

HORRY COUNTY PERMIT APPLICATION

(Must be fully completed in ink)

Subst-Improv. B.O.-V
Final ECERT REQUIRED

FLOOD ZONE AE
 BFE 13
 PANEL# 753
 ECERT REQ Yes
 APPROVED [Signature]
12-13-18

DATE IN _____
 FEES PD \$ _____ P/R _____ Z _____
 CLERK _____
 PLAN CASE # _____
 REF _____
 APPD KH DATE 12-13-18
(843) 247 9543
 Telephone

Name on Owner (as listed on Tax Books) Dawn Myers
 Mailing Address 2391 Flamingo City Garden City State NC Zip 29575
 Site Address Same Subdivision Oceanside Village Lot# _____

Project Name Myers Bldg _____ # of Units _____ Occupant Load _____

Type of Work: New Addition Alter Repair Move Demolish Other _____
 Use of Improvements: Single Family Mobile Home Duplex Apartment Commercial Institutional Utility
 Warehouse Manufacturing Condo Industrial Farm Building Sign Other _____
 Type of Construction: Metal Wood Steel Concrete Other _____
 Exterior: Brick Conc. Block Stone Brick Veneer Stucco Metal Wood Glass Vinyl Other _____
 No of Stories _____ No. of Bedrooms _____ No. of Baths _____ No. of Half Baths _____ Total # Rooms _____
 Type of Heating: Central Air Cond. Heat Pump Other _____ Sprinkler Req. Provided N/A
 Type of Fuel: Oil Gas Electricity Wood Other _____
 Unheated areas: Garage Carport Porches Decks Masonry Fireplaces # _____
 Total No. of Square Feet 148 Heated Space 48 Unheated 180
 Remarks: Remodel inside, outside windows & dog wood deck w/ roof system 4x12 laundry room raise house

| | | | |
|-----------------------|------------------|-----------------------|------------------------------------|
| Value of Construction | \$ <u>84,000</u> | 10x12 porch | Permit # <u>92129</u> |
| Building Permit Fees | \$ <u>50.40</u> | 4x12 laundry room | Mobile Home Sticker # <u>94929</u> |
| Zoning Fees | \$ <u>25.00</u> | - additions - \$5152 | Farm # _____ |
| MIGC Fire Fee | \$ <u>336.00</u> | - alterations #78,848 | MIGC Fire Receipt # _____ |
| <u>Alter Fee</u> | \$ <u>396.00</u> | | Plan / Bin # _____ |
| TOTAL FEES | \$ <u>807.40</u> | | App Code <u>2015 IRC</u> |

Contractor or Builder Timothy West Fergat Sons LLC Tele # 843-503-4896 State License # BBB21929
 Address 11051 McDowell Street Rd Email Fergat Sons @ hotmail.com
 Architect or Engineer _____ Tele # _____ Fax # _____
 Address 46213020060 Email _____
 Estimated Date of Completion 4620000 931/1950001023 Dist # 01 Zone MHP Verified CB

THIS PERMIT MAY BE SUSPENDED OR REVOKED FOR VIOLATION OF ANY REGULATION IN EFFECT BY ORDINANCE OR OTHERWISE BUILDING PERMITS ARE NOT REFUNDABLE OR TRANSFERABLE.

Issued By Christy Bamber
 Date 12-13-18

Signature _____
 Owner Contractor Agent
 Print name Tiffany Martin

ADMINISTRATIVE INFORMATION

PARCEL NUMBER
99800094929
Parent Parcel Number

Property Address

OWNERSHIP

BISHOP ROGER D & MARIE
40 HONEYSUCKLE LN
LADYS ISLAND, SC 29907

195 00 01 023; 12 60 79 BRIGADIER

Tax ID 9980094929

TRANSFER OF OWNERSHIP

Date
07/04/1776

Printed 03/27/2019 Card No. 1 of 1

Bk/Pg: NO BOO, NO PAG
\$0

Neighborhood
9999999 MOBILE HOME
Property Class
119 119 - M Home+Add No Land

TAXING DISTRICT INFORMATION

Jurisdiction 26
Area 001
District 610

RESIDENTIAL

VALUATION RECORD

| Assessment Year | 12/31/2008 | 12/31/2008 | 12/31/2009 | 12/31/2009 | 12/31/2009 |
|-------------------|------------|------------|------------|------------|------------|
| Reason for Change | | | | | |
| | ADM | CB | ADM | CV 2010 | CV 2010 |
| VALUATION | I 0 | 0 | 0 | 0 | 0 |
| MARKET VALUE | B 6520 | 6520 | 6522 | 5400 | 5400 |
| | T 6520 | 6520 | 6522 | 5400 | 5400 |
| VALUATION | L 0 | 0 | 0 | 0 | 0 |
| LAND USE | B 6520 | 6520 | 6522 | 5400 | 5400 |
| | T 6520 | 6520 | 6522 | 5400 | 5400 |

