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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPANY USE A1. Building Owner's Name: MUNGO HOME'S COASTAL DIVISION Palicy Number: Company NAIC Numbe	Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance	agent/company, and (3) building owner.						
A2. Building Steet Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No.: Company NA/C Number: 231 AVERVVILLE DRIVE Clip: CONWAY \$tale: SC ZIP Code: 29526 23. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: LOT 75 PHASE 2 SUGARLOAF SUBD. PHASE 2 (PIN# 345-06-03-0023) A. A. A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL A. A5. Latitude/Longitude: Lat 33-50-57.1 Long, 078-49-39.3 Horizontal Datum: INAD 1927 NAD 1983 WGS 84 A6. Attach at least wo and when possible four charp hotographs (one for each side) of the building (see Form pages 7 and 8). A7. Building Uita cavuspace or enclosure(s): a) square footage of crawlspace or enclosure(s): NA square footage of crawlspace or enclosure(s): NA c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: N/A Square footage of attached garage: N/A sq. ft. 9. Sum of A8.d and A8.a rated area (if applicable – see Instructions): N/A sq. ft. Square footage of attached garage: 361.00 sq. ft. Square footage of attached garage: N/A sq. ft.	SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE						
231 AVERYVILLE DRIVE	A1. Building Owner's Name: MUNGO HOMES COASTAL DIVISION	Policy Number:						
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: LOT 75 PHASE 2 SUGARLOAF SUBD. PHASE 2 (PIN# 345-06-03-0023) A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL A5. Lattude/Longlude: Lat 33-50-57.1 Long. 078-43-39.3 Horizontal Datum: NAD 1927 NAD 1983 WGS 84 A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8). A7. Building Diagram Number: 1A A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s):		Company NAIC Number:						
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A5. Latitude/Longitude: Lat 33-50-57.1 Long. 078-49-39.3 Horizontal Datum: NAD 1927 NAD 1983 WGS 84 A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8). A7. Building Diagram Number:		nber:						
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A7. Building Diagram Number:1A	A5. Latitude/Longitude: Lat. 33-50-57.1 Long. 078-49-39.3 Horizontal Datum:	IAD 1927 🛛 NAD 1983 🗌 WGS 84						
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): N/A	A6. Attach at least two and when possible four clear photographs (one for each side) of the building	g (see Form pages 7 and 8).						
a) Square footage of crawlspace or enclosure(s): N/A	A7. Building Diagram Number: 1A							
 b) Is there at least one permanent flood opening on two different sides of each enclosed area? Yes No N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: N/A	A8. For a building with a crawlspace or enclosure(s):							
 c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: N/A Engineered flood openings: N/A d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): N/A sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft. A9. For a building with an attached garage: a) Square footage of attached garage: 361.00 sq. ft. b) Is there at least one permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings in A9.c (attach documentation – see Instructions): N/A sq. ft. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): N/A sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft. g) Section B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1.a. NFIP Community Name: HORRY COUNTY B3. State: SC B4. Map/Panel No.: 45051C 0580 B5. Suffix: K B6. FIRM Index Date: 12/16/2021 B7. FIRM Panel Effective/Revised Date: 12/16/2021 B7. FIRM Panel Effective/Revised Date: 12/16/2021 B8. Flood Zone(s): X B9. Base Flood Depth entered in Item B9: B1. Indicate elevation datum used for BFE in Item B9: Other/Source: B11. Indicate elevation datum used for BFE in Item B9: OKDV 1929 NAVD 1988 Other/Source: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No 	a) Square footage of crawlspace or enclosure(s): <u>N/A</u> sq. ft.							
Non-engineered flood openings: N/A Engineered flood openings: N/A d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): N/A sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft. A9. For a building with an attached garage: 361.00 sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? Yes No N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: N/A ft d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in. e) total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): N/A sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft. sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft. sq. ft. g1.a. NFIP Community Name: HORRY COUNTY B1.b. NFIP Community Identification Number: 450104 <td>b) Is there at least one permanent flood opening on two different sides of each enclosed area?</td> <td>P 🗌 Yes 🗌 No 🛛 N/A</td>	b) Is there at least one permanent flood opening on two different sides of each enclosed area?	P 🗌 Yes 🗌 No 🛛 N/A						
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B2. County Name: HORRY COUNTY B3. State: SC B4. Map/Panel No.: 45051C 0580 B5. Suffix: K B6. FIRM Index Date: 12/16/2021 B7. FIRM Panel Effective/Revised Date: 12/16/2021 B8. Flood Zone(s): X B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): N/A B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:	SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
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B8. Flood Zone(s): X B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): N/A B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: FIRM B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: B10 B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 ⊠ NAVD 1988 □ Other/Source: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes ⊠ No Designation Date:	B2. County Name: HORRY COUNTY B3. State: SC B4. Map/Panel No.: 4	45051C 0580 B5. Suffix: K						
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: □ FIS ⊠ FIRM □ Community Determined □ Other: B11. Indicate elevation datum used for BFE in Item B9: □ NGVD 1929 ⊠ NAVD 1988 □ Other/Source: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? □ Yes ⊠ No Designation Date: □ CBRS □ OPA	B6. FIRM Index Date: <u>12/16/2021</u> B7. FIRM Panel Effective/Revised Date: <u>12/16/20</u>	21						
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B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date:	EIS FIPM Community Determined Other							
Designation Date: CBRS OPA	B11. Indicate elevation datum used for BFE in Item B9: Superson NGVD 1929 NAVD 1988 Other	/Source:						
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? 🗌 Yes 🛛 No								

