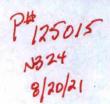
Horry County Government

Code Enforcement Department www.horrycounty.org



Horry County Government & Justice Center 1301 Second Avenue / Suite 1D09 Conway, South Carolina 29526 Phone 843.915.5090 || Fax 843.915.6090



MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION

n accordance with this community's participation in the National Flood Insurance Program's Community Rating System, all FEMA Elevation Certificates must be correct and complete. The attached Certificate has some incorrect tems which are noted here.

| | SECTION | N A - PROPERTY INFO | RMATION | For Insurance Company Use: |
|--|---|--|--|--|
| A1. Building Owner's Name | | | | Policy Number |
| A2. Building Street Address (i | ncluding Apt., Unit, Suite, and/or Bldg. | No.) or P.O. Route and Bo | x No. | Company NAIC Number |
| City State | ZIP Code | | | |
| | - d Direct No. 1 - 1 - To Do - 1 No. 1 | 10 10 11 | | |
| A3. Property Description (Lot | and Block Numbers, Tax Parcel Numb | per, Legal Description, etc.) | | |
| A5. Latitude/Longitude: LatA6. Attach at least 2 photograA7. Building Diagram Number | phs of the building if the Certificate is | being used to obtain flood | nsurance. | : NAD 1927 NAD 1983 |
| | /l-space or-enclosure(s), provide | | ra building with an atta | |
| b) No. of permanent floo | awl space or enclosure(s) d openings in the crawl space or hin 1.0 foot above adjacent grade d openings in A8.b | b) | No. of permanent floor walls within 1.0 foot all Total net area of flood | d openings in the attached garage bove adjacent grade |
| d) Engineered flood ope | nings? | d) | Engineered flood ope | nings? Yes No |
| | SECTION B - FLOOD INS | URANCE RATE MAP (| FIRM) INFORMATIO | N |
| B1. NFIP Community Name & | Community Number B2 | . County Name | 22.5 | B3. State |
| FIS Profile | | ed Other (Description of Description | ibe) Other/Source:otected Area (OPA)? | B9. Base Flood Elevation(s) (Z AO, use base flood depth) |
| | SECTION C - BUILDING ELI | EVATION INFORMATION | N (SURVEY REQUI | RED) |
| 2. Elevations – Zones A1-A30 Items C2.a-h below accordi Benchmark Utilized Indicate elevation datum us | will be required when construction of , AE, AH, A (with BFE), VE, V1-V30, Now to the building diagram specified in | the building is complete. V (with BFE), AR, AR/A, AR I Item A7. Vertical Datum gh h) below. NGVD 19 | | |
| ate of Review: | 20/21 | ommunity Official: | 11 11 | |

125015

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

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

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.

