U.Ş. 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.

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

SECTION A – PROPERTY INFORMATION			ANCE COMPANY USE		
A1. Building Owner's Name DMC FAMILY LLC Policy Number:					
 A2. Building Street Address (including Apt., Unit, Suite, and/o Box No. 125 BROWNS HOLLOW COURT 	te and Company NA	AIC Number:			
City LORIS	State South Carolina				
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 8, CHASE COTTAGES; PIN# 300-01-03-0010					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat. 33.910322 Long		orizontal Datum: NAD 19	927 🛭 NAD 1983		
A6. Attach at least 2 photographs of the building if the Certific	ate is being used to obt	ain 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)	N/A so	ą ft			
b) Number of permanent flood openings in the crawlspace	e or enclosure(s) within	1.0 foot above adjacent grad	de N/A		
c) Total net area of flood openings in A8.b	N/A sq in				
d) Engineered flood openings? Yes No					
A9. For a building with an attached garage:					
a) Square footage of attached garage	400.00 sq ft				
b) Number of permanent flood openings in the attached of		ove adjacent grade N/A			
	N/A sq in				
d) Engineered flood openings? Yes No					
a) Engineered nood openings.					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number HORRY COUNTY 450104	B2. County Name HORRY		B3. State South Carolina		
Number Date Eff	RM Panel B8. Floor Zone(s)		evation(s) Base Flood Depth)		
0.20	Revised Date 2-16-2021 X (Horry Co. REGULATED 21')		ATED 21')		
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 DPA					

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ELEVATION CERTIFICATE

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

MPORTANT: 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 P.O. Route and Box No. 125 BROWNS HOLLOW COURT			Policy	Policy Number:		
City ORIS		State South Carolina	ZIP Code 29569	Comp	Company NAIC Number	
	SECTION C - BU	ILDING ELEVATION INFO	ORMATION (SURVE	Y REQUIR	ED)	
	levations are based on:		Building Under Co		X Finis	hed Construction
C2. Elevations Complete	s – Zones A1–A30, AE, AH, A Items C2.a–h below according k Utilized: SC VRS	(with BFE), VE, V1–V30, V g to the building diagram sp	(with BFE), AR, AR/A	AR/AE, AF	VA1-A30, A	AR/AH, AR/AO. meters.
	evation datum used for the ele		h) below.			
	ed for building elevations must		or the BFE.	01	4 1	
a) Top of	bottom floor (including basem	ent crawlenace or enclosu	re floor)	24.44	eck the me	easurement used. meters
DATE MANUFACTURE	the next higher floor	ent, crawispace, or enclose		N/A	☐ feet	meters
	of the lowest horizontal struct	ural member (V Zones only		N/A	☐ feet	meters
No. 22-95 No.	ed garage (top of slab)	drai member (v Zones only	,	24.03	X feet	meters
e) Lowest	t elevation of machinery or equibe type of equipment and local	uipment servicing the buildination in Comments)	ng	24.15		☐ meters
177-0-0-12	t adjacent (finished) grade nex			23.60	× feet	meters
	st adjacent (finished) grade ne			23.87	× feet	meters
h) Lowest	t adjacent grade at lowest elev		iding	N/A	☐ feet	meters
	12.1	JRVEYOR, ENGINEER, C	R ARCHITECT CER	TIFICATIO	ON	
certify that the	on is to be signed and sealed be to information on this Certificate to be punishable by fine or impr	y a land surveyor, engineer	, or architect authorize	ed by law to	certify elev	vation information. that any false
CONTRACTOR OF THE PARTY OF THE	and longitude in Section A prov		The same of the sa			e if attachments.
Certifier's Nam		License Num	ber			1111111
ERIC N. WILSO	ON, PLS	29524			HTILL	CARO
Title REGISTERED	PROFESSIONAL LAND SUR	VEYOR		1111	SOUNA	CAROLA
Company Nam	e ARNER & ASSOCIATES, INC			WHIIII,	4/6	29524
ROBERT A. W	A STRUMENT OF SERVICE SERVICES OF SERVICES SERVICES	(e):		= =	100	
Address		*:			E S	CONTIN
Address 726 8TH AVEN City	IUE NORTH	State South Carolin	ZIP Code a 29577			V. WILSON HITTING
Address 726 8TH AVEN City MYRTLE BEAG	IUE NORTH	State South Carolin		Ext.	1111	V.WILSON INTERNATION
Address 726 8TH AVEN City MYRTLE BEAC	IUE NORTH	State South Carolin Date 9/2/2	Telephone (843) 626-66	Ext.	***************************************	mum.
Address 726 8TH AVEN City MYRTLE BEAC Signature Copy all pages Comments (inc	of this Elevation Certificate and Cluding type of equipment and D FLOOR	State South Carolin Date 9/2/2 all attachments for (1) comm	Telephone (843) 626-66 nunity official, (2) insura	Ext.	***************************************	mum.
Address 726 8TH AVEN City MYRTLE BEAC Signature Copy all pages	of this Elevation Certificate and Cluding type of equipment and D FLOOR	State South Carolin Date 9/2/2 all attachments for (1) comm	Telephone (843) 626-66 nunity official, (2) insura	Ext.	***************************************	mum.

