offi	ated in acco	ordance with the	e community's
SECTION F - P	ROPERTY OWNER (OR OWN	ER'S REPRESENT	ATIVE) CER	TIFICATION	
The property owner or owner's authoriz community-issued BFE) or Zone AO m	ust sign here. The statements in	es Sections A, B, an n Sections A, B, and	d E for Zone E are corre	e A (without a F ct to the best o	EMA-issued or f my knowledge.
Property Owner or Owner's Authorized	Representative's Name				
Address		City	Stat	е	ZIP Code
Signature		Date	Tele	phone	
Comments					
				Check I	nere if attachments.
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ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS 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 A 325 HARBOUR VIEW DRIVE	pt., Unit, Suite, and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number:	
City	State	ZIP Code	Company NAIC Number	
MYRTLE BEACH	South Carolina	29579		

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.

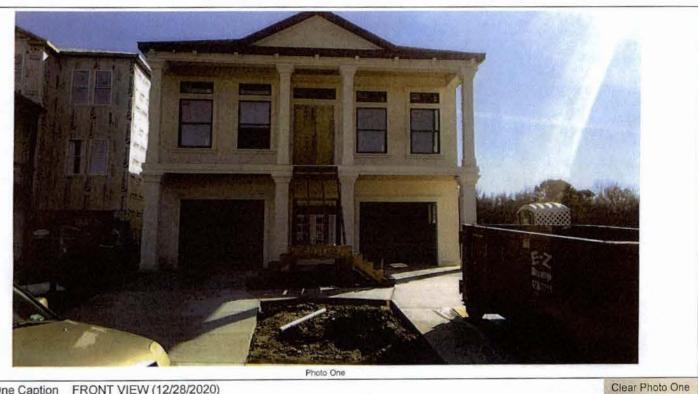
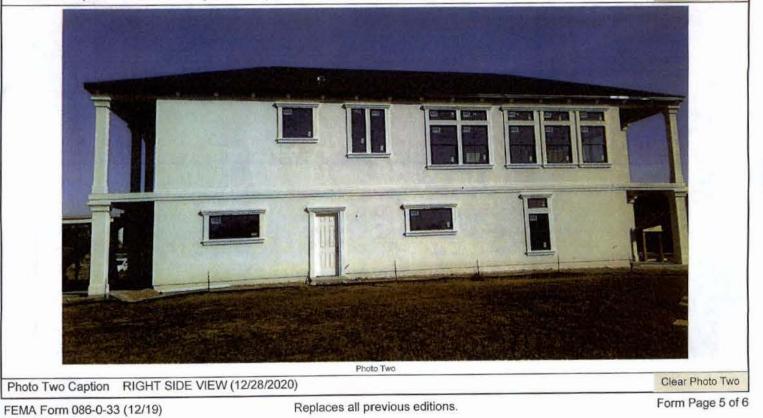


Photo One Caption FRONT VIEW (12/28/2020)