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS (ON PAGES 9-1	19				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box I 231 AVERYVILLE DRIVE	OR INSURANCE COMPANY USE					
City: CONWAY State: SC ZIP Code: 29526		licy Number: ompany NAIC Number:				
SECTION C – BUILDING ELEVATION INFORMATION (QUIRED)				
C1. Building elevations are based on: Construction Drawings* Building Under *A new Elevation Certificate will be required when construction of the building is com		Finished Construction				
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), A99. Complete Items C2.a–h below according to the Building Diagram specified in Ite Benchmark Utilized: GPS / TBM Vertical Datum: NAV	em A7. In Puer					
Indicate elevation datum used for the elevations in items a) through h) below.						
Datum used for building elevations must be the same as that used for the BFE. Conversion If Yes, describe the source of the conversion factor in the Section D Comments area.	on factor used?	P ☐ Yes ⊠ No Check the measurement used:				
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	24.3	• · · · · · · · · · · · · · · · · · · ·				
b) Top of the next higher floor (see Instructions):	N/	A 🗌 feet 🗌 meters				
c) Bottom of the lowest horizontal structural member (see Instructions):	N/	A 🗌 feet 🗌 meters				
d) Attached garage (top of slab):	24.0	00 🛛 feet 🗌 meters				
 e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 	24.5	50 🛛 feet 🗌 meters				
f) Lowest Adjacent Grade (LAG) next to building: 🗌 Natural 🔀 Finished	23.3	30 🖂 feet 🗌 meters				
g) Highest Adjacent Grade (HAG) next to building: 🗌 Natural 🛛 Finished	23.7	70 🛛 feet 🗌 meters				
 h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 	23.5	50 🛛 feet 🗌 meters				
SECTION D – SURVEYOR, ENGINEER, OR ARCHITE		CATION				
This certification is to be signed and sealed by a land surveyor, engineer, or architect auth information. I certify that the information on this Certificate represents my best efforts to in false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section	terpret the dat					
Were latitude and longitude in Section A provided by a licensed land surveyor? 🛛 Yes	🗌 No					
Check here if attachments and describe in the Comments area.						
Certifier's Name: J. JASON COX License Number: 26950						
Title: OWNER						
Company Name: COX SURVEYORS & ASSOCIATES, LLC						
Address: 4325 DICK POND ROAD, SUITE A City: MYRTLE BEACH State: SC ZIP Code: 29588						
City: MYRTLE BEACH State: SC ZIP Code: 29	588					
Company Name: COX SURVEYORS & ASSOCIATES, LLC Address: 4325 DICK POND ROAD, SUITE A City: MYRTLE BEACH Signature: J. Jan (ax Date: 09/07/2023						
Telephone: (843) 650-1500 Ext.: Email: jcox-csa@sccoast.net ¹⁷ ¹⁸ ¹⁸ ¹⁸ ¹⁸ ¹⁸ ¹⁸ ¹⁹						
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) i	nsurance agen	t/company, and (3) building owner.				
Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments): C2e is the air conditioner pad located on the right side of the house. The house is located within the County Supplemental Flood Zone "AE-21" & Flood Zone "X". The property is partially located within Flood Zone "AE-21".						

