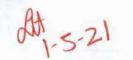
# U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program



OMB No. 1660-0008 Expiration Date: November 30, 2022

# **ELEVATION CERTIFICATE**

Important: Follow the instructions on pages 1-9.

| py all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance<br>SECTION A – PROPERTY INFORMATION |   |                           |             | FOR INSUR                         | ANCE COMPANY USE      |                                  |                                     |
|--|---|---------------------------|-------------|-----------------------------------|-----------------------|----------------------------------|-------------------------------------|
| A1. Building Owner's Name  |   |                           | Policy Numb |                                   |                       |                                  |                                     |
| PETER C. SCHMI   |   |                           | 27.15       |                                   |                       |                                  |                                     |
| Box No.  |   | luding Apt., Unit, Suite  | e, and/or   | Bldg. No.) or                     | P.O. Route and        | Company N                        | AIC Number:                         |
| 4033 COPPERHE  | AD ROAD   |                           |             |                                   |                       |                                  |                                     |
| City   |   |                           |             | State<br>South Ca                 | volina                | ZIP Code<br>29577                |                                     |
| CONWAY   | rintian () at an                                | d Block Numbers, Tax      | Dorool      | Solution States and States        | and the second second | 1215 A.M.M.                      |                                     |
|  |   | D RD. (PIN# 381-10-0      |             | Number, Leg                       | ar Description, etc   | -)                               |                                     |
| A4. Building Use (   | e.g., Resident                                  | tial, Non-Residential, A  | Addition,   | Accessory, e                      | tc.) RESIDENTIA       | AL                               |                                     |
| 45. Latitude/Longi   | tude: Lat. 33                                   | 3-47-25.5                 | Long. 07    | 79-04-04.5                        | Horizontal            | Datum: 🗌 NAD 1                   | 927 🗶 NAD 1983                      |
| A6. Attach at leas   | t 2 photograph                                  | ns of the building if the | e Certifica | ate is being u                    | sed to obtain flood   | insurance.                       |                                     |
| A7. Building Diagr   | am Number                                       | 8                         |             |                                   |                       |                                  |                                     |
| A8. For a building   | with a crawlsp                                  | pace or enclosure(s):     |             |                                   |                       |                                  |                                     |
| a) Square for  | tage of crawls                                  | space or enclosure(s)     |             | 5                                 | 794.00 sq ft          |                                  |                                     |
| b) Number of   | permanent flo                                   | od openings in the cra    | awlspace    | or enclosure                      | (s) within 1.0 foot   | above adjacent gra               | de 8                                |
| c) Total net a   | rea of flood op                                 | enings in A8.b            | 3           | 360.00 sq in                      |                       |                                  |                                     |
| d) Engineere   | d flood openin                                  | gs? 🗌 Yes 🗶 N             | lo          |                                   |                       |                                  |                                     |
| A9. For a building   | with an attach                                  | ed garage.                |             |                                   |                       |                                  |                                     |
|  |   |                           |             | N/A soft                          |                       |                                  |                                     |
|  |   | ed garage                 |             |                                   |                       | cont grade N/A                   |                                     |
|  |   | ood openings in the att   | ached ga    |                                   |                       |                                  |                                     |
| c) Total net a   | rea of flood op                                 | enings in A9.b            |             | N/A sq                            | in                    |                                  |                                     |
| d) Engineered  | d flood openin                                  | gs? 🗌 Yes 🕱 N             | 10          |                                   |                       |                                  | -                                   |
|  | SE  | CTION B - FLOOD I         | INSURA      | NCE RATE                          | MAP (FIRM) INF        | ORMATION                         |                                     |
| B1. NFIP Commu   | nity Name & C                                   | Community Number          |             | B2. County                        | Name                  |                                  | B3. State                           |
| HORRY COUNTY 450104  |   | HORRY COUNTY              |             |                                   | South Carolina        |                                  |                                     |
| B4. Map/Panel<br>Number  | B5. Suffix                                      | B6. FIRM Index<br>Date    | Effe        | RM Panel<br>ective/<br>vised Date | B8. Flood<br>Zone(s)  | B9. Base Flood E<br>(Zone AO, us | Elevation(s)<br>e Base Flood Depth) |
| 45051C 0537  | к   | 12-16-2021                | 12-16-      | 147524 M                          | x                     | N/A                              |                                     |
|  | source of the                                   | Base Flood Elevation      | (BFE) d     | ata or base fl                    | ood depth entered     | in Item B9:                      |                                     |
| B10. Indicate the  |   |                           |             |                                   |                       |                                  |                                     |
| B10. Indicate the  |   | Community Deter           |             |                                   |                       |                                  |                                     |
| FIS Profi  | ile 🗴 FIRM                                      | Community Deter           |             |                                   |                       | Other/Source:                    |                                     |
| FIS Profi<br>B11. Indicate ele   | ile 🗴 FIRM                                      | used for BFE in Item B    | 39: 🗌 N     | IGVD 1929                         | 🗴 NAVD 1988           |                                  |                                     |
| FIS Profi<br>B11. Indicate ele   | ile 🛛 FIRM<br>vation datum t<br>ng located in a | used for BFE in Item B    | 39: 🗌 N     | IGVD 1929                         | 🗴 NAVD 1988           |                                  | OPA)? 🗌 Yes 🗶 No                    |