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and 125 BROWNS HOLLOW COURT	or Bldg. No.) or F	P.O. Route and Box No.	Policy Numb	er:
	State	ZIP Code	Company NA	AIC Number
	outh Carolina	29569		
SECTION E – BUILDING ELE FOR ZONE		E A (WITHOUT BFE)) REQUIRED)	
For Zones AO and A (without BFE), complete Items E1- complete Sections A, B,and C. For Items E1–E4, use na enter meters.	-E5. If the Certific atural grade, if av	cate is intended to suppor ailable. Check the measu	t a LOMA or LOI irement used. In	MR-F request, Puerto Rico only,
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a			her the elevation	is above or below
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet me	ters above	or Delow the HAG
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet me	ters above	or below the LAG.
E2. For Building Diagrams 6–9 with permanent flood or the next higher floor (elevation C2.b in	penings provided	in Section A Items 8 and	or 9 (see pages	1-2 of Instructions),
the diagrams) of the building is		feet me	ters above	or below the HAG
E3. Attached garage (top of slab) is		feet me	ters above	or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is		feet me	ters above	or below the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	e, is the top of the	bottom floor elevated in wn. The local official mu	accordance with st certify this info	the community's ormation in Section G.
SECTION F - PROPERTY OWN	IER (OR OWNER	R'S REPRESENTATIVE)	CERTIFICATIO	N
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's	ne statements in S	Sections A, B, and E for Sections A, B, and E are	Zone A (without correct to the bes	a FEMA-issued or st of my knowledge.
Property Owner of Owner a Authorized Representatives	. , , , , , , , , , , , , , , , , , , ,			
Address	C	City	State	ZIP Code
Signature	0	Date	Telephone	
Comments				
				al kana Wallankan ara
			☐ Che	ck here if attachments

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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 P.O. Route and Box No. 125 BROWNS HOLLOW COURT			Policy Number:
City LORIS	State South Carolina	ZIP Code 29569	Company NAIC Number
SECTIO	N G - COMMUNITY INFO	ORMATION (OPTIONA	L)
The local official who is authorized by law or ord Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, enter G1. The information in Section C was take engineer, or architect who is authorized data in the Comments area below.)	Certificate. Complete the er meters. en from other documentation by law to certify elevation	applicable item(s) and so on that has been signer on information. (Indicate	d and sealed by a licensed surveyor, a the source and date of the elevation
 G2. A community official completed Section or Zone AO. G3. The following information (Items G4–C) 			EMA-issued or community-issued BFE) ement purposes.
J. 2			
G4. Permit Number	G5. Date Permit Issued	G	6. 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 the G10. Community's design flood elevation: 			feet
Local Official's Name	Т	itle	
Community Name	Т	elephone	
Signature	D	Date	
Comments (including type of equipment and loc	ation, per C2(e), if applica	able)	

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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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 P.O. Route and Box No. Policy Number: 125 BROWNS HOLLOW COURT City State ZIP Code Company NAIC Number LORIS South Carolina 29569

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 Clear Photo One



Photo Two Caption REAR

Clear Photo Two

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

Replaces all previous editions.

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BUILDING PHOTOGRAPHS

Continuation Page

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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 P.O. Route and Box No. Policy Number: 125 BROWNS HOLLOW COURT City State ZIP Code Company NAIC Number LORIS South Carolina 29569

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

Photo Three Caption LEFT SIDE

Clear Photo Three



Photo Four Caption RIGHT SIDE

Clear Photo Four

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

Replaces all previous editions.

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