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

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

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.

	ATION	FC	R INSURA	NCE COMPANY US
A1. Building Owner's Name FLAGSHIP CONSTRUCTION	25.25	Po	licy Numbe	er:
 A2. Building Street Address (including Apt., Unit, Suite, and/or B Box No. 3243 GERVAIS LANE 	Idg. No.) or P.O. Route	and Co	mpany NA	IC Number:
City MYRTLE BEACH	State South Carolina		P Code 588	
A3. Property Description (Lot and Block Numbers, Tax Parcel N LOT 166 THE GATES (PIN 457-11-030-107)	umber, Legal Descriptio	on, etc.)	/	
A4. Building Use (e.g., Residential, Non-Residential, Addition, A	Accessory, etc.) ACC	ESSORY (GAR	AGE)	
A5. Latitude/Longitude: Lat. 33°37'32.9703"N Long. 79°0	01'38.9443"W Hori	zontal Datum: [27 🗙 NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate	e is being used to obtain	n flood insuranc	e.	
A7. Building Diagram Number1A			50 B	
A8. For a building with a crawlspace or enclosure(s):	/			
a) Square footage of crawlspace or enclosure(s)) sq ft			
b) Number of permanent flood openings in the crawlspace of	or enclosure(s) within 1.	0 foot above ad	jacent grad	de 0
c) Total net area of flood openings in A8.b 0 sq i	in			
d) Engineered flood openings? Yes XN0				
			- C -	
				/
a) Square footage of attached garage sq	ft			/
		ve adjacent grad	de	0
 a) Square footage of attached garage sq b) Number of permanent flood openings in the attached gar 		ve adjacent grad	de	0
 a) Square footage of attached garage sq b) Number of permanent flood openings in the attached gar 	rage within 1.0 foot abo	ve adjacent grad	de	0
 a) Square footage of attached garage sq b) Number of permanent flood openings in the attached gar c) Total net area of flood openings in A9.b s 	rage within 1.0 foot abo		de	0
 b) Number of permanent flood openings in the attached gar c) Total net area of flood openings in A9.b 0 s d) Engineered flood openings? Yes No SECTION B – FLOOD INSURANCE	rage within 1.0 foot abor sq in REV. 10/16/2	2017	ON	
 a) Square footage of attached garage sq b) Number of permanent flood openings in the attached gar c) Total net area of flood openings in A9.b 0 s d) Engineered flood openings? Yes No SECTION B – FLOOD INSURANCE B1. NFIP Community Name & Community Number	rage within 1.0 foot abor sq in REV. 10/16/2	2017	ON	0 B3. State South Carolina
a) Square footage of attached garage sq b) Number of permanent flood openings in the attached gar c) Total net area of flood openings in A9.b o d) Engineered flood openings? Yes X No <u>SECTION B – FLOOD INSURAN</u> B1. NFIP Community Name & Community Number HORRY COUNTY 450104 H 4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRE Number B7. FIRE Revi	rage within 1.0 foot above sq in REV. 10/16/2 CE RATE MAP (FIRM 32. County Name HORRY M Panel ctive/ ised Date	2017	DN B9. Base (Zon Flood	B3. State
a) Square footage of attached garage sq b) Number of permanent flood openings in the attached gar c) Total net area of flood openings in A9.b o d) Engineered flood openings? Yes X No <u>SECTION B – FLOOD INSURANCE</u> B1. NFIP Community Name & Community Number HORRY COUNTY 450104 4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRE Number B5. Suffix B6. FIRM Index B7. FIRE Effective Review	rage within 1.0 foot above sq in REV. 10/16/2 CE RATE MAP (FIRM 32. County Name HORRY M Panel ctive/ ised Date	2017) INFORMATIO	DN B9. Base (Zon	B3. State South Carolina Flood Elevation(s) a AO, use Base
a) Square footage of attached garage sq b) Number of permanent flood openings in the attached gar c) Total net area of flood openings in A9.b o d) Engineered flood openings?Yes XNo SECTION B – FLOOD INSURANCE B1. NFIP Community Name & Community Number HORRY COUNTY 450104 4. Map/Panel B5. Suffix B6. FIRM Index Date Number 5051C0670 H B5. Suffix 09/17/2003 B7. FIRM	rage within 1.0 foot above sq in REV. 10/16/2 CE RATE MAP (FIRM 32. County Name HORRY M Panel ctive/ ised Date 004 B8. F AE	2017) INFORMATIO	DN B9. Base (Zon Floot 23	B3. State South Carolina Flood Elevation(s) a AO, use Base
a) Square footage of attached garage 0 sq b) Number of permanent flood openings in the attached gara 0 sq c) Total net area of flood openings in A9.b 0 s d) Engineered flood openings? Yes No SECTION B – FLOOD INSURANCE BECTION B – FLOOD INSURANCE BECTION B – FLOOD INSURANCE A Map/Panel Number B5. Suffix B6. FIRM Index B7. FIRE 5051C0670 H 09/17/2003 12/03/20 310. Indicate the source of the Base Flood Elevation (BFE) data TIS Profile FIRM Community Determined	rage within 1.0 foot above sq in REV. 10/16/2 CE RATE MAP (FIRM 32. County Name HORRY M Panel ctive/ ised Date 004 B8. F AE a or base flood depth er Other/Source:	2017) INFORMATION lood Zone(s)	DN B9. Base (Zon Floot 23	B3. State South Carolina Flood Elevation(s) AO, use Base I Depth)
a) Square footage of attached garage sq b) Number of permanent flood openings in the attached gar c) Total net area of flood openings in A9.b 0 s d) Engineered flood openings? Yes No <u>SECTION B - FLOOD INSURANCE</u> B1. NFIP Community Name & Community Number HORRY COUNTY 450104 H 4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRE Number H 09/17/2003 B7. FIRE Effect Revi 5051C0670 H 09/17/2003 12/03/20 B10. Indicate the source of the Base Flood Elevation (BFE) data	rage within 1.0 foot above sq in REV. 10/16/2 CE RATE MAP (FIRM 32. County Name HORRY M Panel ctive/ ised Date 004 B8. F AE a or base flood depth er Other/Source:	2017) INFORMATIO	DN B9. Base (Zon Floot 23 D: /Source:	B3. State South Carolina Flood Elevation(s) AO, use Base Depth)

