# U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

# National Flood Insurance Program ELEVATION CERTIFICATE

**IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15** 

Expiration: 11/30/2018

CECTION & PROPERTY INFORMATION				
SECTION A - PROPERTY INFORMATION		FOR IN:	URANCE COMPANY USE	
A1. Building Owner's Name MARSH WILLIAM O'DELL ETAL  A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and			Policy Number:	
			C	
1800 RIVERSIDE DRIVE		Company NAI Number:		
City CONWAY	State 5	SC SC	Zip Code 29,526	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Le			20,020	
	/			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory,	etc.)		,	
A5. Latitude/Longitude: Lat. 33-49-40.8 N Long. 79-00-29WH	lorizontal Datum:	ONAD 1927	ONAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being		•	G. W. D. 1999	
A7. Building Diagram Number 8	acca to obtain no			
A8. For a building with a crawlspace or enclosure(s):	A9 For a bu	ilding with an attac	hed garage.	
			50	
a) Square footage of crawlspace or enclosure(s) 2183 sq ft	12512505	otage of attached		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	in the atta	f permanent flood ched garage within acent grade		
c) Total net area of flood openings in A8.b 13492 sq ir	c) Total net a	area of flood opening	ngs in A9.b 1612 sq ir	
d) Engineered flood openings? OYes		ed flood openings?	OYes ONo	
SECTION B - FLOOD INSURANCE RA		100		
B1. NFIP Community Name & Community Number B2. Co	ounty Name		B3. State	
HORRY COUNTY 450104 HOR	ALL SANCES		SC	
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Fixed Reviser		88. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood	
45051C0509 H 9/17/2003 8/23/199	9	AE /	depth 13	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base fl		d in Item B9:	1000000	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood FIS Profile  Other/Source	lood depth entere	d in Item B9:		
OFIS Profile OFIBM OCommunity Determined Other/Source	lood depth entered			
OFIS Profile OFIRM OCommunity Determined Other/Source B11. Indicate elevation datum used for BFE in Item B9: ONGVD 1929	lood depth entered	Other/Source:	(OPA)? OYes ONO	
OFIS Profile OFIRM OCommunity Determined Other/Source B11. Indicate elevation datum used for BFE in Item B9: ONG/D 1929 (B12. Is the building located in a Coastal Barrier Resources System (CBRS)	lood depth entered	Other/Source:	(OPA)? OYes ONO	
OFIS Profile OFIRM OCommunity Determined Other/Source B11. Indicate elevation datum used for BFE in Item B9: ONGVD 1929 B12. Is the building located in a Coastal Barrier Resources System (CBRS Designation Date:	lood depth entered e: ONAVD 1988 ( S) area or Otherwi	Other/Source:		
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OFIS Profile OFIRM OCommunity Determined Other/Source B11. Indicate elevation datum used for BFE in Item B9: ONGVO 1929 (B12. Is the building located in a Coastal Barrier Resources System (CBRS) Designation Date: CBRS OPA  SECTION C - BUILDING ELEVATION INI C1. Building elevations are based on: OConstruction Drawings* OI A new Elevation Certificate will be required when construction of the build C2. Elevations: Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with Items C2.a-h below according to the building diagram specified in Item A7. Benchmark Utilized: GPS VRS Indicate elevation datum used for the elevations in items a) through h) below Other/Source:  Datum used for building elevations must be the same as that used for the lay Top of bottom floor (including basement, crawlspace, or enclosure floor)	FORMATION (SL Building Under Co ding is complete.  In BFE), AR, AR/A, In Puerto Rico o Vertical Datum: Ow. ONGVD 19  BFE. BFE. T)	Other/Source: se Protected Area  RVEY REQUIRED  INSTRUCTION*  AR/AE, AR/A1-A3  Inly, enter meters.  NAVD 1929	Check the measurement used	
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OFIS Profile OFIRM Ocommunity Determined Other/Source B11. Indicate elevation datum used for BFE in Item B9: ONGVO 1929 (B12. Is the building located in a Coastal Barrier Resources System (CBRS Designation Date: CBRS OPA  SECTION C - BUILDING ELEVATION INITIAL CO. Building elevations are based on: Oconstruction Drawings* OI A new Elevation Certificate will be required when construction of the building C2. Elevations: Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with Items C2.a-h below according to the building diagram specified in Item A7. Benchmark Utilized: GPS VRS  Indicate elevation datum used for the elevations in items a) through h) below Other/Source:  Datum used for building elevations must be the same as that used for the a) Top of bottom floor (including basement, crawlspace, or enclosure floor b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab)	FORMATION (SUBuilding Under Coding is complete. In BFE), AR, AR/A, In Puerto Rico of Vertical Datum:  BY ONGVD 19  BFE.  The Strip S	Other/Source: se Protected Area  IRVEY REQUIRED Onstruction*  AR/AE, AR/A1-A3 nly, enter meters.  NAVD 1929  29 ONAVD 198	Check the measurement used	
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OFIS Profile OFIRM OCommunity Determined Other/Source B11. Indicate elevation datum used for BFE in Item B9: ONGVO 1929 (B12. Is the building located in a Coastal Barrier Resources System (CBRS Designation Date: OPA  SECTION C - BUILDING ELEVATION INI  C1. Building elevations are based on: OConstruction Drawings* OI  A new Elevation Certificate will be required when construction of the building temporal construction of the building C2. Elevations: Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with Items C2.a-h below according to the building diagram specified in Item A7. Benchmark Utilized: GPS VRS  Indicate elevation datum used for the elevations in items a) through h) below Other/Source:  Datum used for building elevations must be the same as that used for the a) Top of bottom floor (including basement, crawlspace, or enclosure floor b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab)  e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)  f) Lowest adjacent (finished) grade next to building (LAG)	FORMATION (SUBuilding Under Coding is complete. In BFE), AR, AR/A, In Puerto Rico of Vertical Datum:  BFE.  NA  NA  NA  8  15	Other/Source: se Protected Area  RVEY REQUIRED onstruction*  AR/AE, AR/A1-A3 nly, enter meters. NAVD 1929  29 ONAVD 198  . 12 . 71 . 07 . 13	o)  Inished Construction  O, AR/AH, AR/AO. Complete  Check the measurement used  Infeet meters  Infeet meters	
OFIS Profile OFISM Community Determined Other/Source B11. Indicate elevation datum used for BFE in Item B9: ONGVD 1929 (B12. Is the building located in a Coastal Barrier Resources System (CBRS) Designation Date:  CBRS OPA  SECTION C - BUILDING ELEVATION INITIAL COMMUNICATION COMMUN	FORMATION (SUBuilding Under Coding is complete. In BFE), AR, AR/A, In Puerto Rico o Vertical Datum:  OWNER OF THE TOWN OF THE	Other/Source: se Protected Area  RVEY REQUIRED onstruction*  AR/AE, AR/A1-A3 nly, enter meters. NAVD 1929 29 ONAVD 198  . 12 . 71 . 07 . 13 . 58	Check the measurement used  feet meters	
B11. Indicate elevation datum used for BFE in Item B9:	FORMATION (SUBuilding Under Coding is complete. In BFE), AR, AR/A, In Puerto Rico o Vertical Datum:  OWNER OF THE TOWN OF THE	Other/Source: se Protected Area  RVEY REQUIRED onstruction*  AR/AE, AR/A1-A3 nly, enter meters. NAVD 1929  29 ONAVD 198  . 12 . 71 . 07 . 13	o)  Inished Construction  O, AR/AH, AR/AO. Complete  Check the measurement used  Infeet meters  Infeet meters	