ELEVATION CERTIFICATE			OMB No. 1660-0008 Expiration Date: November 30, 2022		
MPORTANT: In these spaces, copy the	corresponding information from	Section A.	FOR INSU	IRANCE COMPANY U	
Building Street Address (including Apt., U 325 HARBOUR VIEW DRIVE	nit, Suite, and/or Bldg. No.) or P.O.	Route and Box No.	Policy Nur	nber:	
CityStateZIP CodeMYRTLE BEACHSouth Carolina29579				Company NAIC Number	
SECTION C -	BUILDING ELEVATION INFORM	MATION (SURVEY R	EQUIRED)		
C1. Building elevations are based on:	Construction Drawings*	Building Under Constr	uction* 🛛] Finished Construction	
*A new Elevation Certificate will be	required when construction of the b	uilding is complete.	1.	T .4	
	rding to the building diagram specif	ied in Item A7. In Puer	/AE, AR/A1- to Rico only,	-A30, AR/AH, AR/AO. enter meters.	
Benchmark Utilized: SCVRS		um: NGVD 29			
Indicate elevation datum used for th	24 274 CTURE CLARK TWO CO.	below.			
NGVD 1929 🗌 NAVD 1		DA DEE			
Datum used for building elevations r	nust be the same as that used for th	IE DFE.	Check	the measurement used	
a) Top of bottom floor (including ba	sement, crawlspace, or enclosure fl	oor)	20.4 ×	feet imeters	
b) Top of the next higher floor			30.0 ×	feet 🗌 meters	
c) Bottom of the lowest horizontal s	tructural member (V Zones only)		N/A	feet imeters	
d) Attached garage (top of slab)			19.9 🗙	feet imeters	
 e) Lowest elevation of machinery o (Describe type of equipment and 	r equipment servicing the building location in Comments)		21.7 🗙	feet 🗌 meters	
f) Lowest adjacent (finished) grade			17.9 🗙	feet imeters	
	4.8.0		19.5 X	feet	
h) Lowest adjacent grade at lowest		9	N/A	feet	
structural support					
This certification is to be signed and seal	- SURVEYOR, ENGINEER, OR			fu alguation information	
certify that the information on this Certif	icate represents my best efforts to I	nterpret the data availa	y law to certi able. I unders	stand that any false	
certify that the information on this Certif statement may be punishable by fine or i	icate represents my best efforts to i mprisonment under 18 U.S. Code, S	nterpret the data availa Section 1001.	able. I unders	stand that any faise	
certify that the information on this Certify statement may be punishable by fine or i Were latitude and longitude in Section A	icate represents my best efforts to i mprisonment under 18 U.S. Code, S	nterpret the data availa Section 1001.	able. I unders	ck here if attachments.	
certify that the information on this Certif statement may be punishable by fine or i Vere latitude and longitude in Section A Certifier's Name	icate represents my best efforts to i mprisonment under 18 U.S. Code, provided by a licensed land surveyo	nterpret the data availa Section 1001.	able. I unders	ck here if attachments.	
certify that the information on this Certify tatement may be punishable by fine or i Vere latitude and longitude in Section A Certifier's Name MICHAEL S. CULLER, III Fitle	icate represents my best efforts to i mprisonment under 18 U.S. Code, s provided by a licensed land surveyo License Number	nterpret the data availa Section 1001.	able. I unders	ck here if attachments.	
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Certify that the information on this Certify statement may be punishable by fine or i Were latitude and longitude in Section A Certifier's Name MICHAEL S. CULLER, III Fitle PRESIDENT Company Name CULLER LAND SURVEYING III, INC Address 1010 5TH AVE NW EXT.	icate represents my best efforts to i mprisonment under 18 U.S. Code, s provided by a licensed land surveyo License Number	nterpret the data availa Section 1001.	able. I unders	stand that any faise	
certify that the information on this Certify tatement may be punishable by fine or in Vere latitude and longitude in Section A Certifier's Name AICHAEL S. CULLER, III Title PRESIDENT Company Name CULLER LAND SURVEYING III, INC Address 010 5TH AVE NW EXT. City SURFSIDE BEACH	icate represents my best efforts to i mprisonment under 18 U.S. Code, s provided by a licensed land surveyo License Number 29114 State South Carolina Date 12-31-2020	ZIP Code 29575 Telephone (843) 238-2333	Ext.	Place Mun I Place Mun I Seal Here	
certify that the information on this Certify statement may be punishable by fine or i Nere latitude and longitude in Section A Certifier's Name AICHAEL S. CULLER, III Fitle PRESIDENT Company Name CULLER LAND SURVEYING III, INC Address 010 5TH AVE NW EXT. City SURFSIDE BEACH	icate represents my best efforts to i mprisonment under 18 U.S. Code, s provided by a licensed land surveyo License Number 29114 State South Carolina Date 12-31-2020	ZIP Code 29575 Telephone (843) 238-2333	Ext.	Place Man I Place Man I Saal Here	
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Certify that the information on this Certify statement may be punishable by fine or i Were latitude and longitude in Section A Certifier's Name MICHAEL S. CULLER, III Title PRESIDENT Company Name CULLER LAND SURVEYING III, INC Address 1010 5TH AVE NW EXT Coty SURFSIBE BEACH Signature CULER LAND Copy all pages of this Elevation Certificate Comments (including type of equipment a	icate represents my best efforts to i mprisonment under 18 U.S. Code, s provided by a licensed land surveyo License Number 29114 State South Carolina Date 12-31-2020 and all attachments for (1) communit and location, per C2(e), if applicable	ZIP Code 29575 Telephone (843) 238-2333 y official, (2) insurance	Ext.	Place Man I Place Man I Saal Here	
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ELEVATION CERTIFICATE	OMB No. 1660-0008 Expiration Date: November \$0, 2022		
IMPORTANT: In these spaces, copy the corn	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, S 325 HARBOUR VIEW DRIVE	uite, and/or Bldg. No.) or P	P.O. Route and Box No	
City MYRTLE BEACH	State South Carolina	ZIP Code 29579	Company NAIC Number
SECTIO	ON G - COMMUNITY INFO	ORMATION (OPTION	AL)
engineer, or architect who is authoriz	Certificate. Complete the ter meters. en from other documentati	applicable item(s) and ion that has been signe	a management ordinance can complete sign below. Check the measurement ed and sealed by a licensed surveyor, te the source and date of the elevation
G2. A community official completed Section or Zone AO.	on E for a building located	in Zone A (without a F	EMA-issued or community-issued BFE)
G3. The following information (Items G4-	G10) is provided for comm	nunity floodplain mana	gement purposes.
G4. Permit Number	G5. Date Permit Issued	G	 Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:] New Construction 🔲 Su	ibstantial Improvement	1
G8. Elevation of as-built lowest floor (including of the building:	g basement)	🗆	feet 🔲 meters Datum
G9. BFE or (in Zone AO) depth of flooding at t	the building site:	□	feet 🗌 meters Datum
G10. Community's design flood elevation:	-		feet 🗌 meters Datum
Local Official's Name	Ti	itle	
Community Name	T	elephone	
Signature	D	ate	
Comments (including type of equipment and loo	cation, per C2(e), if applica	ble)	
			Check here if attachments.
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BUILDING PHOTOGRAPHS
Continuation Page

