

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

27562 MC 80 7/11/13

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name Crosbie Group Myrtle Beach, LLC. Policy Number: _____

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
124 Dowerbury Drive Company NAIC Number: _____

City Myrtle Beach State SC ZIP Code 29588

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Horry County TMS# 190-38-01-058, Lot #55, Somerset Cove Ph. I

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. 33d37'29" Long. 79d01'49" Horizontal Datum: NAD 1927 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 1B

A8. For a building with a crawlspace or enclosure(s):
 a) Square footage of crawlspace or enclosure(s) NA sq ft
 b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade NA
 c) Total net area of flood openings in A8.b _____ sq in
 d) Engineered flood openings? Yes No

A9. For a building with an attached garage:
 a) Square footage of attached garage 507 sq ft
 b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA
 c) Total net area of flood openings in A9.b _____ sq in
 d) Engineered flood openings? Yes 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 SC

B4. Map/Panel Number 45051C0732

B5. Suffix H

B6. FIRM Index Date 09/17/2003

B7. FIRM Panel Effective/Revised Date 12/03/2004

B8. Flood Zone(s) AE

B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 23

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:
 FIS Profile FIRM Community Determined Other/Source: _____

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

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: 26 202 Vertical Datum: NGVD 1929

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) 24 . 51 feet meters

b) Top of the next higher floor NA feet meters

c) Bottom of the lowest horizontal structural member (V Zones only) NA feet meters

d) Attached garage (top of slab) 23 . 80 feet meters

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 23 . 69 feet meters

f) Lowest adjacent (finished) grade next to building (LAG) 23 . 4 feet meters

g) Highest adjacent (finished) grade next to building (HAG) 23 . 5 feet meters

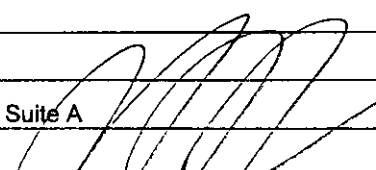
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 23 . 7 feet meters

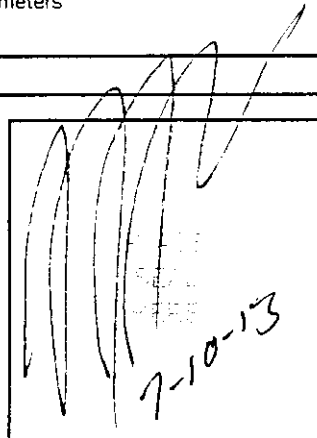
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments.

Certifier's Name <u>Jeffrey D. Solan</u>		License Number <u>19407</u>	
Title <u>President</u>		Company Name <u>Solan Associates, P.C.</u>	
Address <u>212 Main Street, Suite A</u>		City <u>Conway</u>	State <u>SC</u>
Signature 		ZIP Code <u>29526</u>	Date <u>07/10/2013</u>
		Telephone <u>(843) 488-3400</u>	


 7-10-13

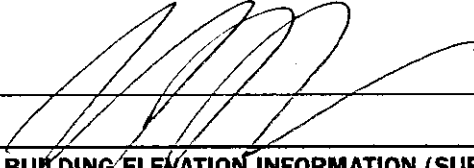
ELEVATION CERTIFICATE, page 2

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 PO, Route and Box No. 124 Downbury Drive			Policy Number:	
City Myrtle Beach	State SC	ZIP Code 29588	Company NAIC Number:	

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments Reference LOMR - 04-04-203P-12-03-04

Signature 

Date 07/10/2013

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 8–9 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.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G9) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ . _____ feet meters Datum _____

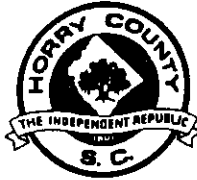
Local Official's Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____

Comments _____

Check here if attachments.

Horry County Code Enforcement

1301 2nd Ave Suite 1D09
Conway, SC 29526



Phone: (843) 915-5090
(843) 205-5090

Fax: (843) 915-6090

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 U
A1. Building Owner's Name <i>Crossfire Group Myrtle Beach, LLC</i>	Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <i>124 Downbury Drive</i>	Company NAIC Number	
City <i>Myrtle Beach</i> State <i>SC</i> ZIP Code <i>29588</i>		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>Horry County Trms #190-28-01-05E, Lt #55, Somerset Cove Ph. 1</i>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____		
A5. Latitude/Longitude: Lat. _____ Long. _____		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD
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 _____	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <i>n/a</i>	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 <i>n/a</i> sq in	c) Total net area of flood openings in A9.b _____	
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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		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 (use base flood de
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <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 Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVLY 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:
A8 + A9 Incomplete

Date of Review: *3/4/2015* Community Official: *Harold Elger*

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.