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 (	<ol> <li>communit</li> </ol>	v official, (	<ol><li>insurance ac</li></ol>	ent/company.	and (3)	building owner.

SECTION	A - PROPERTY IN	FORMATION		FOR INSUR	ANCE COMPANY USE
A1. Building Owner's Name D.R. HORTON, INC				Policy Numb	ber:
A2. Building Street Address (including Box No. 701 COQUINA BAY DRIVE	Apt., Unit, Suite, a	nd/or Bldg. No.) or P.O.	Route and	Company N	AIC Number:
City CONWAY		State SC		ZIP Code 29526	
A3. Property Description (Lot and Blo LOCHAVEN LOT 324 PH. 3A, PI			scription, etc.)		
A4. Building Use (e.g., Residential, N	on-Residential, Add	dition, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longitude: Lat. 33°51	'42"N Lo	ong. 79°00'16" W	Horizontal Datur	n: 🗌 NAD 1	927 🗙 NAD 1983
A6. Attach at least 2 photographs of t	he building if the Ce	ertificate is being used to	obtain flood insura	ince.	
A7. Building Diagram Number 1A					
A8. For a building with a crawlspace	or enclosure(s):				
a) Square footage of crawlspace	or enclosure(s)	N/A sq ft			
b) Number of permanent flood of	penings in the crawl	Ispace or enclosure(s) w	ithin 1.0 foot above	adjacent grad	de N/A
c) Total net area of flood opening	gs in A8.b N/	/A sq in			
d) Engineered flood openings?	Yes XNo				
A9. For a building with an attached ga	arade.				
a) Square footage of attached ga				and a second	
b) Number of permanent flood op			ot above adjacent g	rade	N/A
c) Total net area of flood opening	gs in A9.b N/	A sq in			
d) Engineered flood openings?	Yes XNo				
SECTIO	N B - FLOOD INS	SURANCE RATE MAP	(FIRM) INFORM	TION	
B1. NFIP Community Name & Comm HORRY COUNTY 450104	unity Number	B2. County Name HORRY	9		B3. State SC
B4. Map/Panel Number 45051C0532 B5. Suffix K	FIRM Index Date 12/16/2021	B7. FIRM Panel Effective/ Revised Date 12/16/2021	B8. Flood Zone(s	(Zor	e Flood Elevation(s) ne AO, use Base od Depth) *N/A
B10. Indicate the source of the Base	ommunity Determir	ned Other/Source:		1 B9: ther/Source:	
B12. Is the building located in a Coa	stal Barrier Resource	ces System (CBRS) area	a or Otherwise Prot	ected Area (C	DPA)? 🗌 Yes, 🖾 No
Designation Date:		BRS 🗌 OPA			

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CityStateZIP CodeCONWAYSC29526				Company NAIC Number		
SECTION C – BUILDIN	G ELEVATION INF	ORMATION	(SURVEY R	EQUIRED)		
C1. Building elevations are based on: Cons	struction Drawings*	Building	Under Constr	uction* X Finis	ned Construction	
*A new Elevation Certificate will be required w	0					
C2. Elevations - Zones A1-A30, AE, AH, A (with	BFE), VE, V1–V30, V	(with BFE), A	R, AR/A, AR			
Complete Items C2.a-h below according to th				to Rico only, enter	meters.	
Benchmark Utilized: SC VRS OBSERVATION			n: NAVD88			
Indicate elevation datum used for the elevation		h) below.				
NGVD 1929 X NAVD 1988 C     O     Datum used for building elevations must be th		for the BEE				
Datam used for building elevations must be th	e same as that used			Check the me	easurement used.	
a) Top of bottom floor (including basement, c	rawlspace, or enclosu	ure floor)	22.5	X feet	meters	
b) Top of the next higher floor			N/A	X feet	meters	
c) Bottom of the lowest horizontal structural n	nember (V Zones only	y)	N/A	X feet	meters	
d) Attached garage (top of slab)			22.0	X feet	meters	
<ul> <li>e) Lowest elevation of machinery or equipme (Describe type of equipment and location i</li> </ul>	nt servicing the buildin n Comments)	ng	*22.0	X feet	meters	
f) Lowest adjacent (finished) grade next to bu	uilding (LAG)		21.5	X feet	meters	
g) Highest adjacent (finished) grade next to b	uilding (HAG)	110 1	21.9	X feet	meters	
<ul> <li>h) Lowest adjacent grade at lowest elevation structural support</li> </ul>	of deck orstairs, inclu	uding	N/A	X feet	meters	
SECTION D – SURVE	YOR, ENGINEER, O	OR ARCHITE	ECT CERTIF	ICATION		
This certification is to be signed and sealed by a la I certify that the information on this Certificate repri- statement may be punishable by fine or imprisonm	esents my best efforts	s to interpret t	he data avail.	law to certify elevable. I understand	ation information. that any false	
Were latitude and longitude in Section A provided				Check her	e if attachments.	
Certifier's Name WALTER B. SHEETS	License Num L-26959	nber		12/20/2022	L-26959	
Title LAND SURVEYOR				STUDIAN COLUMN	CAROLINA	
Company Name RLA ASSOCIATES, PA					a Star	
Address				- North	Asso a	
14323 OCEAN HIGHWAY, STE 4139	and the second second		1.1	L. L.	SURVERIE	
City PAWLEYS ISLAND	State SC	ZIP 295	Code 85	Stirin	B. Shannin	
Signature Walter B. Sheetz	Date 12/20/2022		ephone -879-9091			
Copy all pages of this Elevation Certificate and all atta	chments for (1) comm	unity official, (	2) insurance a	gent/company, and	d (3) building owner.	
Comments (including type of equipment and location						
*B8 & B9. PER CURRENT FEMA F.I.R.M., STRUCT PER HORRY COUNTY GIS MAP, STRUCTURE AN WITH A BFE OF 17.0'.	URE AND LOT APP ND LOT APPEAR TO	EAR TO BE L LIE IN AN H	OCATED IN ORRY COUN	FLOOD ZONE X. ITY SUPPLEMENT	AL FLOOD ZONE	
*C2. e) HVAC UNIT. ELEVATION SHOT ON TOP C	OF HVAC RISER.					

