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.

	SECTION A - PROPERTY INFORMATION					FOR INSUR	FOR INSURANCE COMPANY USE	
A1. Building Owner's Name LARRY COLLINS S					Policy Num	per:		
A2. Building Stree Box No. 4235 BLACK ISLA		cluding Apt., Unit, Sui	te, and/or	Bldg. No.) o	r P.O. Route and	Company N	AIC Number:	
City GALIVANTS	FERRY			State South C	arolina	ZIP Code 29544	3	
A3. Property Des PIN # 284050200	7	nd Block Numbers, Ta 1701005	ax Parcel	Number, Le	gal Description, etc	c.)		
A4. Building Use	(e.g., Resider	ntial, Non-Residential,	Addition,	Accessory,	etc.) RESIDEN	TIAL		
A5. Latitude/Long	gitude: Lat. 3	3.935919	Long79	9.276163	Horizonta	I Datum: X NAD 1	927 NAD 1983	
A6. Attach at least	st 2 photograp	hs of the building if th	e Certifica	ate is being (used to obtain floor	d insurance.		
A7. Building Diag	ram Number	5						
A8. For a building	with a crawls	space or enclosure(s):						
a) Square fo	otage of craw	Ispace or enclosure(s)		N/A sq ft			
b) Number of	permanent fl	ood openings in the cr	rawlspace	or enclosur	e(s) within 1.0 foot	above adjacent gra	ade N/A	
c) Total net a	rea of flood o	penings in A8.b		N/A sq ir	1		48	
d) Engineere	d flood openi	ngs? Yes 🗵	No					
A9. For a building	with an attac	hed garage:						
W. W.	otage of attacl			N/A sq f	i A			
		ood openings in the a	ttached ga	arage within	1.0 foot above adi	acent grade N/A		
		penings in A9.b		N/A so				
				1,077				
	a noca oceim	vac? Dyos V						
d) Engineere	a nood oponi	ngs? Yes 🗵	No					
d) Engineere		ngs? Yes X		NCE RATE	MAP (FIRM) INF	ORMATION		
	vinity Name & 0	/		NCE RATE B2. County HORRY CO	Name	ORMATION	B3. State South Carolina	
B1. NFIP Commu	vinity Name & 0	ECTION B - FLOOD	B7. FIR	B2. County	Name	B9. Base Flood E	South Carolina	
B1, NFIP Commu HORRY COUNT B4, Map/Panel Number	unity Name & (Y 450104	ECTION B – FLOOD Community Number B6. FIRM Index	B7. FIR	B2. County HORRY CO M Panel ective/ vised Date	Name DUNTY B8. Flood	B9. Base Flood E	South Carolina levation(s)	
B1. NFIP Commu HORRY COUNT B4. Map/Panel Number 45051 C 0300	unity Name & OY 450104 B5. Suffix H	ECTION B – FLOOD Community Number B6. FIRM Index Date	B7. FIR Effe Rev 09-17-2	B2. County HORRY CO M Panel ective/ vised Date 2003	B8. Flood Zone(s) A	B9. Base Flood E (Zone AO, us UNUMBERED	South Carolina levation(s)	
B1. NFIP Commu HORRY COUNT B4. Map/Panel Number 45051 C 0300 B10. Indicate the	B5. Suffix H e source of the	B6. FIRM Index Date 08-23-1999 Base Flood Elevation	B7. FIR Effe Rev 09-17-2	B2. County HORRY CO M Panel ective/ vised Date 2003 ata or base f	Name DUNTY B8. Flood Zone(s) A lood depth enteredurce:	B9. Base Flood E (Zone AO, us UNUMBERED	South Carolina levation(s)	
B1. NFIP Commu HORRY COUNT B4. Map/Panel Number 45051 C 0300 B10. Indicate the	B5. Suffix H source of the FIRM	B6. FIRM Index Date 08-23-1999 Base Flood Elevation Community Dete	B7. FIR Effe Rev 09-17-2	B2. County HORRY CO M Panel ective/ vised Date 2003 ata or base f Other/Sou	B8. Flood Zone(s) A lood depth enteredurce:	B9. Base Flood E (Zone AO, us UNUMBERED) d in Item B9:	South Carolina Elevation(s) e Base Flood Depth)	
B1. NFIP Commu HORRY COUNT B4. Map/Panel Number 45051 C 0300 B10. Indicate the FIS Pro	B5. Suffix H e source of the FIRM evation datum	B6. FIRM Index Date 08-23-1999 Base Flood Elevation Community Dete	B7. FIR Effer Rev 09-17-2	B2. County HORRY CO M Panel ective/ vised Date 2003 ata or base f Other/Sou	B8. Flood Zone(s) A lood depth enteredurce:	B9. Base Flood E (Zone AO, us UNUMBERED) d in Item B9:	South Carolina levation(s)	