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

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| ELEVATION CERTIFICATE   | OMB No. 1660-0008<br>Expiration Date: November 30, 2022<br>FOR INSURANCE COMPANY USE                             |  |  |
|---|--|--|--|
| IMPORTANT: In these spaces, copy the c  |  |  |  |
| Building Street Address (including Apt., Unit<br>4033 COPPERHEAD ROAD   | t, Suite, and/or Bldg. No.) or P.O   | . Route and Box No.                      | Policy Number:   |
| City<br>CONWAY  | Company NAIC Number  |  |  |
| SECTION C - E   | BUILDING ELEVATION INFOR   | MATION (SURVEY F                         | REQUIRED)  |
| <ul> <li>C1. Building elevations are based on:</li> <li>*A new Elevation Certificate will be re</li> <li>C2. Elevations – Zones A1–A30, AE, AH,<br/>Complete Items C2.a–h below accord<br/>Benchmark Utilized: TBM</li> </ul> | quired when construction of the t<br>A (with BFE), VE, V1–V30, V (w<br>ling to the building diagram speci        | ith BFE), AR, AR/A, AF                   | R/AE, AR/A1-A30, AR/AH, AR/AO  |
| Indicate elevation datum used for the   | elevations in items a) through h)  | below.                                   |  |
| NGVD 1929 🕱 NAVD 198  | - N. M. 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - |  |  |
| Datum used for building elevations mu   | hannal second  | the BFE.                                 |  |
| a) Top of bottom floor (including base  | ement, crawlspace, or enclosure  | floor)                                   | Check the measurement used.<br><u>15.5</u> <b>x</b> feet meters<br>18.3 <b>x</b> feet meters |
| b) Top of the next higher floor   |  |  |  |
| c) Bottom of the lowest horizontal str  | uctural member (V Zones only)  | 10-10-10-10-10-10-10-10-10-10-10-10-10-1 | N/A feet meters  |
| d) Attached garage (top of slab)  |  |  | N/A feet meters  |
| <ul> <li>e) Lowest elevation of machinery or e<br/>(Describe type of equipment and le</li> </ul>  | equipment servicing the building<br>ocation in Comments)   |  | 16.3 x feet meters   |
| f) Lowest adjacent (finished) grade n   | next to building (LAG)   | <u></u>                                  | 14.9 x feet meters   |
| g) Highest adjacent (finished) grade i  | next to building (HAG)   |  | 15.9 x feet meters   |
| <ul> <li>h) Lowest adjacent grade at lowest e<br/>structural support</li> </ul>   | levation of deck or stairs, includir   | ng                                       | 15.6 🗴 feet 🗌 meters   |
| SECTION D -   | SURVEYOR, ENGINEER, OR   | ARCHITECT CERTI                          | FICATION   |
| This certification is to be signed and sealed<br>I certify that the information on this Certific<br>statement may be punishable by fine or im   | ate represents my best efforts to  | interpret the data avail                 | by law to certify elevation information.<br>lable. I understand that any false               |
| Were latitude and longitude in Section A p  | rovided by a licensed land survey  | yor? 🗶 Yes 🗌 No                          | Check here if attachments.   |
| Certifier's Name<br>J. JASON COX  | License Number<br>SC# 26950  |  | CARO   |
| Title<br>OWNER  |  |  | No. 26950  |
| Company Name<br>COX SURVEYORS & ASSOCIATES, LLC   | 2  |  | No. 26950  |
| Address<br>4325 DICK POND ROAD, SUITE A   |  |  | I SURVEST IN   |
| City<br>MYRTLE BEACH  | State<br>South Carolina  | ZIP Code<br>29588                        | ASON COMM  |
| Signature J. Jas. Cox   | Date<br>12-28-2021   | Telephone<br>(843) 650-1500              | Ext.   |
| Copy all pages of this Elevation Certificate a  | nd all attachments for (1) commun  | ity official, (2) insurance              | e agent/company, and (3) building owner.   |
| Comments (including type of equipment an  | nd location, per C2(e), if applicab  | le)                                      |  |
| C2a is the average elevation of the crawls<br>air conditioner pad. This property is partial<br>zone "X".  |  |  |  |
|   |  |  | Earry David Calif  |
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| OMB No.    | 1660-0 | 8000     |     |     |
|------------|--------|----------|-----|-----|
| Expiration | Date:  | November | 30. | 202 |

