U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

·lood Insurance Program

161826 1-29-24 M26

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance	e agent/company, and (3) building owner.				
SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE				
A1. Building Owner's Name: Clarence Bailey	Policy Number:				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 6001 S Kings Hwy, Site #MH-72B	Company NAIC Number:				
City: Myrtle Beach State: SC	ZIP Code: 29575				
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nu Ocean Lakes Campground Site #MH-72B, PIN #459-11-04-0412	umber:				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential					
A5. Latitude/Longitude: Lat. 33° 37' 26.1" N Long. 78° 57' 43.4" W Horizontal Datum:	NAD 1927 🛛 NAD 1983 🗌 WGS 84				
A6. Attach at least two and when possible four clear photographs (one for each side) of the building	ng (see Form pages 7 and 8).				
A7. Building Diagram Number:6					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s): <u>145.00</u> sq. ft.					
b) Is there at least one permanent flood opening on two different sides of each enclosed area	? 🗌 Yes 🗌 No 🛛 N/A				
 c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 for Non-engineered flood openings: <u>2</u> Engineered flood openings: <u>2</u> 					
d) Total net open area of non-engineered flood openings in A8.c: 7,286.00 sq. in.					
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): sq. ft.					
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.					
A9. For a building with an attached garage:					
a) Square footage of attached garage: N/A sq. ft.					
b) Is there at least one permanent flood opening on two different sides of the attached garage? 🗌 Yes 🗌 No 🛛 N/A					
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings://A Engineered flood openings://A					
d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in.					
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions):/A sq. ft.					
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFO	RMATION				
B1.a. NFIP Community Name: Horry County B1.b. NFIP Community Id	entification Number: 450104				
B2. County Name: Horry B3. State: SC B4. Map/Panel No.:	45051C0802 B5. Suffix: K				
B6. FIRM Index Date: 12/16/2021 B7. FIRM Panel Effective/Revised Date: 12/16/2	021				
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use	Base Flood Depth): 11				
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:					
B11. Indicate elevation datum used for BFE in Item B9: 🗌 NGVD 1929 🔀 NAVD 1988 🗌 Othe	er/Source:				
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date:					
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? Xes] No				

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IMPO	ELEVATION CE		GES 9-19		,	•
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: FOR 6001 S Kings Hwy, Site #MH-72B				DR INSURANCE COMPANY USE		
City: Myrtle Beach State: SC ZIP Code: 29575			cy Number: npany NAIC Number:			
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on: *A new Elevation Certificate will be			ruction* [Finished	Construction	
C2. Elevations – Zones A1–A30, AE, A A99. Complete Items C2.a–h belor Benchmark Utilized: <u>SCCC 5200</u>	w according to the Building Diagr		In Puerto			₹/AO,
Indicate elevation datum used for the e ☐ NGVD 1929	levations in items a) through h) b	pelow.	1			
Datum used for building elevations must If Yes, describe the source of the conve			r used?	🗌 Yes	🛛 No	
a) Top of bottom floor (including b			12.70	Check the	e measureme	nt used:
b) Top of the next higher floor (see			23.30	⊠ feet	meters	
	structural member (see Instructio		NIA	☐ feet		
d) Attached garage (top of slab):			NIA	☐ feet	meters	
e) Lowest elevation of Machinery	and Equipment (M&E) servicing t tion in Section D Comments area		15.28	⊠ feet	meters	
f) Lowest Adjacent Grade (LAG) r	next to building: 🔲 Natural 🔀] Finished	10.55	⊠ feet	meters	
g) Highest Adjacent Grade (HAG)	next to building: 🗌 Natural 🔀] Finished	12.43	⊠ feet	meters	
 h) Finished LAG at lowest elevation support: 	n of attached deck or stairs, inclu	uding structural	NIA	feet	meters	
SECTION	D – SURVEYOR, ENGINEER	, OR ARCHITECT CE	RTIFICA	TION		
This certification is to be signed and se information. <i>I certify that the information</i> false statement may be punishable by t	on this Certificate represents my	y best efforts to interpret				at any
Were latitude and longitude in Section /		veyor? 🗌 Yes 🖾 No				
Check here if attachments and desc			fiel -			
Certifier's Name: Ira Hardwick License Number: 25085						
Title: Professional Engineer						
Company Name: Nelson L. Hardwick & Associates, Inc.						
Company Name: Nelson L. Hardwick & Associates, Inc. NELSON L. Address: PO Box 15909 City: Surfside Beach State: SC ZIP Code: 29587033						
	State: SC	ZIP Code: 2958703	3		. / "	
Signature:		Date: 01/26/2024	HORM	MALIA HA	RDWICHIN	
Telephone: (843) 238-1142	Ext.: Email:			Place	e Seal Here	
Copy all pages of this Elevation Certificat	e and all attachments for (1) comn	nunity official, (2) insuranc	e agent/co	mpany, and	(3) building ov	wner.
Comments (including source of convers 1) A8 & C2a refer to an unfinished, 2) C2e refers to the water heater loo	non-structural storage enclosu	ure.	and desc	ription of an	y attachments	3):

