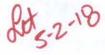
71352

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.

	TION A - PROPERTY	IN ORMATION		FOR INSURANCE COMPAN
A1. Building Owner's Name DAVID DESMARAIS & RENEE	di di	Policy Number:		
A2. Building Street Address (in Box No. 186 HARBOR OAKS DRIVE	cluding Apt., Unit, Suite	e, and/or Bldg. No.) or P.0	D. Route and	Company NAIC Number:
City MYRTLE BEACH		State South Caroli	na 🖊	ZIP Code 29588
A3. Property Description (Lot a JARBOR OAKS MARINA LOT		STATE STATE AND ADDRESS OF THE PARTY OF THE	Description, etc.)	
Building Use (e.g., Resider	ntial, Non-Residential, A	Addition, Accessory, etc.)	RESIDENTIAL	
5. Latitude/Longitude: Lat. N	133°41'12.03"	Long. W79°00'32.02"	Horizontal Datur	n: NAD 1927 X NAD 19
Attach at least 2 photograp	ohs of the building if the	Certificate is being used	to obtain flood insur	ance.
M. Building Diagram Number				
A8. For a building with a crawls	The second secon			
 a) Square footage of craw 		1,145 sq ft		
b) Number of permanent f	lood openings in the cra	awlspace or enclosure(s)	within 1.0 foot above	adjacent grade N/A
c) Total net area of flood of	ppenings in A8.b N	A sq in		
d) Engineered flood openi	ngs? ☐ Yes ☒ N	0		
AQ. For a building with an attac	shed garage:			
	nel.			
a) Square footage of attac	ched garage N/F	-		ala -
	ched garage N/F	-	foot above adjacent	grade N/A
a) Square footage of attac	ched garage N/F	-	foot above adjacent	grade N/A
a) Square footage of attact b) Number of permanent f	ched garage N/A Rood openings in the att openings in A9.b	tached garage within 1.0	foot above adjacent	grade N/A
a) Square footage of attact b) Number of permanent f c) Total net area of flood of d) Engineered flood openi	ched garage	tached garage within 1.0		
b) Number of permanent fc) Total net area of flood od) Engineered flood openi	ched garage	tached garage within 1.0	P (FIRM) INFORMA	
a) Square footage of attact b) Number of permanent f c) Total net area of flood of d) Engineered flood openions S B1. NFIP Community Name &	ched garage	sq in NSURANCE RATE MA B2. County Nar	P (FIRM) INFORMA	B3. State South Carolina
a) Square footage of attact b) Number of permanent f c) Total net area of flood of d) Engineered flood openi S B1. NFIP Community Name & HORRY COUNTY 450104 B4. Map/Panel Number B5. Suffix	ched garage N/A Rood openings in the att openings in A9.b N ings? Yes X N ECTION B – FLOOD II Community Number B6. FIRM Index Date	sq in No NSURANCE RATE MA B2. County Narr HORRY B7. FIRM Panel Effective/ Revised Date	P (FIRM) INFORMA	B3. State South Carolina B9. Base Flood Elevation (Zone AO, use Base Flood Depth)
a) Square footage of attact b) Number of permanent f c) Total net area of flood of d) Engineered flood openion S B1. NFIP Community Name & HORRY COUNTY 450104 44. Map/Panel Number 5051C0 0660 H	ched garage N/A Rood openings in the attempenings in A9.b Ings? Yes X N ECTION B – FLOOD II Community Number B6. FIRM Index Date 09/17/2003	sq in No NSURANCE RATE MA B2. County Narr HORRY B7. FIRM Panel Effective/ Revised Date 08/23/1999	P (FIRM) INFORMATION INFORMATI	B3. State South Carolina B9. Base Flood Elevation (Zone AO, use Base Flood Depth) 6
a) Square footage of attact b) Number of permanent f c) Total net area of flood of d) Engineered flood openion S B1. NFIP Community Name & HORRY COUNTY 450104 4. Map/Panel Number 5051C0 0660 H B10. Indicate the source of the	ched garage N/A Rood openings in the attempenings in A9.b Ings? Yes X N ECTION B – FLOOD II Community Number B6. FIRM Index Date 09/17/2003	sq in No NSURANCE RATE MA B2. County Narr HORRY B7. FIRM Panel Effective/ Revised Date 08/23/1999	B8. Flood Zone(s	B3. State South Carolina B9. Base Flood Elevation (Zone AO, use Base Flood Depth) 6
a) Square footage of attact b) Number of permanent f c) Total net area of flood of d) Engineered flood opening SB1. NFIP Community Name & HORRY COUNTY 450104 4. Map/Panel Number 5051C0 0660 H B10. Indicate the source of the	ched garage	sq in No NSURANCE RATE MA B2. County Nan HORRY B7. FIRM Panel Effective/ Revised Date 08/23/1999 (BFE) data or base flood mined Other/Source	B8. Flood Zone(s	B3. State South Carolina B9. Base Flood Elevation (Zone AO, use Base Flood Depth) 6
a) Square footage of attact b) Number of permanent f c) Total net area of flood of d) Engineered flood opening S B1. NFIP Community Name & HORRY COUNTY 450104 4. Map/Panel Number 5051C0 0660 H B10. Indicate the source of the Indicate the source of the Indicate	ched garage	sq in NSURANCE RATE MA B2. County Nar HORRY B7. FIRM Panel Effective/ Revised Date 08/23/1999 (BFE) data or base flood mined Other/Source	B8. Flood Zone(s AE depth entered in Iter	B3. State South Carolina B9. Base Flood Elevation (Zone AO, use Base Flood Depth) 6 m B9: ther/Source:
a) Square footage of attact b) Number of permanent f c) Total net area of flood of d) Engineered flood opening B1. NFIP Community Name & HORRY COUNTY 450104 B4. Map/Panel Number B5. Suffix D5051C0 0660 B10. Indicate the source of the FIS Profile FIRM B11. Indicate elevation datum	ched garage	sq in NSURANCE RATE MA B2. County Nar HORRY B7. FIRM Panel Effective/ Revised Date 08/23/1999 (BFE) data or base flood mined Other/Source	B8. Flood Zone(s AE depth entered in Iter	B3. State South Carolina B9. Base Flood Elevation (Zone AO, use Base Flood Depth) 6 m B9: ther/Source:

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, ar 186 HARBOR OAKS DRIVE	Policy Number:			
City MYRTLE BEACH	State ZIP 0 South Carolina 2958		Company NAIC Number	
SECTION C - BUILDING	ELEVATION INFORMAT	ION (SURVEY R	EQUIRED)	
*A new Elevation Certificate will be required who	E), VE, V1-V30, V (with BF	ng is complete.	/AE, AR/A1-A30, AR/AH, AR/AO	
Complete Items C2.a-h below according to the Benchmark Utilized: 26 206	building diagram specified in Vertical Datum:		to Rico only, enter meters.	
Indicate elevation datum used for the elevations	in items a) through h) below		-	
Datum used for building elevations must be the	same as that used for the B	FE.	Check the measurement used.	
Top of bottom floor (including basement, cra	wlspace, or enclosure floor)	14, 23		
b) Top of the next higher floor	Section of the sectio	23. 88	X feet meters	
c) Bottom of the lowest horizontal structural me	ember (V Zones only)	N/A.	X feet meters	
d) Attached garage (top of slab)		N/A	x feet meters	
Lowest elevation of machinery or equipment (Describe type of equipment and location in	t servicing the building Comments)	13. 63	X feet meters	
f) Lowest adjacent (finished) grade next to bui	lding (LAG)	13, 33	X feet meters	
g) Highest adjacent (finished) grade next to bu	ilding (HAG)	14. 40	✓ feet	
b) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support		14. 21	X feet meters	
SECTION D - SURVEY	OR, ENGINEER, OR ARC	HITECT CERTIF	ICATION	
This certification is to be signed and sealed by a lan I certify that the information on this Certificate repres statement may be punishable by fine or imprisonme Were latitude and longitude in Section A provided by	sents my best efforts to inter nt under 18 U.S. Code, Sect	pret the data availation 1001.	y law to certify elevation information. able. I understand that any false Check here if attachments.	
Certifier's Name	License Number		MILITARY.	
WILLIAM S. BIGGERSTAFF	21617		STAN CAPO	
Title PROFESSIONAL LAND SURVEYOR	Man -		To a series of the series of t	
Company Name ENGINEERING AND TECHNICAL SERVICES			No Sea Here	
Address 58 CENTERMARSH LANE				
City PAWLEYS ISLAND	State South Carolina	ZIP Code 29585		
Copy all pages of this Elevation Contricate and all atta	Date 05/02/2018	Telephone (843) 237-3002	agent/company, and (3) building owner	
Comments (including type of equipment and location C2 (e) HVAC				