| ELEVATION CERTIFICATE   |  |  | Expiration Dat                               | te: November 30, 2022                    |
|---|--|--|--|--|
| MPORTANT: In these spaces, copy the corresp   | FOR INSURA   | ANCE COMPANY USE                                 |  |  |
| Building Street Address (including Apt., Unit, Suite<br>4033 COPPERHEAD ROAD  | , and/or Bldg. No.) or F                           | P.O. Route and Box No                            | b. Policy Number                             | er:                                      |
| City  | State  | ZIP Code   | Company NA                                   | IC Number                                |
| CONWAY  | South Carolina                                     | 29577  |  |  |
| SECTION E – BUILDING<br>FOR 2   | ELEVATION INFOR                                    | RMATION (SURVEY<br>A (WITHOUT BFE)               | NOT REQUIRED)                                |  |
| For Zones AO and A (without BFE), complete Item complete Sections A, B,and C. For Items E1–E4, u enter meters.  | s E1–E5. If the Certific use natural grade, if ave | ate is intended to sup<br>ailable. Check the mea | port a LOMA or LOM<br>asurement used. In     | /R-F request,<br>Puerto Rico only,       |
| E1. Provide elevation information for the following<br>the highest adjacent grade (HAG) and the low   |  |  | nether the elevation                         | is above or below                        |
| <ul> <li>a) Top of bottom floor (including basement,<br/>crawlspace, or enclosure) is</li> <li>b) Tap of bottom floor (including basement)</li> </ul> |  | feet 🗌   | meters 🗌 above                               | or Delow the HAG.                        |
| <li>b) Top of bottom floor (including basement,<br/>crawlspace, or enclosure) is</li>   |  | feet 🔲   | meters above                                 | or Delow the LAG.                        |
| E2. For Building Diagrams 6–9 with permanent flo<br>the next higher floor (elevation C2.b in  | ood openings provided                              |  | 85 III.                                      |  |
| the diagrams) of the building is  | -  | [] feet []                                       |  | 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<br>servicing the building is  | nt   | [] feet []                                       | meters 🗌 above                               | or Delow the HAG.                        |
| E5. Zone AO only: If no flood depth number is ava<br>floodplain management ordinance?  Yes  | ailable, is the top of the                         | bottom floor elevated<br>wn. The local official  | in accordance with<br>must certify this info | the community's<br>rmation in Section G. |
| SECTION F – PROPERTY  | OWNER (OR OWNER                                    | R'S REPRESENTATIV                                | E) CERTIFICATION                             | N  |
| The property owner or owner's authorized represe<br>community-issued BFE) or Zone AO must sign he<br>Property Owner or Owner's Authorized Represent   | re. The statements in S                            | Sections A, B, and E<br>Sections A, B, and E a   | for Zone A (without<br>re correct to the bes | a FEMA-issued or<br>t of my knowledge.   |
| Address   | C  | City   | State  | ZIP Code                                 |
| Signature   | E  | Date   | Telephone                                    |  |
| Comments  |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  | MINIMUM                                  |
|   |  |  |  | TH CAROLING                              |
|   |  |  | Summer Contraction                           | COX 7                                    |
|   |  |  | ER   | ASSOCIATES,                              |
|   |  |  | ALL REAL                                     | OF AUTHORN                               |
|   |  |  | Che  | ck here if attachments.                  |
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| Building Street Address (including Apt., Uni   | corresponding information fr   |  |   |  |  |
|--|--|--|---|--|--|
|  | IMPORTANT: In these spaces, copy the corresponding information from Section A. |  |   |  |  |
| 4033 COPPERHEAD ROAD   | it, Suite, and/or Bldg. No.) or P  | O. Route and Box N                               | o. Policy Number:   |  |  |
| City State<br>CONWAY South Carolina  |  | ZIP Code<br>29577                                | Company NAIC Number   |  |  |
| SE   | CTION G - COMMUNITY INFO   | ORMATION (OPTION                                 | IAL)  |  |  |
| The local official who is authorized by law<br>Sections A, B, C (or E), and G of this Eleva<br>used in Items G8–G10. In Puerto Rico only | ation Certificate. Complete the  | community's floodplai<br>applicable item(s) an   | in management ordinance can complete d sign below. Check the measurement        |  |  |
| G1. The information in Section C was<br>engineer, or architect who is auth<br>data in the Comments area below                            | norized by law to certify elevation  | ion that has been sign<br>on information. (Indic | ned and sealed by a licensed surveyor, ate the source and date of the elevation |  |  |
| G2. A community official completed S<br>or Zone AO.  | Section E for a building located   | in Zone A (without a                             | FEMA-issued or community-issued BFE)  |  |  |
| G3. The following information (Items   | G4–G10) is provided for comm   | nunity floodplain man                            | agement purposes.   |  |  |
| G4. Permit Number  | G5. Date Permit Issued   |  | G6. Date Certificate of<br>Compliance/Occupancy Issued                          |  |  |
| G7. This permit has been issued for:   | New Construction Su  | ubstantial Improveme                             | nt  |  |  |
| G8. Elevation of as-built lowest floor (inclu<br>of the building:  | uding basement)  |  | feet imeters Datum  |  |  |
| G9. BFE or (in Zone AO) depth of flooding  | g at the building site:  | C  | ] feet  meters Datum  |  |  |
| G10. Community's design flood elevation:   |  |  | ] feet [] meters Datum  |  |  |
| Local Official's Name  | т  | ïtle   |   |  |  |
| Community Name   | Т  | elephone   |   |  |  |
| Signature  | D  | Date   |   |  |  |
| Comments (including type of equipment an   | d location, per C2(e), if applica  | able)  |   |  |  |
|  |  |  |   |  |  |
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|  |  |  |   |  |  |
|  |  |  |   |  |  |
|  |  |  |   |  |  |
|  |  |  | Check here if attachments.<br>Form Page 4 of                                    |  |  |

