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

ELEVATION CERTIFICATE IMPORTANT: Follow the instructions on pages 1-9.

	1 1
	3569/1/2
OMB No. 1660-0008 Expiration Date: July	

National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: July 3	31 20150792
Expiration Date, July C	/ <u></u>

SECTION	FOR INSURANCE COMPANY USE				
A1. Building Owner's Name BEAZER HOMES CORP.	Policy Number:				
A2. Building Street Address (including Apt., Unit, Suite, and/o	or Bldg. No.) or PO. Route and Box No.	Company NAIC Number:			
City MYRTLE BEACH	State SC	ZIP Code 29579			
A3. Property Description (Lot and Block Numbers, Tax Parcel LOT 42 FOX HORN SUBDIVISION PHASE 2-C (TMS# 172-41-01-207) /	OK			
 A4. Building Use (e.g., Residential, Non-Residential, Addition, A5. Latitude/Longitude: Lat. 33-43-15.0 A6. Attach at least 2 photographs of the building if the Certif A7. Building Diagram Number 1 A 	Long, <u>078-57-28.6</u> Horizontal icate is being used to obtain flood insurance.	5-23-74			
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b d) Engineered flood openings? Yes No	within 1.0 foot abov c) Total net area of flood d) Engineered flood op	ttached garage 410 sq ft nt flood openings in the attached garage e adjacent grade od openings in A9.b 0 sq in penings? Yes X No			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	INSURANCE RATE MAP (FIRM) INFORMATI				
B1. NRP Community Name & Community Number HORRY 450104	B2. County Name HORRY	B3. State SC			
B4. Map/Panel Number B5. Suffix B6. FIRM Index D 45051C 0680 H 09/17/2003	Revised Date	B9. Base Flood Elevation(s) (Zone A0, use base flood depth)			
B10. Indicate the source of the Base Flood Elevation (BFE) dat	a or base flood depth entered in Item B9:				
B11. Indicate elevation datum used for BFE in Item B9:	YNGVD 1929 / □ NAVD 1988 □ Other/Sourc	e:			
B12. Is the building located in a Coastal Barrier Resources Sy		☐ Yes 🗷 No			
Designation Date:/ CBRS	6				
SECTION C - BUILDING	ELEVATION INFORMATION (SURVEY REQUI	RED)			
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when construction.	uction of the building is complete.	☑ Finisped Construction			
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/A0. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: TBM Vertical Datum: NGVD 1929					
Indicate elevation datum used for the elevations in items		Other/Source:			
Datum used for building elevations must be the same as	Check the r	neasurement used.			
 a) Top of bottom floor (including basement, crawlspace, or b) Top of the next higher floor 	or enclosure floor) 21.5	<u> </u>			
c) Bottom of the lowest horizontal structural member (V	N/A	<u> </u>			
d) Attached garage (top of slab)	21 <u>1</u>	-			
e) Lowest elevation of machinery or equipment servicing the building					
f) Lowest adjacent (finished) grade next to building (LAG) 20.5 Feet meters					
g) Highest adjacent (finished) grade next to building (HAC	· ••	<u> </u>			
 h) Lowest adjacent grade at lowest elevation of deck or structural support 	stairs, including 20. 7	et ☐ 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				
Certifier's Name J. JASON COX	License Number 26950	No. 26950			
Title OWNER	Company Name COX SURVEYORS & ASSOCIATES				
Address 4761 HWY. 501 W. STE_2	City State ZIP Code MYRTLE BEACH SC 29579	SURVE OF THE			

Signature

Telephone (843) 236-7200

Date 05/14/2014

IMPORTANT: In these spaces, copy th	e corresponding information from Sect	ion A.		FOR INSURANCE COMPANY USE
1173 BETHPAGE DRIVE	Unit, Suite, and/or Bldg. No.) or PO. Ro			Policy Number:
ity MYRTLE BEACH	State SC	ZIP Code 29579	}	Company NAIC Number:
SECTION	D - SURVEYOR, ENGINEER, OR	ARCHITECT CE	RTIFICATION (CO	NTINUED)
opy both sides of this Elevation Certif	icate for (1) community official, (2) insu	rance agent/comp	апу, and (3) building	owner.
omments Item C2e is an air condi	tioner pad.			
ignature J. Jasi (e)	x	Date 05/14/2	2014	
SECTION E - BUILDING ELEY	ATION INFORMATION (SURVEY	NOT REQUIRE) FOR ZONE AO	AND ZONE A (WITHOUT BFE)
	plete Items E1-E5. If the Certificate is available. Check the measurement used			request, complete Sections A, B, and
 Provide elevation information for the grade (HAG) and the lowest adjacer 	e following and check the appropriate b at grade (LAG).	oxes to show whe	ther the elevation is a	bove or below the highest adjacent
	sement, crawispace, or enclosure) is	 •- -	☐ feet ☐ meter	= = =
			☐ feet ☐ meter	
·	manent flood openings provided in Sect	ion A Items 8 and		
the next higher floor (elevation C2.t	in the diagrams) of the building is		☐ feet ☐ meter	
3. Attached garage (top of slab) is			☐ feet ☐ meter	-
 Top of platform of machinery and/o 	r equipment servicing the building is	·	☐ feet ☐ meter	s ∐above or ☐ below the HAG.
	nber is available, is the top of the botton nknown. The local official must certify t			community's floodplain management
SECTION	F - PROPERTY OWNER (OR OW	NER'S REPRES	ENTATIVE) CERTI	FICATION
	ed representative who completes Sections in Sections A, B, and E are correct to			MA-issued or community-issued BFE)
roperty Owner or Owner's Authorized R	Representative's Name			
idress		City	Stat	e ZIP Code
gnature		Date	Tele	phone
omments	·			
	•			☐ Check here if attachments
	SECTION G - COMMUNITY	INFORMATION	(OPTIONAL)	
	v or ordinance to administer the communithe applicable item(s) and sign below. C			
1. The information in Section C v who is authorized by law to ce	vas taken from other documentation the rtify elevation information, (Indicate the	nat has been sign e source and date	ed and sealed by a lice of the elevation dat	censed surveyor, engineer, or archited a in the Comments area below.)
2. A community official completed	Section E for a building located in Zor	e A (without a FE)	A-issued or commun	ity-issued BFE) or Zone AO.
3. 🔲 The following information (Iter	ns G4-G9) is provided for community f	loodplain manage	ment purposes.	
4. Permit Number	G5. Date Permit Issued	G6	Date Certificate Of C	ompliance/Occupancy Issued
7. This permit has been issued for:	☐ New Construction ☐ Substan	tial Improvement		
8. Elevation of as-built lowest floor (i	• ,		feet meters	
9. BFE or (in Zone AO) depth of flood	-	·	☐ feet ☐ meters	
10.Community's design flood elevatio	n:		☐ feet ☐ meters	s Datum
ocal Official's Name		Title		WH CAROLINA
ommunity Name		Telephone		COX TILL
ignature		Date		SURVEYORS ZE
Comments				LLC No. 4099
				OF AUTHORITIES
	·			☐ Check here if attachments

FEMA Form 086-0-33 (7/12)