ELEVATION CERTIFICATE		OMB No. 1660-0008 Expiration Date: November 30, 2018		
IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY, USI	
Building Street Address (including Apt., Unit, 3243 GERVAIS LANE	, Suite, and/or Bldg. No.) or P.O. R	oute and Box No.	Policy Number:	
City	State ZI	P Code	Company NAIC	Number
MYRTLE BEACH	South Carolina 29	9588		
SECTION C - B	UILDING ELEVATION INFORM	ATION (SURVEY R	REQUIRED	
		uilding Under Constr	ruction* 🛛 Fini	shed Construction
*A new Elevation Certificate will be rec C2. Elevations – Zones A1–A30, AE, AH, A		0 1		
Complete Items C2.a-h below accordi	ing to the building diagram specifie	d in Item A7. In Puer	rto Rico only, ente	r meters.
Benchmark Utilized: SCVRS	Vertical Datur	m: NGVD 29		
Indicate elevation datum used for the e	elevations in items a) through h) be	low.		
X NGVD 1929 NAVD 198				<u></u>
Datum used for building elevations mu	ist be the same as that used for the	BFE.	Check the n	neasurement used.
a) Top of bottom floor (including base	ment, crawlspace, or enclosure floo	or) 24,1	X feet	_
b) Top of the next higher floor		N/A	X feet	
c) Bottom of the lowest horizontal stru	ictural member (V Zones only)	N/A		
 d) Attached garage (top of slab) 	icidial member (v Zones only)	N/A	X feet	
 e) Lowest elevation of machinery or e (Describe type of equipment and lo 	equipment servicing the building	<u>N/A</u>	X feet	_
 f) Lowest adjacent (finished) grade no 		22,9	X feet	meters
g) Highest adjacent (finished) grade n		23.4	X feet	
 h) Lowest adjacent grade at lowest ele structural support 		N/A	X feet	_
	SURVEYOR, ENGINEER, OR A	RCHITECT CERTIF	ICATION	
This certification is to be signed and sealed I certify that the information on this Certifica statement may be punishable by fine or imp	I by a land surveyor, engineer, or a ate represents my best efforts to int	rchitect authorized b	y law to certify ele	evation information. I that any false
Were latitude and longitude in Section A pr			Check he	ere if attachments.
Certifier's Name	License Number	,	12 A	
MICHAEL S. CULLER, III	29114			N
Title PRESIDENT				Noon
				lace (
Company Name CULLER LAND SURVEYING III, INC		V		Seal
Address			- 0	lefe
1010 5TH AVE NW EXT.			he	
City SURFSIDE BEACH	State South Carolina	ZIP Code 29575	Mrd.	
Signature	Date	Telephone	h h	
Machine CULLERLAND	10/09/2017	(843) 238-2333		
Copy all pages of this Elevation Certificate an	d all attachments for (1) community	official, (2) insurance	agent/company, a	nd (3) building owne
Comments (including) type of equipment and	d location, per C2(e), if applicable)			
and the second second second				V
				137 2 3

