



**MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION**

In 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 items which are noted here.

| SECTION A - PROPERTY INFORMATION  |       | For Insurance Company Use:   |
|---|-------|--|
| A1. Building Owner's Name   |       | Policy Number  |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.                       |       | Company NAIC Number  |
| City  | State | ZIP Code   |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)                                |       |  |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>                         |       |  |
| A5. Latitude/Longitude: Lat. _____ Long. _____  |       | Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983                      |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.               |       |  |
| A7. Building Diagram Number _____   |       |  |
| A8. For a building with a crawl space or enclosure(s), provide  |       | A9. For a building with an attached garage, provide:   |
| a) Square footage of crawl space or enclosure(s) _____ sq ft  |       | a) Square footage of attached garage _____ sq ft   |
| b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>N/A</u> |       | b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____ |
| c) Total net area of flood openings in A8.b <u>N/A</u> sq in  |       | c) Total net area of flood openings in A9.b _____ sq in  |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No                                      |       | d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No                     |

| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION   |            |                     |                                       |                   |   |
|---|------------|---------------------|---------------------------------------|-------------------|---|
| B1. NFIP Community Name & Community Number  |            | B2. County Name     |                                       | B3. State         |   |
| B4. Map/Panel Number  | B5. Suffix | B6. FIRM Index Date | B7. FIRM Panel Effective/Revised Date | B8. Flood Zone(s) | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.<br><input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____ |            |                     |                                       |                   |   |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____   |            |                     |                                       |                   |   |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No  |            |                     |                                       |                   |   |
| No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA  |            |                     |                                       |                   |   |

| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)   |  |  |
|--|--|--|
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction                   |  |  |
| *A new Elevation Certificate will be required when construction of the building 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. |  |  |
| Benchmark Utilized _____ Vertical Datum _____  |  |  |
| Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____            |  |  |

COMMENTS: Corrected A4, A8 B and C.

Date of Review: 4-8-19 Community Official: [Signature] CFM

## 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.

| SECTION A - PROPERTY INFORMATION  |                          |  |   |                                  | FOR INSURANCE COMPANY USE  |  |
|---|--------------------------|--|---|----------------------------------|--|--|
| A1. Building Owner's Name<br><b>Hanco Holding LLC</b> ✓   |                          |  |   |                                  | Policy Number:   |  |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br><b>3682 Chapel Lane</b> ✓  |                          |  |   |                                  | Company NAIC Number:   |  |
| City<br><b>Myrtle Beach</b> ✓   |                          | State<br><b>South Carolina</b> ✓           |   | ZIP Code<br><b>29588</b> ✓       |  |  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>✓ <b>North side of ICWW SE of Hwy 137 Pin# 440-04-01-0019</b>   |                          |  |   |                                  |  |  |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____  |                          |  |   |                                  |  |  |
| A5. Latitude/Longitude: Lat. <b>N33d 41' 49.7"</b> Long. <b>W 78d 59' 18.7"</b> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983  |                          |  |   |                                  |  |  |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.   |                          |  |   |                                  |  |  |
| A7. Building Diagram Number <u>5</u>  |                          |  |   |                                  |  |  |
| A8. For a building with a crawlspace or enclosure(s):   |                          |  |   |                                  |  |  |
| a) Square footage of crawlspace or enclosure(s) <u>924.00</u> sq ft   |                          |  |   |                                  |  |  |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>   |                          |  |   |                                  |  |  |
| c) Total net area of flood openings in A8.b <u>0.00</u> sq in   |                          |  |   |                                  |  |  |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ✓   |                          |  |   |                                  |  |  |
| A9. For a building with an attached garage:   |                          |  |   |                                  |  |  |
| a) Square footage of attached garage <u>N/A</u> sq ft   |                          |  |   |                                  |  |  |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>  |                          |  |   |                                  |  |  |
| c) Total net area of flood openings in A9.b <u>N/A</u> sq in  |                          |  |   |                                  |  |  |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ✓   |                          |  |   |                                  |  |  |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION   |                          |  |   |                                  |  |  |
| B1. NFIP Community Name & Community Number<br><b>Horry County</b> ✓ <b>450104</b>   |                          |  | B2. County Name<br><b>Horry</b> ✓                             |                                  | B3. State<br><b>South Carolina</b> ✓                                       |  |
| B4. Map/Panel Number<br><b>45051C0680</b> ✓   | B5. Suffix<br><b>H</b> ✓ | B6. FIRM Index Date<br><b>09-07-2003</b> ✓ | B7. FIRM Panel Effective/ Revised Date<br><b>08-23-1999</b> ✓ | B8. Flood Zone(s)<br><b>AE</b> ✓ | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)<br><b>6'</b> ✓ |  |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br>✓ <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ |                          |  |   |                                  |  |  |
| B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____  |                          |  |   |                                  |  |  |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA           |                          |  |   |                                  |  |  |

# ELEVATION CERTIFICATE

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

|   |                         |                   |                                  |
|---|-------------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                 |                         |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>3682 Chapel Lane |                         |                   | Policy Number:                   |
| City<br>Myrtle Beach  | State<br>South Carolina | ZIP Code<br>29588 | Company NAIC Number              |

## SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building 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: SCVRS Network Vertical Datum: NGVD29

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

|   |       |  |                                 |
|---|-------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | 12.70 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | N/A   | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | N/A   | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | N/A   | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | N/A   | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | 7.40  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | 8.00  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | 8.00  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

## 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. 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 licensed land surveyor?  Yes  No  Check here if attachments.

Certifier's Name  
Larry T. Beasley

License Number  
SC PLS 9544

Title  
Land Surveyor

Company Name  
Beasley Land Surveying Inc

Address  
P.O. Box 30784

City  
Myrtle Beach

State  
South Carolina

ZIP Code  
29588

Signature  
*Larry T. Beasley*

Date  
04-03-2019

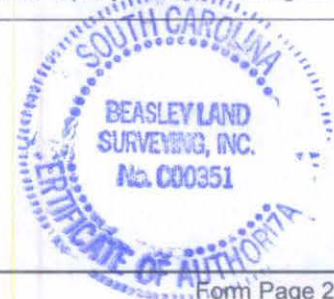
Telephone  
(843) 293-7722

Ext.



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)  
This certificate may not be used by any other person(s) or entities or altered.



# BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

## ELEVATION CERTIFICATE

|   |                           |                     |                                  |
|---|---------------------------|---------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                   |                           |                     | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>3682 Chapel Lane ✓ |                           |                     | Policy Number:                   |
| City<br>Myrtle Beach ✓  | State<br>South Carolina ✓ | ZIP Code<br>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

Photo One Caption    3682    Rear    Left side

Clear Photo One



Photo Two

Photo Two Caption    Front    Right side

Clear Photo Two