Site Description

Topography:

Public Utilities:

Street or Road:

Neighborhood:

Zoning:

Legal Acres:
0.0000

LAND DATA AND CALCULATIONS

| Land Type | Rating Soil ID -or- Actual Frontage | Measured Acreage -or- Effective Frontage | Table Effective Depth | Prod. Factor -or- Depth Factor -or- Square Feet | Base Rate | Adjusted Rate | Extended Value | Influence Factor | Value |
|-----------|---|--|-----------------------------|---|--------------|------------------|-------------------|---------------------|-------|
|-----------|---|--|-----------------------------|---|--------------|------------------|-------------------|---------------------|-------|

IMPROVEMENT DATA

03

PHYSICAL CHARACTERISTICS

Style: 91 - MH Single Wide
 Occupancy: Single family
 Story Height: 1.0
 Finished Area: 0
 Attic: None
 Basement: None

ROOFING

Material: Comp sh to 235#
 Type: Gable
 Framing: Std for class
 Pitch: Not available

FLOORING

EXTERIOR COVER

INTERIOR FINISH

ACCOMMODATIONS

Bedrooms 2

HEATING AND AIR CONDITIONING

Primary Heat: Heat pump
 Lower Full Part
 /Bsmt 1 Upper Upper

PLUMBING

| | | |
|---------------|---|---|
| | # | |
| 3 Fixt. Baths | 1 | 3 |
| Kit Slnk | 1 | 1 |
| Water Heat | 1 | 1 |
| TOTAL | | 5 |

REMODELING AND MODERNIZATION

Amount Date

| Construction | Base Area | Floor Area | Finished Sq Ft | Value |
|-----------------------------|----------------|------------|----------------|--------------|
| | | 0 Crawl | ---- | 0 |
| TOTAL BASE | | | | 6500 |
| Row Type | Adjustment | | | 0.00% |
| SUB-TOTAL | | | | 6500 |
| 0 Interior Finish | | | | 0 |
| 0 Ext Lvg Units | | | | 0 |
| 0 Basement Finish | | | | 0 |
| Fireplace(s) | | | | 0 |
| Heating | | | | 0 |
| Air Condition | | | | 0 |
| Frame/Siding/Roof | | | | 0 |
| Plumbing Fixt: 5 | | | | 0 |
| SUB-TOTAL ONE UNIT | | | | 6500 |
| SUB-TOTAL 0 UNITS | | | | 6500 |
| Exterior Features | Description | Value | | |
| | Garages | | | |
| | 0 Integral | | | 0 |
| | 0 Att Garage | | | 0 |
| | 0 Att Carports | | | 0 |
| | 0 Bsmt Garage | | | 0 |
| | Ext Features | | | 13740 |
| SUB-TOTAL | | | | 20240 |
| Quality Class/Grade | | | | D |
| GRADE ADJUSTED VALUE | | | | 10120 |

(LCM: 100.00)

SPECIAL FEATURES

SUMMARY OF IMPROVEMENTS

| Description | Value | ID | Use | Sty Hgt | Const Type | Grade | Year Const | Eff Year | Cond | Base Rate | Feat-ures | Adj Rate | Size or Area | Computed Value | Phys Depr | Obsol Depr | Market Adj | % Comp | Value |
|-------------|-------|----|----------|---------|------------|-------|------------|----------|------|-----------|-----------|----------|--------------|----------------|-----------|------------|------------|--------|-------|
| M :SK | 0 | M | MHOME | 0.00 | D | | 1979 | 1979 | AV | 0.00 | Y | 0.00 | 12x 60 | 10120 | 0 | 0 | 100 | 100 | 3700 |
| SK | 0 | 03 | MHCANOPY | 0.00 | C | | 1987 | 1987 | AV | 0.00 | N | 0.00 | 12x 56 | 0 | 0 | 0 | 100 | 100 | 1700 |