ELEVATION CERTIFICAT		inem Castland		: November 30, 201	
IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.				FOR INSURANCE COMPANY US	
Building Street Address (including a 3243 GERVAIS LANE	Apt., Unit, Suite, and/or Bldg. No.) or F	P.O. Route and Box No	. Policy Number		
City MYRTLE BEACH	State South Carolina	ZIP Code 29588	Company NAI	C Number	
SECTION	E – BUILDING ELEVATION INFOR FOR ZONE AO AND ZONE		NOT REQUIRED)		
	, complete Items E1–E5. If the Certific Items E1–E4, use natural grade, if av				
the highest adjacent grade (H/ a) Top of bottom floor (includi		riate boxes to show wh AG).	ether the elevation is		
crawlspace, or enclosure) b) Top of bottom floor (includi	ng basement,		neters above or	_	
crawlspace, or enclosure)	h permanent flood openings provided			below the LAG	
the next higher floor (elevation the diagrams) of the building is	C2.b in		neters above or		
E3. Attached garage (top of slab) i				below the HAG	
E4. Top of platform of machinery a servicing the building is	and/or equipment	[feet] n	neters 🗌 above or	below the HAG	
	h number is available, is the top of the		_	_	
The property owner or owner's auth	- PROPERTY OWNER (OR OWNER norized representative who completes 0 must sign here. The statements in S	Sections A, B, and E for	or Zone A (without a	FEMA-issued or	
The property owner or owner's auth community-issued BFE) or Zone Ad Property Owner or Owner's Authori	norized representative who completes O must sign here. The statements in S zed Representative's Name	Sections A, B, and E for	or Zone A (without a	FEMA-issued or of my knowledge. ZIP Code	
The property owner or owner's auth community-issued BFE) or Zone Ad Property Owner or Owner's Authori Address	norized representative who completes O must sign here. The statements in S zed Representative's Name C	Sections A, B, and E fo Sections A, B, and E are	or Zone A (without a e correct to the best of State	of my knowledge.	
The property owner or owner's auth community-issued BFE) or Zone Ad Property Owner or Owner's Authori Address Signature	norized representative who completes O must sign here. The statements in S zed Representative's Name C	Sections A, B, and E fo Sections A, B, and E are	or Zone A (without a e correct to the best o	of my knowledge.	
The property owner or owner's auth community-issued BFE) or Zone Ad Property Owner or Owner's Authori Address Signature	norized representative who completes O must sign here. The statements in S zed Representative's Name C	Sections A, B, and E fo Sections A, B, and E are	or Zone A (without a e correct to the best of State	of my knowledge.	
The property owner or owner's auth community-issued BFE) or Zone Ad Property Owner or Owner's Authori Address Signature	norized representative who completes O must sign here. The statements in S zed Representative's Name C	Sections A, B, and E fo Sections A, B, and E are	or Zone A (without a e correct to the best of State	of my knowledge.	
The property owner or owner's auth community-issued BFE) or Zone Ad Property Owner or Owner's Authori Address Signature	norized representative who completes O must sign here. The statements in S zed Representative's Name C	Sections A, B, and E fo Sections A, B, and E are	or Zone A (without a e correct to the best of State	of my knowledge.	
The property owner or owner's auth community-issued BFE) or Zone Ad Property Owner or Owner's Authori Address Signature	norized representative who completes O must sign here. The statements in S zed Representative's Name C	Sections A, B, and E fo Sections A, B, and E are	or Zone A (without a e correct to the best of State	of my knowledge.	
The property owner or owner's auth community-issued BFE) or Zone Ad Property Owner or Owner's Authori Address Signature	norized representative who completes O must sign here. The statements in S zed Representative's Name C	Sections A, B, and E fo Sections A, B, and E are	or Zone A (without a e correct to the best of State	of my knowledge.	
The property owner or owner's auth	norized representative who completes O must sign here. The statements in S zed Representative's Name C	Sections A, B, and E fo Sections A, B, and E are	or Zone A (without a e correct to the best of State	of my knowledge.	
The property owner or owner's auth community-issued BFE) or Zone Ad Property Owner or Owner's Authori Address Signature	norized representative who completes O must sign here. The statements in S zed Representative's Name C	Sections A, B, and E fo Sections A, B, and E are	or Zone A (without a e correct to the best of State	of my knowledge.	

