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

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

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ELEVATION CERTIFICAT Important: Follow the instructions on pages 1–9.

	FOR INSURANCE COMPANY US		
A1. Building Owner			Policy Number:
A2. Building Street / Box No. 3243 GERVAIS LAN		Init, Suite, and/or Bldg. No.) or P.O. Route	and Company NAIC Number:
City MYRTLE BEACI	4	State South Carolina	ZIP Code 29588
	otion (Lot and Block Numl S (PIN 457-11-030-107)	bers, Tax Parcel Number, Legal Description	n, etc.)
4. Building Use (e.	g., Residential, Non-Resid	dential, Addition, Accessory, etc.)RESI	DENTIAL
 6. Attach at least 2 7. Building Diagram 8. For a building window a) Square foota b) Number of period 	n Number <u>1B</u> th a crawlspace or enclos ge of crawlspace or enclo	ing if the Certificate is being used to obtain sure(s):	
 d) Engineered fl 9. For a building with a) Square footage b) Number of performance 	h an attached garage: ge of attached garage rmanent flood openings in of flood openings in A9.b	S \times No 0 sq ft in the attached garage within 1.0 foot above O 0 sq in S \times No	e adjacent grade0
 d) Engineered fl 49. For a building with a) Square footage b) Number of peece c) Total net area 	ood openings? Yes h an attached garage: ge of attached garage rmanent flood openings in of flood openings in A9.b ood openings? Yes	$\overline{0}$ sq ft n the attached garage within 1.0 foot above $\overline{0}$ $\overline{0}$ sq in $\overline{0}$ No REV. 10/	e adjacent grade 0
 d) Engineered fl A9. For a building with a) Square footage b) Number of period c) Total net areased d) Engineered fl 	bood openings? Yes h an attached garage:	s INO sq ft n the attached garage within 1.0 foot above 0 0 sq in s INO REV. 10/ COOD INSURANCE RATE MAP (FIRM)	e adjacent grade 0
 d) Engineered fl 9. For a building with a) Square footage b) Number of period c) Total net aread d) Engineered fl 1. NFIP Community ORRY COUNTY 45 Map/Panel Number 	bood openings? Yes h an attached garage:	0 sq ft n the attached garage within 1.0 foot above 0 0 sq in s ⊠ No REV. 10/ COOD INSURANCE RATE MAP (FIRM) nber B2. County Name HORRY	e adjacent grade 0 16/2017 INFORMATION B3. State
 d) Engineered fi 9. For a building with a) Square footage b) Number of period c) Total net area d) Engineered fi <lid) engineered="" fi<="" li=""> <li< td=""><td>bood openings? ☐ Yes th an attached garage: </td><td>s ⊠ No 0 sq ft n the attached garage within 1.0 foot above 0 0 sq in s ⊠ No REV. 10/ CODD INSURANCE RATE MAP (FIRM) nber B2. County Name HORRY ndex B7. FIRM Panel Effective/ Revised Date B8. Flo</td><td>e adjacent grade 0 16/2017 INFORMATION B3. State South Carolina nod Zone(s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 23 ered in Item B9:</td></li<></lid)>	bood openings? ☐ Yes th an attached garage:	s ⊠ No 0 sq ft n the attached garage within 1.0 foot above 0 0 sq in s ⊠ No REV. 10/ CODD INSURANCE RATE MAP (FIRM) nber B2. County Name HORRY ndex B7. FIRM Panel Effective/ Revised Date B8. Flo	e adjacent grade 0 16/2017 INFORMATION B3. State South Carolina nod Zone(s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 23 ered in Item B9:

MPORTANT: In these spaces conv the c	PORTANT: In these spaces, copy the corresponding information from Section A.					
	ilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			COMPANY US		
3243 GERVAIS LANE			Policy Number:	J.		
City	State	ZIP Code	Company NAIC Nu	mber		
MYRTLE BEACH	South Carolina	South Carolina 29588		and the second		
SECTION C - E	BUILDING ELEVATION INFO	RMATION (SURVEY R				
C1. Building elevations are based on:	Construction Drawings* [Building Under Constr	uction* 🔀 Finished	Construction		
*A new Elevation Certificate will be re	quired when construction of the	building is complete.	C			
C2. Elevations – Zones A1–A30, AE, AH, Complete Items C2.a–h below accord						
Benchmark Utilized: SCVRS		Datum: NGVD 29				
Indicate elevation datum used for the	elevations in items a) through h	n) below.	R. C.			
X NGVD 1929 NAVD 198	38 Other/Source:					
Datum used for building elevations m	ust be the same as that used fo	or the BFE.	Check the meas	uromont upod		
a) Tap of bottom floor (including bag	amont orgulandos or analogur	e floor) 24, 1	1/			
a) Top of bottom floor (including base	ement, crawispace, or enclosur	N/A	Feet [meters		
b) Top of the next higher floor			X feet [meters		
c) Bottom of the lowest horizontal str	uctural member (V Zones only)		X feet	meters		
d) Attached garage (top of slab)		<u>N/A</u> .	X feet [meters		
 e) Lowest elevation of machinery or (Describe type of equipment and I 	equipment servicing the buildin ocation in Comments)		X feet [meters		
f) Lowest adjacent (finished) grade r	next to building (LAG)	22. 1	🚬 🗙 feet [meters		
g) Highest adjacent (finished) grade	next to building (HAG)	23.4	X feet [meters		
 h) Lowest adjacent grade at lowest e structural support 	levation of deck or stairs, inclue	ding <u>N/A</u> .	X feet [meters		
SECTION D -	SURVEYOR, ENGINEER, O	R ARCHITECT CERTIF	ICATION	1		
This certification is to be signed and seale				on information		
I certify that the information on this Certific statement may be punishable by fine or in	eate represents my best efforts aprisonment under 18 U.S. Cod	to interpret the data avail le, Section 1001.	able. I understand tha			
Were latitude and longitude in Section A p	rovided by a licensed land surv	reyor? XYes No	Check here i	f attachments.		
Certifier's Name	License Numb	er				
MICHAEL S. CULLER, III	29114			K		
Title PRESIDENT				A Ann		
		V	Place	a ()		
Company Name CULLER LAND SURVEYING III, INC			Sea			
Address			Here	9		
1010 5TH AVE NW EXT.			her			
City SURFSIDE BEACH	State South Carolina	ZIP Code 29575	Ma			
	Date	Telephone	F			
Signature CULIER LAND	08/29/2017	(843) 238-2333				
Copy al Deges of this Elevation Sertificate a	nd all attachments for (1) comm	unity official. (2) insurance	agent/company, and (3) building own		
Comments (including type of equipment ar						
ITEM C2-ERFEBBISHO, REOOR LEVEL (OF HVAC SYSTEM	ible)				

ELEVATION CERTIFICATE			OMB No. 1660- Expiration Date	0008 November 30, 2018
MPORTANT: In these spaces, copy	FOR INSURANCE COMPANY US			
Building Street Address (including Apt 3243 GERVAIS LANE	., Unit, Suite, and/or Bldg. No.) or P.C	D. Route and Box No.	Policy Number	:
City MYRTLE BEACH	State South Carolina	ZIP Code 29588	Company NAIC	Number
SECTION E	- BUILDING ELEVATION INFORM FOR ZONE AO AND ZONE A	ATION (SURVEY N (WITHOUT BFE)	OT REQUIRED)	
For Zones AO and A (without BFE), co complete Sections A, B,and C. For Ite enter meters.	omplete Items E1–E5. If the Certificat ms E1–E4, use natural grade, if avail	e is intended to suppo able. Check the meas	ort a LOMA or LOMF surement used. In Pu	R-F request, uerto Rico only,
 E1. Provide elevation information for the highest adjacent grade (HAG) a) Top of bottom floor (including crawlspace, or enclosure) is 	and the lowest adjacent grade (LAG).	ether the elevation is	
b) Top of bottom floor (including crawlspace, or enclosure) is	basement,		eters above or	
E2. For Building Diagrams 6-9 with p the next higher floor (elevation C2 the diagrams) of the building is	ermanent flood openings provided in 2.b in			2 of Instructions),
E3. Attached garage (top of slab) is	<u></u>	feet 🗌 m	eters above or	below the HAG.
E4. Top of platform of machinery and servicing the building is	/or equipment	[feet [] m	eters 🗌 above or	below the HAG.
E5. Zone AO only: If no flood depth no floodplain management ordinance	umber is available, is the top of the bo ?	ottom floor elevated in The local official mu	accordance with th ust certify this inform	e community's lation in Section G.
SECTION F - F	ROPERTY OWNER (OR OWNER'S	REPRESENTATIVE	CERTIFICATION	
The property owner or owner's authoric community-issued BFE) or Zone AO me Property Owner or Owner's Authorized	nust sign here. The statements in Sec	ections A, B, and E for tions A, B, and E are	r Zone A (without a l correct to the best o	EMA-issued or f my knowledge.
Address	City		State	ZIP Code
Signature	Date)	Telephone	
Comments				
				-