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, x	EL	EVATION CE			1618 5 9-19	26
Building Street Address (including A		or Bldg. No.) or P.C	. Route and B	ox No.:	FOR INSURANCE CO	MPANY USE
6001 S Kings Hwy, Site #MH-7 City: Myrtle Beach	Sta	ite: <u>SC</u> ZII	^o Code: 2957	75	Policy Number: Company NAIC Numbe	r:
	- BUILDING MEA FOR ZONE AO, Z					
For Zones AO, AR/AO, and A (wit intended to support a Letter of Ma enter meters.						
Building measurements are based *A new Elevation Certificate will be		-	-		on* 🔲 Finished Constru	ction
E1. Provide measurements (C.2. measurement is above or bel			e following an	id check the a	appropriate boxes to show	whether the
a) Top of bottom floor (includ crawlspace, or enclosure)			feet	meters	above or 🗌 belo	ow the HAG.
 b) Top of bottom floor (includ crawlspace, or enclosure) 			feet	meters	above or belo	w the LAG.
E2. For Building Diagrams 6–9 w next higher floor (C2.b in app Building Diagram) of the build	licable	openings provided	in Section A I	tems 8 and/o		ructions), the
E3. Attached garage (top of slab)	is:		feet	meters	above or belo	w the HAG.
E4. Top of platform of machinery servicing the building is:	and/or equipment		feet	meters	above or belo	w the HAG.
E5. Zone AO only: If no flood dep floodplain management ordin		le, is the top of the] No 🗌 Unkno			ccordance with the commu ust certify this information	
SECTION F - PROPE	ERTY OWNER (OF	R OWNER'S AU	THORIZED	REPRESEN	ITATIVE) CERTIFICATI	ON
The property owner or owner's au sign here. The statements in Sect					one A (without BFE) or Zo	ne AO must
Check here if attachments and	d describe in the Con	nments area.				
Property Owner or Owner's Autho	rized Representative	Name:				
Address:						
City:				State:	ZIP Code:	
Signature:		х <u>х</u> .	Date:			
Telephone:		mail:				
Comments:						

IMPORTANT: MUST FOLLOW THE		ES 9-19	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P 6001 S Kings Hwy, Site #MH-72B	FOR INSURANCE COMPANY USE		
	ZIP Code: 29575	Policy Number: Company NAIC Number:	
SECTION G – COMMUNITY INFORMATION (RECOMM	ENDED FOR COMMUNI	TY OFFICIAL COMPLETION)	
The local official who is authorized by law or ordinance to administer th Section A, B, C, E, G, or H of this Elevation Certificate. Complete the a			
G1. The information in Section C was taken from other docume engineer, or architect who is authorized by state law to cert elevation data in the Comments area below.)			
G2.a. A local official completed Section E for a building located in E5 is completed for a building located in Zone AO.	n Zone A (without a BFE), Zo	one AO, or Zone AR/AO, or when item	
G2.b. A local official completed Section H for insurance purposes	3.		
G3. In the Comments area of Section G, the local official descri	ibes specific corrections to the	ne information in Sections A, B, E and H.	
G4.	ommunity floodplain manage	ement purposes.	
G5. Permit Number: 1018Z.0 G6. Date Perm	nit Issued: 5-30-23		
G7. Date Certificate of Compliance/Occupancy Issued:	a sel a man grow		
G8. This permit has been issued for: Kew Construction	ubstantial Improvement		
G9.a. Elevation of as-built lowest floor (including basement) of the			
building:	[] feet	meters Datum:	
G9.b. Elevation of bottom of as-built lowest horizontal structural member:	feet	meters Datum:	
G10.a. BFE (or depth in Zone AO) of flooding at the building site:	feet	meters Datum:	
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural	Marks (1995)		
member:		meters Datum:	
G11. Variance issued? Yes X No If yes, attach documenta	ation and describe in the Co	mments area.	
The local official who provides information in Section G must sign here correct to the best of my knowledge. If applicable, I have also provided	I have completed the information of the information of the security of the	nation in Section G and certify that it is Comments area of this section.	
Local Official's Name: Lawen Havrelson, CFM	Title: Flood Ha	Zerd Reduction Control Officer	
NFIP Community Name:	F 2 C 2/ AMERICAN		
Telephone: Ext.: Email:			
Address:	and the second second		
City:	State:	ZIP Code:	
Signature:	Date: 1-30-24		
Comments (including type of equipment and location, per C2.e; descrip Sections A, B, D, E, or H):	otion of any attachments; an	d corrections to specific information in	
B13 Should be ND. ASFSHO NOT ABLE	ULD BE 7,286. SURVEY E TO TYPE IN.	OR HAND WROTE N/A	
A8b should be yes.			
Parkel number in A3 459110304	12		

