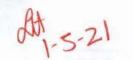
# U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program



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 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 South Ca	volina	ZIP Code 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 Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	Elevation(s) 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 B11. Indicate ele	ile 🗴 FIRM	used for BFE in Item B	39: 🗌 N	IGVD 1929	🗴 NAVD 1988		
FIS Profi B11. Indicate ele	ile 🛛 FIRM vation datum t ng located in a	used for BFE in Item B	39: 🗌 N	IGVD 1929	🗴 NAVD 1988		OPA)? 🗌 Yes 🗶 No

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ELEVATION CERTIFICATE	OMB No. 1660-0008 Expiration Date: November 30, 2022 FOR INSURANCE COMPANY USE		
IMPORTANT: In these spaces, copy the c			
Building Street Address (including Apt., Unit 4033 COPPERHEAD ROAD	t, Suite, and/or Bldg. No.) or P.O	. Route and Box No.	Policy Number:
City 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, Complete Items C2.a–h below accord Benchmark Utilized: TBM</li> </ul>	quired when construction of the t A (with BFE), VE, V1–V30, V (w 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. <u>15.5</u> <b>x</b> feet meters 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 (Describe type of equipment and le</li> </ul>	equipment servicing the building 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 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 I certify that the information on this Certific statement may be punishable by fine or im	ate represents my best efforts to	interpret the data avail	by law to certify elevation information. 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 J. JASON COX	License Number SC# 26950		CARO
Title OWNER			No. 26950
Company Name COX SURVEYORS & ASSOCIATES, LLC	2		No. 26950
Address 4325 DICK POND ROAD, SUITE A			I SURVEST IN
City MYRTLE BEACH	State South Carolina	ZIP Code 29588	ASON COMM
Signature J. Jas. Cox	Date 12-28-2021	Telephone (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 air conditioner pad. This property is partial 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 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 FOR 2	ELEVATION INFOR	RMATION (SURVEY 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 ailable. Check the mea	port a LOMA or LOM asurement used. In	/R-F request, Puerto Rico only,
E1. Provide elevation information for the following the highest adjacent grade (HAG) and the low			nether the elevation	is above or below
<ul> <li>a) Top of bottom floor (including basement, 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, crawlspace, or enclosure) is</li>		feet 🔲	meters above	or Delow the LAG.
E2. For Building Diagrams 6–9 with permanent flo 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 servicing the building is	nt	[] feet []	meters 🗌 above	or Delow the HAG.
E5. Zone AO only: If no flood depth number is ava floodplain management ordinance?  Yes	ailable, is the top of the	bottom floor elevated wn. The local official	in accordance with must certify this info	the community's rmation in Section G.
SECTION F – PROPERTY	OWNER (OR OWNER	R'S REPRESENTATIV	E) CERTIFICATION	N
The property owner or owner's authorized represe community-issued BFE) or Zone AO must sign he Property Owner or Owner's Authorized Represent	re. The statements in S	Sections A, B, and E Sections A, B, and E a	for Zone A (without re correct to the bes	a FEMA-issued or 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 CONWAY South Carolina		ZIP Code 29577	Company NAIC Number		
SE	CTION G - COMMUNITY INFO	ORMATION (OPTION	IAL)		
The local official who is authorized by law Sections A, B, C (or E), and G of this Eleva used in Items G8–G10. In Puerto Rico only	ation Certificate. Complete the	community's floodplai applicable item(s) an	in management ordinance can complete d sign below. Check the measurement		
G1. The information in Section C was engineer, or architect who is auth data in the Comments area below	norized by law to certify elevation	ion that has been sign on information. (Indic	ned and sealed by a licensed surveyor, ate the source and date of the elevation		
G2. A community official completed S 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 Compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction Su	ubstantial Improveme	nt		
G8. Elevation of as-built lowest floor (inclu 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)			
			Check here if attachments. Form Page 4 of		

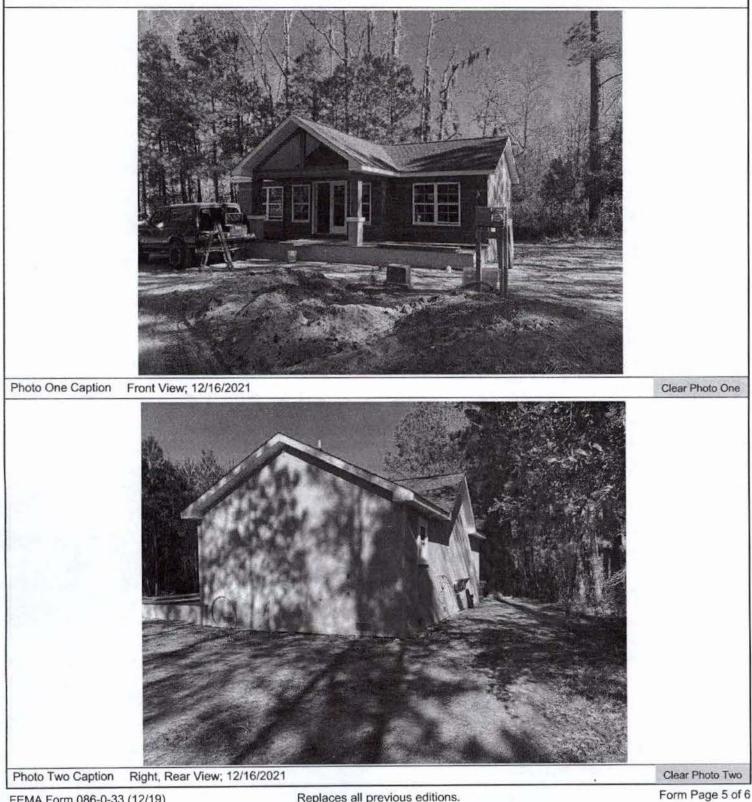
## **ELEVATION CERTIFICATE**

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

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IMPORTANT: In these spaces,	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (includin 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 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**