ELEVATION CERTIFICATE

MPORT	TANT: In these spaces, copy the corres	FOR INSURANCE COMPANY USE		
	Street Address (including Apt., Unit, Suit LACK ISLAND RD	e, and/or Bldg. No.) or I	P.O. Route and Box No.	Policy Number:
City GALIVA	ity State ZIP Code ALIVANTS FERRY South Carolina 29544			Company NAIC Number
	SECTION C - BUILD	DING ELEVATION INF	FORMATION (SURVEY	REQUIRED)
C2. ECB In D a a b c c c c c c c f	A new Elevation Certificate will be required levations – Zones A1–A30, AE, AH, A (witcomplete Items C2.a–h below according to enchmark Utilized: NGVD 1929	onstruction Drawings* d when construction of the BFE), VE, V1–V30, Volume the building diagram is vertical tions in items a) through the same as that used it, crawlspace, or enclosed member (V Zones on the comment servicing the building in Comments) to building (LAG)	Building Under Consthe building is complete. V (with BFE), AR, AR/A, A pecified in Item A7. In Public Datum: h h) below. for the BFE. sure floor)	Check the measurement used. Get meters Get meters
	 Highest adjacent (finished) grade next t Lowest adjacent grade at lowest elevati structural support 		luding	feet meters
	S-0.05 S-0.01 (200 S-0.01 S-0	VEYOR ENGINEER	OR ARCHITECT CERT	TEICATION
l certification statem	pertification is to be signed and sealed by a fy that the information on this Certificate re- ment may be punishable by fine or imprisonal latitude and longitude in Section A provide	a land surveyor, engine epresents my best effor nment under 18 U.S. C	er, or architect authorized ts to interpret the data av ode, Section 1001. urveyor?	by law to certify elevation information. ailable. I understand that any false
Certin	er's Name	License Nur	nber	
Title	any Name			Place
Addre	ess			Seal Here
City		State	ZIP Code	
Signa	ture	Date	Telephone	Ext.
Сору	all pages of this Elevation Certificate and all	l attachments for (1) com	nmunity official, (2) insuran	ce agent/company, and (3) building owner
Comn	nents (including type of equipment and loc	cation, per C2(e), if appl	icable)	