IMPORTAN	T: MUST FOLLOW 1	THE INSTRUCTION	S ON PAGE	S 9-19	
Building Street Address (including Apt., Unit, St 231 AVERYVILLE DRIVE	uite, and/or Bldg. No.)	or P.O. Route and Bo	ox No.:	FOR INSURA	NCE COMPANY USE
City: CONWAY	State: SC	e: SC ZIP Code: 29526		Policy Number:	
			<u> </u>	Company NAIC	Number:
SECTION E – BUILDIN FOR ZONI	IG MEASUREMEN E AO, ZONE AR/A				D)
For Zones AO, AR/AO, and A (without BFE), intended to support a Letter of Map Change re enter meters.					
Building measurements are based on: C *A new Elevation Certificate will be required w	-			on* 🗌 Finished	Construction
E1. Provide measurements (C.2.a in applical measurement is above or below the natu			d check the a	appropriate boxes	to show whether the
 a) Top of bottom floor (including baseme crawlspace, or enclosure) is: 	ent,	feet	meters	above or	below the HAG.
 b) Top of bottom floor (including baseme crawlspace, or enclosure) is: 	ent,	feet	meters	above or	below the LAG.
E2. For Building Diagrams 6–9 with permane next higher floor (C2.b in applicable	nt flood openings pro	ovided in Section A I	tems 8 and/o	r 9 (see pages 1-	-2 of Instructions), the
Building Diagram) 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 equi servicing the building is:	pment	feet	meters	above or	below the HAG.
E5. Zone AO only: If no flood depth number i floodplain management ordinance?	· · · ·				e community's ormation in Section G.
SECTION F – PROPERTY OW	NER (OR OWNER'	S AUTHORIZED I	REPRESEN	ITATIVE) CERT	IFICATION
The property owner or owner's authorized rep sign here. The statements in Sections A, B, a				one A (without BF	E) or Zone AO must
Check here if attachments and describe in	n the Comments area				
Property Owner or Owner's Authorized Repre	sentative Name:				
Address:					
City:			State:	ZIP Code:	
Signature:		Date:			
	Email:				
Comments:					
					CARO
					COX
					COX SURVEYORS ASSOCIATES, OI LLC
				CERTIFUE	
					OF AUTHORIUM