| | SEC | TION A - PROPERTY | Y INFORM | MATION | | FOR INSUF | RANCE COMPANY USE |
|--|---|---|------------|-----------------------------------|----------------------|----------------------------------|--|
| | A1. Building Owner's Name DR HORTON, INC. | | | | Policy Num | ber: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 470 MCALISTER DRIVE | | | | Company N | IAIC Number: | | |
| City | | | | State | | ZIP Code | |
| | | | | | 29566 | | |
| | | nd Block Numbers, Ta N #307-15-02-0038 | ax Parcel | Number, Leg | al Description, et | c.) | |
| A4. Building Use | (e.g., Resider | ntial, Non-Residential, | Addition, | Accessory, | etc.) RESIDEN | ITIAL | |
| A5. Latitude/Long | gi <mark>t</mark> ude: Lat. <u>3</u> | 3-53-26.56 | Long. 7 | 8-36-11.49 | Horizonta | I Datum: NAD | 1927 X NAD 1983 |
| A6. Attach at least | st 2 photograp | hs of the building if th | e Certific | ate is being u | sed to obtain floo | d insurance. | |
| A7 Building Diag | ram Number | 1B | | | | | |
| A8. For a building | with a crawls | space or enclosure(s): | | | | | |
| | | space or enclosure(s | | | N/A sq ft | | |
| | | | - | or onclosur | | above adjacent ar | ade N/A |
| | | ood openings in the cr | awispace | | | above adjacent gra | aue N/A |
| | | penings in A8.b | | N/A sq ir | | | |
| d) Engineere | ed flood opening | ngs? Yes 🗴 | No | | | | |
| A9. For a building | with an attach | ned garage: | | | | | |
| a) Square for | otage of attack | ned garage | | 432.00 sq ff | | | |
| | 1000 | ood openings in the a | | La Gallery | | acent grade N/A | |
| | 1 2 2 | 10 m | ttached g | Hich | | acent grade 14/A | |
| c) Total net a | irea of flood o | penings in A9.b | | N/A sq | in | | |
| d) Engineere | d flood openir | ngs? Yes 🗶 | No | | | | |
| | SI | ECTION B - FLOOD | INSURA | NCE RATE | MAP (FIRM) INF | ORMATION | t brails and a |
| B1. NFIP Commu | nity Name & 0 | Community Number | | B2. County | Name | | B3. State |
| HORRY 450104 | | | | HORRY | | | South Carolina |
| B4. Map/Panel Number | B5. Suffix | 66. FIRM Index Date | Effe | RM Panel ective/ vised Date | B8. Flood Zone(s) | B9. Base Flood E (Zone AO, us | Elevation(s) se Base Flood Depth) |
| 45051 0438 | н | 08-23-1999 | | | AE | 12 | |
| R10 Indicate the | course of th- | Base Flood Elevation | /DEE/ 4 | oto or here f | and don'th entered | Lin Itom PO: | No. of the last of |
| | | Community Deter | | | | an item by. | |
| | | | | | T. 70 | | - 15.73 |
| B11. Indicate ele | vation datum | used for BFE in Item I | B9: 🗷 N | GVD 1929 | ☐ NAVD 1988 | Other/Source: | |
| B12. Is the buildi | ng located in a | a Coastal Barrier Res | ources Sy | stem (CBRS |) area or Otherwis | se Protected Area (| OPA)? Yes X No |
| Designation | Date: | | CBRS | ☐ OPA | | | |
| | | | | | 200 | 61.1 | |
| Clare | | | | 3.54 | nes | 8/12/21 | A STATE OF THE PARTY OF THE PAR |

ELEVATION CERTIFICATE

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

| IMPORTANT: In these spaces, copy the corresponding | FOR INSURANCE COMPANY USE | | | | | |
|--|----------------------------|-----------------------------|--|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or 470 MCALISTER DRIVE | Policy Number: | | | | | |
| City State LITTLE RIVER Sou | Company NAIC Number | | | | | |
| SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | | | | | | |
| C1. Building elevations are based on: Construction | n Drawings* | Iding Under Constr | uction* Finished Construction | | | |
| *A new Elevation Certificate will be required when co | enstruction of the build | ing is complete. | | | | |
| C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. | | | | | | |
| Benchmark Utilized: SITE CONTROL | Vertical Datum | | | | | |
| Indicate elevation datum used for the elevations in ite | | ow. | | | | |
| ■ NGVD 1929 NAVD 1988 Other/S Datum used for building elevations must be the same | | REE | | | | |
| Datum used for building elevations must be the same | e as that used for the t | DI L. | Check the measurement used. | | | |
| a) Top of bottom floor (including basement, crawlsp | ace, or enclosure floor | r) | 23.8 x feet meters | | | |
| b) Top of the next higher floor | | | 34.1 x feet meters | | | |
| c) Bottom of the lowest horizontal structural membe | r (V Zones only) | | N/A feet meters | | | |
| d) Attached garage (top of slab) | | | 23.3 x feet meters | | | |
| e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com | ricing the building ments) | | 23.2 x feet meters | | | |
| f) Lowest adjacent (finished) grade next to building | (LAG) | | 22.4 x feet meters | | | |
| g) Highest adjacent (finished) grade next to building | (HAG) | | 23.2 x feet meters | | | |
| h) Lowest adjacent grade at lowest elevation of dec structural support | k or stairs, including | | N/A feet meters | | | |
| SECTION D - SURVEYOR, | ENGINEER, OR AR | CHITECT CERTIF | FICATION | | | |
| This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. | | | | | | |
| Were latitude and longitude in Section A provided by a lid | censed land surveyor? | Yes No | Check here if attachments. | | | |
| Certifier's Name MATTHEW D. SVEJKOVSKY | License Number 21233 | 17 | annum. | | | |
| Title SURVEY DEPARTMENT MANAGER | | | CAROUNTH CAROUNTE | | | |
| Company Name THOMAS & HUTTON | | | NO 21233 > | | | |
| Address 611 BURROUGHS & CHAPIN BLVD. SUITE 202 | | | 8/12/2021 0 SURVE 10 11 | | | |
| City MYRTLE BEACH | State South Carolina | ZIP Code 29577 | O. SVEJIM | | | |
| Signature NATO D & 16 | Date 08-12-2021 | Telephone (843) 839-8463 | Ext. | | | |
| Copy all pages of this Elevation Certificate and all attachme | ents for (1) community of | official, (2) insurance | agent/company, and (3) building owner. | | | |
| Comments (including type of equipment and location, per | r C2(e), if applicable) | | | | | |
| ELEVATIONS SHOWN ARE OF FINISHED CONSTRUCTIONS SHOWN | | SURVEY. THE LOW | VEST MACHINERY LOCATED ON | | | |
| | | | | | | |
| | | | | | | |