ELEVATION CERTIFICATE

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

sponding information from	Decition 71.		FUR INSURAN	ICE COMPANY US
ite, and/or Bldg. No.) or P.O.	Route and Bo	ox No.	Policy Number	
State	ZIP Code		Company NAIC	Number
South Carolina	29588			
			REQUIRED)	Anthre Management Membras
ems E1–E5. If the Certificate , use natural grade, if available	is intended to ble. Check the	support a measurer	LOMA or LOMF nent used. In Pu	R-F request, serto Rico only,
		ow whether	the elevation is	above or below
	feet	meters	above or	below the HAC
	feet	meters	above or	below the LAG
flood openings provided in S	ection A Item	s 8 and/or	9 (see pages 1-	2 of Instructions),
	feet	meters	above or	below the HAG
	leet	_ meters	above or	below the HAG
nent	[] feet	meters	above or	below the HAG
City		Sta	ite	ZIP Code
Date		Tel	ephone	
	State South Carolina NG ELEVATION INFORMA R ZONE AO AND ZONE A The sems E1-E5. If the Certificate and the company of the com	State ZIP Code South Carolina 29588 NG ELEVATION INFORMATION (SUR) R ZONE AO AND ZONE A (WITHOUT Extense E1—E5. If the Certificate is intended to be use natural grade, if available. Check the owest adjacent grade (LAG). feet fe	State ZIP Code South Carolina 29588 NG ELEVATION INFORMATION (SURVEY NOT R ZONE AO AND ZONE A (WITHOUT BFE) The state and the certificate is intended to support a support and the company of the company of the certificate is intended to support a support and the company of the certificate is intended to support a support and check the appropriate boxes to show whether company of the certificate is intended to support a support and the company of the certificate is intended to support a support and the certificate is intended to support a support a support and the certificate is intended to support a support	State ZIP Code South Carolina 29588 NG ELEVATION INFORMATION (SURVEY NOT REQUIRED) Perms E1—E5. If the Certificate is intended to support a LOMA or LOMF in the company of the company o

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, State HARBOR OAKS DRIVE	Policy Number:		
City MYRTLE BEACH	State South Carolina	ZIP Code 29588	Company NAIC Number
SECTION	ON G - COMMUNITY INFO	RMATION (OPTIONAL	-)
data in the Comments area below.)	Certificate. Complete the atter meters. en from other documentation of the documentation of	applicable item(s) and son that has been signed in information. (Indicate in Zone A (without a FE	d and sealed by a licensed surveyor, the source and date of the elevation
G4. Permit Number	G5. Date Permit Issued	G6	b. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for: G8. Elevation of as-built lowest floor (including of the building: G9. BFE or (in Zone AO) depth of flooding at		f	eet meters Datum
G10. Community's design flood elevation:		f	eet meters Datum
Local Official's Name	Т	itle	
Community Name	Te	elephone	
Signature	D	ate	
Comments (including type of equipment and lo	cation, per C2(e), if applica	ble)	
			Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

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. 186 HARBOR OAKS DRIVE				FOR INSURANCE COMPANY USE	
				Policy Number:	
City MYRTLE BEACH	/	State South Carolina	ZIP Code 29588	Company NAIC Number	

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.

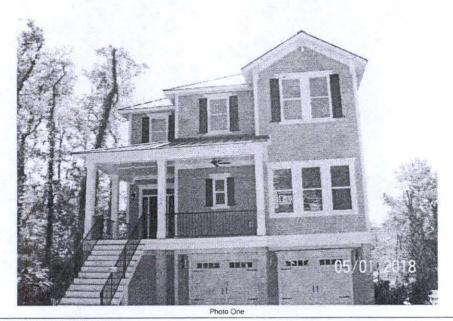


Photo One Caption FRONT VIEW 04/30/2018



Photo Two Caption RIGHT SIDE VIEW 04/30/2018

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

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. 186 HARBOR OAKS DRIVE				FOR INSURANCE COMPANY USE Policy Number:

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

Photo One Caption REAR VIEW 04/30/2018

Photo Two

Photo Two

Photo Two Caption