### **ELEVATION CERTIFICATE**, page 3

OMB Control Number: 1660-0008

IMPORTANT: In these spaces, copy the cor	responding information from	Section A.	FOR INSURANCE COMPANY US
Building Street Address (including Apt., Unit, 9 1800 RIVERSIDE DRIVE	Suite, and/or Bldg. No.) or P.O.	Route and Box No.	Policy Number:
CONWAY	State SC Zip	<sup>Code</sup> 29,526	Company NAIC Number:
	TION G - COMMUNITY INFOR		
or architect who is authorized by law to Comments area below.)	Certificate. Complete the appliers. en from other documentation the certify elevation information.	cable item(s) and signal at has been signed (Indicate the source	gn below. Check the measurement used in and sealed by a licensed surveyor, engine and date of the elevation data in the
A community official completed Section     or Zone AO.			
The following information (Items G4-G)	610) is provided for community	Roodplain managen	nent purposes.
4. Permit Number	G5. Date Permit Issued	G6. Date Certi	ficate of Compliance/Occupancy Issued
7. This permit has been issued for: New 0		provement	
of the building:		_ C feet C met	ters Datum
<ol> <li>BFE or (in Zone AO) depth of flooding at the building site:</li> </ol>		_ Cfeet C met	ters Datum
10. Community's design flood elevation:		_ C feet C met	ters Datum
ocal Official's Name	Title		
ommunity Name	Teleph	one	
gnature	Date		
			Check here if attachmen