125015

ELEVATION CERTIFICATE

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

| IMPORTANT: In the | se spaces, copy the corresponding information fro | om Section A. | FOR INSUR | ANCE COMPANY USE |
|--|--|---|--------------------------------------|--------------------------------------|
| Building Street Addr 470 MCALISTER D | ess (including Apt., Unit, Suite, and/or Bldg. No.) or P. RIVE | O. Route and Box No. | Policy Number | er: |
| City | State | ZIP Code | Company NA | IC Number |
| LITTLE RIVER | South Carolina | 29566 | | |
| | SECTION E – BUILDING ELEVATION INFOR | MATION (SURVEY NO A (WITHOUT BFE) | OT REQUIRED) | |
| For Zones AO and A complete Sections A enter meters. | (without BFE), complete Items E1–E5. If the Certifica , B,and C. For Items E1–E4, use natural grade, if ava | te is intended to suppo ilable. Check the meas | rt a LOMA or LOI urement used. In | MR-F request, Puerto Rico only, |
| the highest adja | on information for the following and check the appropriacent grade (HAG) and the lowest adjacent grade (LAC) | ate boxes to show whe G). | ther the elevation | is above or below |
| | m floor (including basement, or enclosure) is | feet me | eters above | or below the HAG. |
| b) Top of botto | m floor (including basement, or enclosure) is | feet _ me | | or below the LAG. |
| F2 For Building Dis | agrams 6–9 with permanent flood openings provided in | Section A Items 8 and | for 9 (see pages | 1_2 of Instructions) |
| the next higher | floor (elevation C2.b in free building is | | The second second | or below the HAG. |
| E3. Attached garag | e (top of slab) is | feet _ me | eters above | or below the HAG. |
| E4. Top of platform servicing the bu | of machinery and/or equipment | feet me | eters above | or below the HAG. |
| E5. Zone AO only: | If no flood depth number is available, is the top of the agement ordinance? Yes No Unknow | pottom floor elevated in | accordance with | the community's |
| noodplan man | | | | |
| Biolina I | SECTION F - PROPERTY OWNER (OR OWNER' | S REPRESENTATIVE | CERTIFICATION | N |
| The property owner community-issued B | or owner's authorized representative who completes S FE) or Zone AO must sign here. The statements in Se | Sections A, B, and E for ections A, B, and E are | Zone A (without correct to the bes | a FEMA-issued or st of my knowledge. |
| Property Owner or C | Owner's Authorized Representative's Name | 4-2 | | |
| , repelly officer of | The state of the s | | | |
| Address | Cit | у | State | ZIP Code |
| Signature | Da | ite | Telephone | |
| | | | 1 2 112 | 24074 |
| Comments | | | | |
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| | A Company Company | | Chec | k here if attachments. |