ELEVATION CERTIFICATE				OMB No. 1660- Expiration Date:	0008 November 30, 2022
IMPORTANT: In these spaces, copy the corresponding information from Section A.					CE COMPANY USE
Building Street Address (including Apt., Unit, Suite, an 701 COQUINA BAY DRIVE	Policy Number:	and the second se			
City CONWAY	State SC	ZIP Code 29526		Company NAIC	Number
SECTION E – BUILDING EI FOR ZON		ORMATION (SURVE		REQUIRED)	
For Zones AO and A (without BFE), complete Items E complete Sections A, B, and C. For Items E1–E4, use only, enter meters.					
<ul> <li>E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest</li> <li>a) Top of bottom floor (including basement,</li> </ul>			whether	the elevation is	above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet [	_		below the HAG.
crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent flood of			_ meters		below the LAG. 2 of Instructions),
the next higher floor (elevation C2.b in the diagrams) of the building is		feet	meters	above 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		feet	meters	above or	below the HAG.
E5. Zone AO only: If no flood depth number is availab floodplain management ordinance? Yes		e bottom floor elevate own. The local officia			
SECTION F – PROPERTY OW	NER (OR OWNE	R'S REPRESENTAT	IVE) CE	RTIFICATION	
The property owner or owner's authorized representat community-issued BFE) or Zone AO must sign here.	ive who complete The statements in	es Sections A, B, and Sections A, B, and E	E for Zor	ne A (without a F ect to the best o	EMA-issued or f my knowledge.
Property Owner or Owner's Authorized Representative	e's Name				
Address		City	Sta	te	ZIP Code
Signature		Date	Tel	ephone	
Comments					
				Check	here if attachments.

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IMPORTANT: In these spaces, copy the corre	FO	R INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Su 701 COQUINA BAY DRIVE	uite, and/or Bldg. No.)	or P.O. Route and Box N		icy Number:
City CONWAY	State SC	ZIP Code 29526	Cor	mpany NAIC Number
SECTIO	N G - COMMUNITY	INFORMATION (OPTIO	NAL)	
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, ent	Certificate. Complete			
G1. The information in Section C was take engineer, or architect who is authorize data in the Comments area below.)				
G2. A community official completed Section or Zone AO.	on E for a building loc:	ated in Zone A (without a	a FEMA-issi	ued or community-issued BFE)
G3. The following information (Items G4-	G10) is provided for c	ommunity floodplain mar	nagementpi	urposes.
G4. Permit Number	G5. Date Permit Iss	ued		Certificate of liance/Occupancy Issued
G7. This permit has been issued for:	] New Construction	] Substantial Improveme	ent	
G8. Elevation of as-built lowest floor (including		of th	e building:	feet
G9. BFE or (in Zone AO) depth of flooding at the		ers Datum [	∃ <sub>feet</sub> □	meters Datum
G10. Community's design flood elevation:			□ <sub>feet</sub> □	meters Datum
Local Official's Name		Title		
Community Name		Telephone		
Signature		Date		
Comments (including type of equipment and loc	cation, per C2(e), if ap	plicable)		
				Check here if attachments.

## ELEVATION CERTIFICATE

## **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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Building Street Address (including Apr 701 COQUINA BAY DRIVE	Policy Number:		
City CONWAY	State SC	ZIP Code 29526	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.



FRONT LEFT VIEW 12/20/2022



FRONT RIGHT VIEW 12/20/2022

## **ELEVATION CERTIFICATE**

## **BUILDING PHOTOGRAPHS**

**Continuation Page** 

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IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including 701 COQUINA BAY DRIVE	Policy Number:		
City CONWAY	State SC	ZIP Code 29526	Company NAIC 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.