### **ELEVATION CERTIFICATE**, page 2

OMB Control Number: 1660-0008 Expiration: 11/30/2018

or enclosure) is	ttion. I certify
Stafe   SC   Zip Code   Zip Cod	ition. I certify
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION  This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information on this Certificate represents my best efforts to interpret the data available. I understand that any false statem punishable by fine or imprisonment under 18 U.S. Code, Section 1001.  Were latitude, and longitude in Section A provided by a license et and surveyor?  Over ONO  Certifier's Name  EVERRETT T JOHNSON II  Title  Company Name  JW PROF. LAND SURVEYORS, LI Address  3370 TRULUCK JOHNSON RD  AYNOR  SC 29511  Signature  Date  Telephone  843-241-3800  Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.  Comments (including type of equipment and location, per C2(e), if applicable)  Signature  SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHO)  For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, consecutions of the community of the community of the certificate is intended to support a LOMA or LOMR-F request. Consecutions A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meter. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or before the consecution of the following basement, crawlspace, reaching the consecution information for (including basement, crawlspace, reaching the consecution information for fine before conclosure) is	ttion. I certify
This cartification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information on this Certificate represents my best efforts to interpret the data available. I understand that any false statem punishable by fine or imprisonment under 18 U.S. Code, Section 1021.  Were latitude and longitude in Section A provided by a licensed land surveyor?  Oyés No  Certifier's Name  EVERRETT T JOHNSON II  Title  Company Name  JW PROF. LAND SURVEYORS, LI Address  3370 TRULUCK JOHNSON RD  AYNOR  SC 29511  Signature  Date  9/19/2017  843-241-3800  Comments (including type of equipment and location, per C2(e), if applicable)  SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHO For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, c Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Ricco only, enter m E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or before inclosure) is  b) Top of bottom floor (including basement, crawlspace, or enclosure) is	ation. I certify ant may be
that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statem punishable by fine or imprisonment under 18 U.S. Code, Section 1001.  Were latitude and longitude in Section A provided by a licensed land surveyor?  OYES ONO  Certifier's Name  EVERRETT T JOHNSON II  Title  Company Name  JW PROF. LAND SURVEYORS, LI Address  3370 TRULUCK JOHNSON RD  AYNOR  SC 29511  Signature  Date  9/19/2017  843-241-3800  Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.  Comments (including type of equipment and location, per C2(e), if applicable)  SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHO  For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request. c Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Ricco only, enter m E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or before inglessed elevation information for the following and check the appropriate boxes to show whether the elevation is above or before renclosure) is  b) Top of bottom floor (including basement, crawlspace,	ntion. I certify
Certifier's Name EVERRETT T JOHNSON II    Company Name	Total manner
Address 3370 TRULUCK JOHNSON RD  City AYNOR  Signature  Date 9/19/2017  B43-241-3800  Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.  Comments (including type of equipment and location, per C2(e), if applicable)  SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHO For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, or Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter m E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or beld 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	Munnami No. 707/83
Address 3370 TRULUCK JOHNSON RD AYNOR Signature Date 9/19/2017 843-241-3800  Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.  Comments (including type of equipment and location, per C2(e), if applicable)  Section E - Building Elevation Information (Survey Not Required) For Zone AO AND ZONE A (WITHO For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, c Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter m E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or beld 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	redium No.
Signature  Date 9/19/2017  Signature  Date 9/19/2017  Signature  Date 9/19/2017  Date 9/19/2017  Signature  Date 9/19/2017  Signature  Comments (including type of equipment and location, per C2(e), if applicable)  Signature  Date  SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHO  For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, c Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter m E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or belonging between the composition of the following and check the appropriate boxes to show whether the elevation is above or belonging between the composition of the following and check the appropriate boxes to show whether the elevation is above or belonging between the composition of the following and check the appropriate boxes to show whether the elevation is above or belonging between the composition of the following and check the appropriate boxes to show whether the elevation is above or belonging belong the feet in the following belong the feet in the feet	15/1
Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.  Comments (including type of equipment and location, per C2(e), if applicable)  Signature  Date  SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHO For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, or Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Ricco only, enter measurement used 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	SHEMESHORE
Signature  SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHO For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, or Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter measurement used in Puerto Rico only, enter measurement used in Puerto Rico only, enter measurement used in Puerto Rico only, enter measurement used. In Puerto Rico only, enter measurement used in Puerto Rico only, enter measurement used. In Puerto Rico only, enter measurement used in Puerto Rico only, enter measurement used. In Puerto Rico only, enter measurement used in Puerto Rico only, enter measurement used. In Puerto	
Signature  SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHO For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, or Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter measurement used in Puerto Rico only, enter measurement used in Puerto Rico only, enter measurement used in Puerto Rico only, enter measurement used. In Puerto Rico only, enter measurement used in Puerto Rico only, enter measurement used. In Puerto Rico only, enter measurement used in Puerto Rico only, enter measurement used. In Puerto Rico only, enter measurement used in Puerto Rico only, enter measurement used. In Puerto	
C2. For building biagrams 0-8 with permanent nood openings provided in Section A items 6 and/or 9 (see page 6 or instructions).	omplete eters. w the v the HAG.
higher floor (elevation C2.b in the diagrams) of the building is feetmetersabove orbelow	the next the HAG.
	the HAG.
E4. Top of platform of machinery and /or equipment servicing the building is feetmeters above or below below from flood depth number is available, is the top of the bottom floor elevated in accordance with the community's	
management ordinance? Yes No Unknown. The local official must certify this information in Section G.	the HAG.
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION	the HAG.
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.	the HAG.
Property Owner or Owner's Authorized Representative's Name	the HAG. floodplain
Address City State ZIP Code	the HAG. floodplain
Signature Date Telephone	the HAG. floodplain
Comments  Check here if	the HAG. floodplain

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE**, page 4

See instructions for Item A6.

OMB Control Number: 1660-0008 Expiration: 11/30/2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, 1800 RIVERSIDE DRIVE	and/or Bidg. No.) o	or P.O. Route and Box No.	Policy Number:
City CONWAY	State SC	Zip Code 29,526	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 A6. If submitting more photographs than will fit on this page, use the Continuation Page.



