

U.S. DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
 National Flood Insurance Program
ELEVATION CERTIFICATE

*Permit
FP 59851*

OMB Control Number: 1680-0008
 Expiration: 11/30/2018

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

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		FOR INSURANCE COMPANY USE	
A1. Building Owner's Name <i>THOMAS LUCIO ETAL</i>		Policy Number: <i>OK</i>	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <i>2164 Dous Road</i>		Company NAIC Number: <i>M/2716</i>	
City <i>LORIS</i>	State <i>SC</i>	Zip Code <i>29569</i>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>Pin # 2261504001</i>			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)			
A5. Latitude/Longitude: Lat. <i>N/A</i> Long. <i>N/A</i> Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> NAD 1983			
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.			
A7. Building Diagram Number <i>5</i>			
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:	
a) Square footage of crawlspace or enclosure(s) <i>N/A</i> sq ft	b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <i>N/A</i>	a) Square footage of attached garage <i>N/A</i> sq ft	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <i>N/A</i>
c) Total net area of flood openings in A8.b <i>N/A</i> sq in	d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No	c) Total net area of flood openings in A9.b <i>N/A</i> sq in	d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <i>Horry County 48004</i>			B2. County Name <i>Horry</i>		B3. State <i>SC</i>
B4. Map/Panel Number <i>4505K0300</i>	B5. Suffix <i>H</i>	B6. FIRM Index Date <i>9-17-03</i>	B7. FIRM Panel Effective/Revised Date <i>8-23-99</i>	B8. Flood Zone(s) <i>A</i>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <i>4' 1/2 mb</i>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input type="radio"/> Finished Construction * A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations: Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.	
Benchmark Utilized: _____	Vertical Datum: _____
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____	
Datum used for building elevations must be the same as that used for the BFE.	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	_____ . _____ <input type="radio"/> feet <input type="radio"/> meters
b) Top of the next higher floor	_____ . _____ <input type="radio"/> feet <input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____ . _____ <input type="radio"/> feet <input type="radio"/> meters
d) Attached garage (top of slab)	_____ . _____ <input type="radio"/> feet <input type="radio"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	_____ . _____ <input type="radio"/> feet <input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	_____ . _____ <input type="radio"/> feet <input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	_____ . _____ <input type="radio"/> feet <input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____ . _____ <input type="radio"/> feet <input type="radio"/> meters

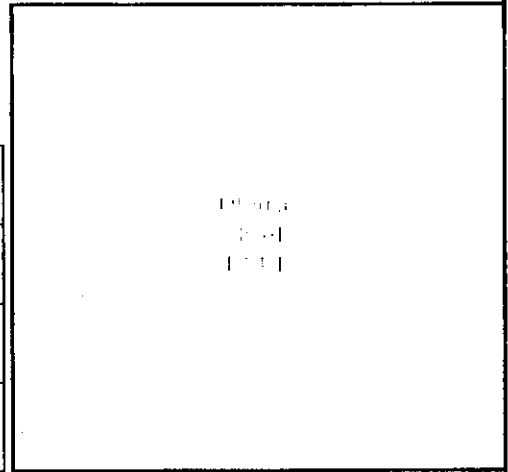
IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Policy Number:	
City	State	Zip Code	Company NAIC Number:	

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor?
 Check here if attachments. Yes No

Certifier's Name		License Number	
Title	Company Name		
Address	City	State	Zip Code
Signature	Date	Telephone	



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

Comments (including type of equipment and location, per C2(e), if applicable)

Signature _____ Date _____

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is 4' 2" feet meters above or below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is N/A feet meters above or below the LAG.

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of instructions), the next higher floor (elevation C2.b in the diagrams) of the building is N/A feet meters above or below the HAG.

E3. Attached garage (top of slab) is N/A feet meters above or below the HAG.

E4. Top of platform of machinery and /or equipment servicing the building is 2' 6" feet meters above or below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name Thom M. Foye

Address 13685 Pee Dee Rd. S. City Calivants Ferry State SC ZIP Code 29544

Signature Thom M. Foye Date _____ Telephone _____

Comments Setup Contractor

Check here if attachments.

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. <i>2164 Daves Rd</i>	Policy Number:
City <i>Loris</i> State <i>SC</i> Zip Code <i>29564</i>	Company NAIC Number:

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
-------------------	------------------------	---

G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building:	_____ . _____	<input type="radio"/> feet <input type="radio"/> meters	Datum _____
G9. BFE or (in Zone AO) depth of flooding at the building site:	_____ . _____	<input type="radio"/> feet <input type="radio"/> meters	Datum _____
G10. Community's design flood elevation:	_____ . _____	<input type="radio"/> feet <input type="radio"/> meters	Datum _____

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE, page 4

See instructions for Item A6.

OMB Control Number: 1660-0008
Expiration: 11/30/2018

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:	
City	State	Zip Code	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.