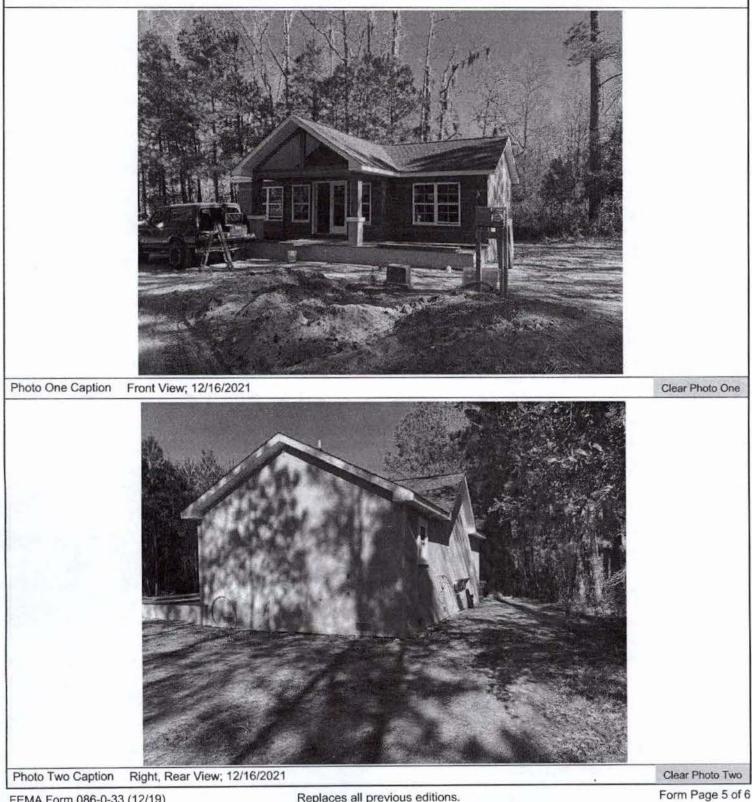
## **ELEVATION CERTIFICATE**

#### **BUILDING PHOTOGRAPHS** See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2022

| IMPORTANT: In these spaces,                               | FOR INSURANCE COMPANY USE<br>Policy Number: |       |  |
|---|---|-------|--|
| Building Street Address (includin<br>4033 COPPERHEAD ROAD |   |       |  |
| City  | Company NAIC Number                         |       |  |
| CONWAY  | South Carolina                              | 29577 |  |

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.



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### **ELEVATION CERTIFICATE**

#### BUILDING PHOTOGRAPHS Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2022

|  |                           | CUMPLES CON |  |
|--|---------------------------|-------------|--|
| IMPORTANT: In these spaces, o                              | FOR INSURANCE COMPANY USE |             |  |
| Building Street Address (including<br>4033 COPPERHEAD ROAD | Policy Number:            |             |  |
| City   | Company NAIC Number       |             |  |
| CONWAY   | South Carolina            | 29577       |  |

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 Caption Typical Vent: 12/16/2021

Photo Four Caption Air conditioner: 12/28/2021 Clear Photo Four

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**Clear Photo Three**