Data Collector/Date

Appraiser/Date

Neighborhood

Supplemental Cards
 TOTAL IMPROVEMENT VALUE

5400

Neigh 9999999 AV

92129
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BLW 32

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 Dawn Meyers ✓ | | | | | Policy Number: |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 239 Flamingo ✓ | | | | | Company NAIC Number: |
| City Surfside Beach ✓ | | State South Carolina ✓ | | ZIP Code 29575 ✓ | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) ✓ Lot 29 Oceanside Village - 239 Flamingo | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) | | | | | Residential |
| A5. Latitude/Longitude: Lat. 33-35-32.8" Long. 78-59-19.2" | | | | | 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>N/A</u> sq ft | | | | | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u> | | | | | |
| c) Total net area of flood openings in A8.b <u>N/A</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 Horry County 450104 ✓ | | | B2. County Name Horry County ✓ | | B3. State South Carolina ✓ |
| B4. Map/Panel Number 45051C-0753 ✓ | B5. Suffix H ✓ | B6. FIRM Index Date 09-17-2003 ✓ | B7. FIRM Panel Effective/Revised Date 08-23-1999 ✓ | B8. Flood Zone(s) AE ✓ | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <u>13.0'</u> |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input checked="" 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 Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | |

WBH

Job# 23734

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PL32

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

ELEVATION CERTIFICATE

| | | | |
|---|---------------------------|---------------------|----------------------------------|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | FOR INSURANCE COMPANY USE |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 239 Flamingo ✓ | | | Policy Number: |
| City Surfside Beach ✓ | State South Carolina ✓ | ZIP Code 29575 ✓ | 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: SC VRS Network Vertical Datum: NAVD 1988

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) _____ 15.60 feet meters
- b) Top of the next higher floor _____ N/A feet meters
- c) Bottom of the lowest horizontal structural member (V Zones only) _____ N/A feet meters
- d) Attached garage (top of slab) _____ N/A feet meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____ 14.90 feet meters
- f) Lowest adjacent (finished) grade next to building (LAG) _____ 9.60 feet meters
- g) Highest adjacent (finished) grade next to building (HAG) _____ 9.70 feet meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ N/A feet 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 W.B. Huntley, III | License Number 8809 | |
| Title Professional Land Surveyor | | |
| Company Name Huntley and Associates, Inc. ✓ | | |
| Address 7760 Fallen Timber Dr. | | |
| City Myrtle Beach | State South Carolina | ZIP Code 29588 |
| Signature | Date 02-07-2019 | Telephone (843) 238-8745 |
| | | Ext. JOB# 23134 |

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)
 Machinery servicing building in C2e is air conditioner.

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ELEVATION CERTIFICATE

| | |
|---|----------------------------------|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | FOR INSURANCE COMPANY USE |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 239 Flamingo | Policy Number: |
| City Surfside Beach | State South Carolina |
| ZIP Code 29575 | Company NAIC Number |

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in 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.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or 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.

Property Owner or Owner's Authorized Representative's Name _____

| | | | |
|-----------------|------------|-----------------|----------------|
| Address _____ | City _____ | State _____ | ZIP Code _____ |
| Signature _____ | Date _____ | Telephone _____ | |

Comments _____

Check here if attachments.

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BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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ELEVATION CERTIFICATE

| | | | |
|---|-------------------------|-------------------|----------------------------------|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | FOR INSURANCE COMPANY USE |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 239 Flamingo | | | Policy Number: |
| City Surfside Beach | State South Carolina | ZIP Code 29575 | 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 | Front | 2-7-19 | #23734 | Clear Photo One |
|-------------------|-------|--------|--------|-----------------|



Photo Two

| | | | | |
|-------------------|------|--------|--------|-----------------|
| Photo Two Caption | Side | 2-7-19 | #23734 | Clear Photo Two |
|-------------------|------|--------|--------|-----------------|

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BUILDING PHOTOGRAPHS

Continuation Page

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Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

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

FOR INSURANCE COMPANY USE

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

Policy Number:

City
Surfside Beach

State
South Carolina

ZIP Code
29575

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

Photo Three Caption

Rear

2-7-19

#23734

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four