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding information from Section A.					FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bld 4235 BLACK ISLAND RD					Policy Number:	
City State GALIVANTS FERRY South (Carolina	ZIP 295	Code 44		Company NAIC I	Number
SECTION E – BUILDING ELEVATI FOR ZONE AO	ION INFOR	MATIC A (WI	N (SURV	EY NOT F	REQUIRED)	
For Zones AO and A (without BFE), complete Items E1–E5. If complete Sections A, B,and C. For Items E1–E4, use natural genter meters. E1. Provide elevation information for the following and check the highest adjacent grade (HAG) and the lowest adjacent	grade, if ava	ailable.	Check the	measurem	ent used. In Pue	rto Rico only,
a) Top of bottom floor (including basement, crawlspace, or enclosure) is	3		X feet	meters		below the HAG
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	Z		X feet	meters	x above or	below the LAG
E2. For Building Diagrams 6–9 with permanent flood opening the next higher floor (elevation C2.b in the diagrams) of the building is	ıs provided i	N/A N/A	☐ feet	meters	above or	below the HAC
E4. Top of platform of machinery and/or equipment			☐ feet	meters	above or	below the HAC
servicing the building is	8			meters	above or	below the HAC
55. Zone AO only: If no flood depth number is available, is the floodplain management ordinance? Yes No SECTION F – PROPERTY OWNER (C	Unknow	n. The	e local offic	ial must ce	ertify this informa	tion in Section G.
The property owner or owner's authorized representative who community-issued BFE) or Zone AO must sign here. The state Property Owner or Owner's Authorized Representative's Name LARRY 5. Call'NS	ements in S	Section ections	s A, B, and A, B, and I	E for Zon	e A (without a FE ect to the best of	EMA-issued or my knowledge.
Address 848 Rabon Rd	- J.	ity YNOF		Star S. C		ZIP Code 29511
Larry S. Colling	Di	ate /4/1	9		phone 43. 450.	
					☐ Check he	re if attachments.

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corresponding info	rmation from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg 4235 BLACK ISLAND RD	g. No.) or P.O. Route and Box	x No. Policy Number:
City State GALIVANTS FERRY South Co	ZIP Code arolina 29544	Company NAIC Number
SECTION G - COMMU	INITY INFORMATION (OPTI	ONAL)
The local official who is authorized by law or ordinance to adm Sections A, B, C (or E), and G of this Elevation Certificate. Cor used in Items G8–G10. In Puerto Rico only, enter meters. G1. The information in Section C was taken from other december 1.	mplete the applicable item(s)	and sign below. Check the measurement
engineer, or architect who is authorized by law to cer data in the Comments area below.)	rtify elevation information. (In	dicate the source and date of the elevation
G2. A community official completed Section E for a building or Zone AO.	ing located in Zone A (without	tar EMA-issued of Community-issued Br E)
G3. The following information (Items G4–G10) is provide	d for community floodplain m	anagement purposes.
G4. Permit Number G5. Date Per	mit Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for: New Construc	ction Substantial Improve	ment
G8. Elevation of as-built lowest floor (including basement) of the building:		feet meters Datum
G9. BFE or (in Zone AO) depth of flooding at the building site		feet meters Datum
G10. Community's design flood elevation:	-	feet meters Datum
Local Official's Name	Title	
Community Name	Telephone	
Signature	Date	
Comments (including type of equipment and location, per C2(e	e), if applicable)	
		☐ Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the	corresponding information in	on Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., U 4235 BLACK ISLAND RD	nit, Suite, and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
GALIVANTS FERRY	South Carolina	29544	Sampany . A no manage
If using the Elevation Certificate to o instructions for Item A6. Identify all phot "Left Side View." When applicable, phovents, as indicated in Section A8. If subr	ographs with date taken; "Front otographs must show the found	View" and "Rear View"; addition with representative	and, if required, "Right Side View" and re examples of the flood openings or
	Photo O	ne	
	Photo One		410400000000000000000000000000000000000
Photo One Caption			Clear Photo One
	Photo T	wo	
	Photo Two		
Photo Two Caption	FIIOLO TWO		Clear Photo Two
The suppose			3,53,7,156,7,16

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

MPORTANT: In these spaces, copy th			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., \ 4235 BLACK ISLAND RD	Jnit, Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
GALIVANTS FERRY	South Carolina	29544	
If submitting more photographs than v with: date taken; "Front View" and 'photographs must show the foundation	Rear View"; and, if required	d, "Right Side View" and '	'Left Side View." When applicable,
	Photo 1	Γhree	
Distanta Theory Continu	Photo Ti	hree	
Photo Three Caption			Clear Photo Three
	Photo	Four	
	William To		
Photo Four Continu	Photo F	our	
Photo Four Caption			Clear Photo Four