ELEVATION CERTIFICATE

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

| MPORTANT: In these spaces, copy the cor | responding information from Section A. | FOR INSURANCE COMPANY USE |
|---|---|---|
| Building Street Address (including Apt., Unit, \$ 470 MCALISTER DRIVE | No. Policy Number: | |
| City | State ZIP Code | Company NAIC Number |
| LITTLE RIVER | and the second of the second | |
| SECT | ION G - COMMUNITY INFORMATION (OPTI | ONAL) |
| The local official who is authorized by law or o Sections A, B, C (or E), and G of this Elevatio used in Items G8–G10. In Puerto Rico only, e | ordinance to administer the community's flood on Certificate. Complete the applicable item(s) enter meters. | plain management ordinance can complete and sign below. Check the measurement |
| | aken from other documentation that has been sized by law to certify elevation information. (In | |
| G2. A community official completed Second Zone AO. | ction E for a building located in Zone A (withou | at a FEMA-issued or community-issued BFE) |
| G3. The following information (Items G4 | 4–G10) is provided for community floodplain m | nanagement purposes. |
| G4. Permit Number | G5. Date Permit Issued | G6. Date Certificate of Compliance/Occupancy Issued |
| G7. This permit has been issued for: | ☐ New Construction ☐ Substantial Improve | ment |
| S8. Elevation of as-built lowest floor (include of the building: | ing basement) | feet meters Datum |
| G9. BFE or (in Zone AO) depth of flooding a | at the building site: | feet meters Datum |
| G10. Community's design flood elevation: | - | feet meters Datum |
| Local Official's Name | Title | |
| Community Name | Telephone | |
| Signature | Date | |
| Comments (including type of equipment and | location, per C2(e), if applicable) | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 4200 |
| | | Check here if attachments. |

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

470 MCALISTER DRIVE

City State ZIP Code Company NAIC Number

LITTLE RIVER South Carolina 29566

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.

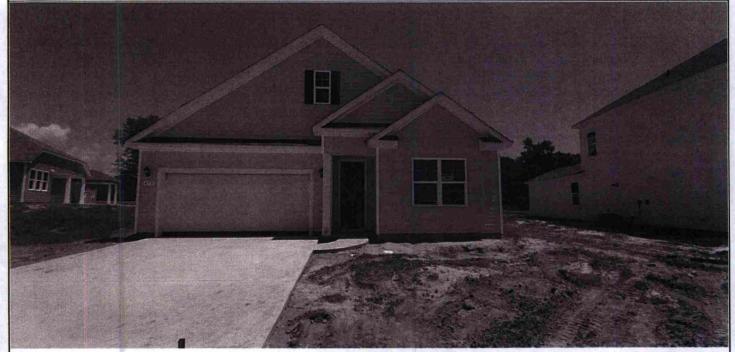


Photo One

Photo One Caption FRONT ELEVATION 8/11/2021 GARAGE ELEVATION 23.3' FFE: 23.8'

Clear Photo One



Photo Two Caption

REAR ELEVATION 8/11/2021

MS 8/12/21

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

| IMPORTANT: In these spaces, copy t | FOR INSURANCE COMPANY USE | | |
|--|---------------------------|----------|---------------------|
| Building Street Address (including Apt., 470 MCALISTER DRIVE | Policy Number: | | |
| City | State | ZIP Code | Company NAIC Number |
| LITTLE RIVER | South Carolina | 29566 | |

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.

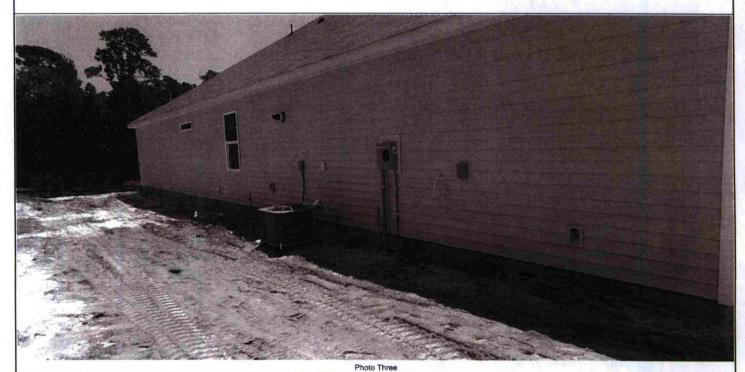


Photo Three Caption HEAT PUMP PAD ELEVATION 23.0' (LOWEST MACHINERY ON SITE)

Clear Photo Three

Photo Four

Photo Four

nus s/2/21