	the corresponding information from Section t., Unit, Suite, and/or Bldg. No.) or P.O. Route a	
243 GERVAIS LANE	t., Unit, Suite, and/or Bldg. No.) or P.O. Route a	nd Box No. Policy Number
	State ZIP Coo South Carolina 29588	de Company NAIC Number
	SECTION G - COMMUNITY INFORMATION	(OPTIONAL)
 ections A, B, C (or E), and G of this sed in Items G8–G10. In Puerto Rice 1. The information in Section (engineer, or architect who is data in the Comments area 2. A community official completor or Zone AO. 	Elevation Certificate. Complete the applicable is o only, enter meters. C was taken from other documentation that has s authorized by law to certify elevation information below.) eted Section E for a building located in Zone A	s floodplain management ordinance can complete tem(s) and sign below. Check the measurement been signed and sealed by a licensed surveyor, ion. (Indicate the source and date of the elevation (without a FEMA-issued or community-issued BFE)
 I he following information (f Permit Number 	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
 This permit has been issued for: 8. Elevation of as-built lowest floor 		nprovement
of the building:		feet meters Datum
9. BFE or (in Zone AO) depth of flo	ooding at the building site:	feet meters
10. Community's design flood eleva	tion:	feet meters
ocal Official's Name	Title	
ommunity Name	Telephone	
gnature	Date	
omments (including type of equipme	ent and location, per C2(e), if applicable)	

Form Page 4 of 6

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

			Expiration Date. November 50, 2010	
IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., 3243 GERVAIS LANE	Unit, Suite, and/or Bldg. No) or F	P.O. Route and Box No.	Policy Number:	
City	State	ZIP Code	Company NAIC Number	
MYRTLE BEACH	South Carolina	29588		
	ooun ouronna	20000		

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 Caption RIGHT SIDE VIEW (10/05/2017)

ELEVATION CERTIFICATE



Photo Two Caption REAR VIEW (10/05/2017)

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS Continuation Page

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.		
Unit, Suite, and/or Bldg. No.) or F	O. Route and Box No.	Policy Number:
State	ZIP Code	Company NAIC Number
MYRTLE BEACH South Carolina 29588		
	Unit, Suite, and/or Bldg. No.) or F State	Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. State ZIP Code

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 One Caption LEFT SIDE VIEW (10/05/2017)

Photo Two

Photo Two