IMF	-		I CERTIFICAT		ES 9-19	161826
Building Street Address (including Apt 6001 S Kings Hwy, Site #MH-721		nd/or Bldg. No.) c	or P.O. Route and B	ox No.:		URANCE COMPANY USE
City: Myrtle Beach		State: SC	ZIP Code: 2957	75	Policy Nu	
				DMATION		NAIC Number:
			R HEIGHT INFO			.ONES
The property owner, owner's authorize to determine the building's first floor nearest tenth of a foot (nearest tenth <i>Instructions) and the appropriate</i>	height for insur of a meter in F	rance purposes. Puerto Rico). Re	Sections A, B, and ference the Found	l I must also dation Typ	be complete e Diagrams (d. Enter heights to the at the end of Section H
H1. Provide the height of the top of	the floor (as inc	dicated in Found	ation Type Diagrar	ms) above t	he Lowest Ad	jacent Grade (LAG):
 a) For Building Diagrams 1A, floor (include above-grade floors subgrade crawlspaces or enclos 	s only for buildi			feet	meters	☐ above the LAG
b) For Building Diagrams 2A, higher floor (i.e., the floor above enclosure floor) is:				feet	meters	☐ above the LAG
H2. Is all Machinery and Equipment H2 arrow (shown in the Foundat Yes No						
SECTION I - PROPER	TY OWNER (OR OWNER'S	AUTHORIZED	REPRESE	NTATIVE) C	ERTIFICATION
The property owner or owner's author <i>A, B, and H are correct to the best or</i> indicate in Item G2.b and sign Section	f my knowledge	ntative who comp e. Note: If the lo	oletes Sections A, B cal floodplain mana	3, and H mu agement off	ust sign here. icial complete	The statements in Sections d Section H, they should
Check here if attachments are pro-	ovided (includii	ng required phot	os) and describe e	ach attachr	nent in the Co	mments area.
Property Owner or Owner's Authorize	ed Representa	tive Name:				
Address:						
City:				State:	ZIP (Code:
Signature:			Date:			
Telephone:	Ext.:	Email:				
Comments:						

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:				FOR INSURANCE COMPANY USE
6001 S Kings Hwy, Site #MH-72B	Policy Number:			
City: Myrtle Beach	State:	SC	ZIP Code: 29575	Policy Number: Company NAIC Number:

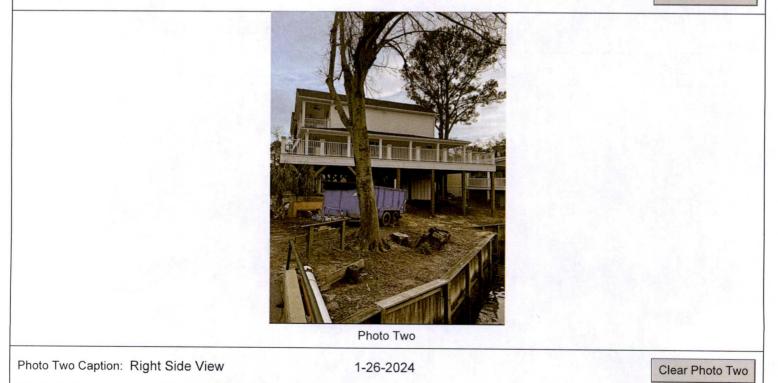
Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One Caption: Front View

1-26-2024

Clear Photo One



ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 **BUILDING PHOTOGRAPHS**

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Continuation Page

Building Street Address (including Ap 6001 S Kings Hwy, Site #MH-72	FOR INSURANCE COMPANY USE	
City: Myrtle Beach	B State: SC ZIP Code: 29575	Policy Number:
		Company NAIC Number:

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: Left Side View

1-26-2024 Clear Photo Three Photo Four Photo Four Caption: Enclosure 1-26-2024 **Clear Photo Four**