MPORTANT: In these spa	FOR INSURANCE COMPANY US Policy Number:			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.				
3243 GERVAIS LANE				1
City MYRTLE BEACH	V	State ZIP Code South Carolina 29588		Company NAIC Number
Artes Alternation	SECTIO	ON G - COMMUNITY INFORMATION (OPTIONAL)	
Sections A, B, C (or E), and used in Items G8–G10. In I	d G of this Elevation Puerto Rico only, en	rdinance to administer the community's to a Certificate. Complete the applicable itenter meters. Seen from other documentation that has b	m(s) and sign	below. Check the measurement
data in the Comn	nents area below.)	ted by law to certify elevation information		
or Zone AO.		-G10) is provided for community floodpla		
34. Permit Number		G5. Date Permit Issued		Pate Certificate of compliance/Occupancy Issued
	depth of flooding at	g basement)	feet	meters Datum
of the building: 39. BFE or (in Zone AO) 310. Community's design t Local Official's Name	depth of flooding at	the building site:	feet	meters Datum
of the building: G9. BFE or (in Zone AO) G10. Community's design f	depth of flooding at	the building site:	feet	meters Datum
of the building: 39. BFE or (in Zone AO) 310. Community's design t Local Official's Name	depth of flooding at	the building site:	feet	meters Datum
of the building: 39. BFE or (in Zone AO) 310. Community's design t cocal Official's Name Community Name Signature	depth of flooding at	the building site:	feet	meters Datum
of the building: 39. BFE or (in Zone AO) 310. Community's design t cocal Official's Name Community Name Signature	depth of flooding at	the building site: Title Telephone Date	feet	meters Datum
of the building: 39. BFE or (in Zone AO) 310. Community's design t cocal Official's Name Community Name Signature	depth of flooding at	the building site: Title Telephone Date	feet	meters Datum
of the building: G9. BFE or (in Zone AO) G10. Community's design t Local Official's Name Community Name Signature	depth of flooding at	the building site: Title Telephone Date	feet	meters Datum
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of the building: G9. BFE or (in Zone AO) G10. Community's design t Local Official's Name Community Name Signature	depth of flooding at	the building site: Title Telephone Date	feet	meters Datum

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A 3243 GERVAIS LANE	Policy Number:		
City MYRTLE BEACH	State South Carolina	ZIP Code 29588	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.

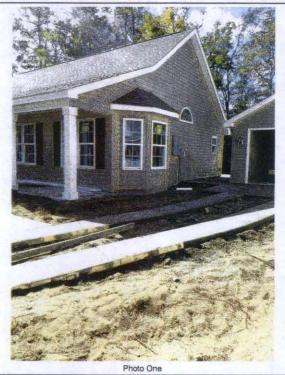


Photo One Caption RIGHT SIDE VIEW (10/05/2017)

ELEVATION CERTIFICATE



Photo Two Caption REAR VIEW (10/05/2017)

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS Continuation Page

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

10. 1101011001 00, 2010	
FOR INSURANCE COMPANY USE Policy 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 One Caption LEFT SIDE VIEW (10/05/2017)

Photo Two

Photo Two