ELEVATION CERTIFICATE

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite	e, and/or Bld	g. No.) c	or P.O. Route ar	nd Box No.:	FOR INS	URANCE COMPANY USE	
231 AVERYVILLE DRIVE					Policy Nur	nber:	
City: CONWAY	State:	SC	ZIP Code: 2	9526	Company NAIC Number:		
SECTION G – COMMUNITY INFOR	MATION (RECON				L COMPLETION)	
The local official who is authorized by law or or Section A, B, C, E, G, or H of this Elevation Cer						rdinance can complete	
G1. The information in Section C was ta engineer, or architect who is authori elevation data in the Comments are	zed by state						
G2.a. A local official completed Section E E5 is completed for a building locate			d in Zone A (wi	thout a BFE), Z	one AO, or Zo	ne AR/AO, or when item	
G2.b. 🗌 A local official completed Section H	for insuranc	e purpo	ses.				
G3. In the Comments area of Section G,	the local of	ficial de	scribes specific	corrections to t	he informatior	n in Sections A, B, E and H.	
G4.	–G11) is pro	ovided fo	or community fl	oodplain manag	ement purpos	ses.	
G5. Permit Number: 159794	G6.	. Date P	ermit Issued:	03/27/2023			
G7. Date Certificate of Compliance/Occupar	ncy Issued:			_			
G8. This permit has been issued for: \square No	ew Construc	tion	Substantial In	nprovement			
G9.a. Elevation of as-built lowest floor (includin building:	ng basemer	nt) of the		feet	meters	Datum:	
G9.b. Elevation of bottom of as-built lowest ho member:	rizontal stru	ctural		feet	meters	Datum:	
G10.a. BFE (or depth in Zone AO) of flooding a	t the buildin	g site:		feet	meters	Datum:	
G10.b. Community's minimum elevation (or dep requirement for the lowest floor or lowes member:			al	□ feet	□ meters	Datum:	
	f ves attach	n docum	entation and de	escribe in the Co			
The local official who provides information in Se correct to the best of my knowledge. If applicable	ection G mus	st sign h	ere. I have con	npleted the infor	mation in Sec	tion G and certify that it is	
Local Official's Name: Lauren Harrelson, C	CFM		Title	e: Flood Haz	ard Reduct	ion Control Officer	
NFIP Community Name:							
Address:							
City:					ZIP C	ode:	
Signature: Lauren Harrelson				09/08/2023			
Comments (including type of equipment and loc Sections A, B, D, E, or H):	ation, per C	2.e; des	cription of any	attachments; ar	nd corrections	to specific information in	

IMP	ELEVATIO	N CERTIFICATE THE INSTRUCTIONS ON P	AGES 9-19	
Building Street Address (including Apt., 231 AVERYVILLE DRIVE	Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.:	FOR INSURANC	E COMPANY USE
City: <u>CONWAY</u>	State: SC	ZIP Code: 29526	Policy Number: Company NAIC N	umber:
	BUILDING'S FIRST FLOO VEY NOT REQUIRED) (F		ON FOR ALL ZONES	
The property owner, owner's authoriz to determine the building's first floor h nearest tenth of a foot (nearest tenth <i>Instructions) and the appropriate E</i>	eight for insurance purposes of a meter in Puerto Rico). <i>R</i>	s. Sections A, B, and I must a reference the Foundation 1	llso be completed. Enter ype Diagrams (at the er	heights to the I d of Section H
H1. Provide the height of the top of the	ne floor (as indicated in Foun	dation Type Diagrams) abov	e the Lowest Adjacent G	rade (LAG):
a) For Building Diagrams 1A, floor (include above-grade floors subgrade crawlspaces or enclose	only for buildings with	m [] fee	t ☐ meters ☐ abov	ve the LAG
b) For Building Diagrams 2A, 2 higher floor (i.e., the floor above enclosure floor) is:		[] fee	t ☐ meters ☐ abov	ve the LAG
H2. Is all Machinery and Equipment H2 arrow (shown in the Foundati Yes No				
SECTION I – PROPERT	Y OWNER (OR OWNER'	S AUTHORIZED REPRE	SENTATIVE) CERTIFI	CATION
The property owner or owner's author <i>A, B, and H are correct to the best of</i> indicate in Item G2.b and sign Section Check here if attachments are property Owner or Owner's Authorized Address:	my knowledge. Note: If the length of G. vided (including required pho	ocal floodplain management	official completed Section	n H, they should
City:		State:	ZIP Code:	
-				
Signature:		Date:		
Telephone: Comments:	Ext.: Email:			
Commond.				

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit	Suite, and/or Bldg	g. No.) c	or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
231 AVERYVILLE DRIVE City: <u>CONWAY</u>	State:	SC	_ ZIP Code: 29526	Policy Number: Company NAIC Number:

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: Front View: 09/07/2023

Clear Photo One