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City MYRTLE BEACH	State South Carolina	ZIP Code 29579	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.

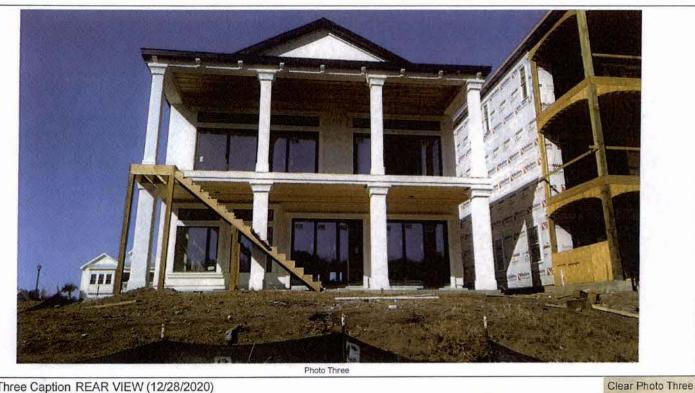
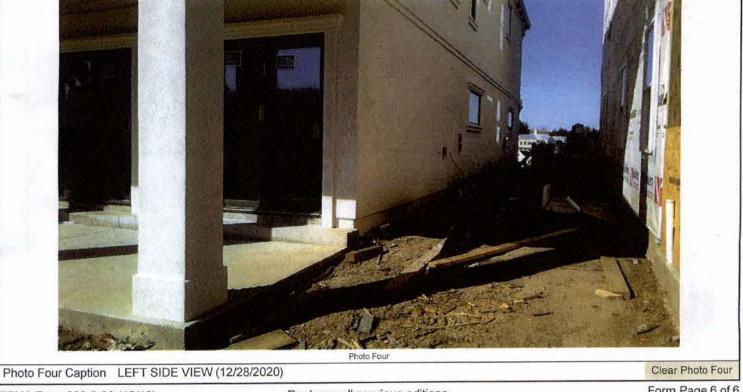


Photo Three Caption REAR VIEW (12/28/2020)



FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

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