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

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

opy all pages of this					official, (2) insura		, and (3) building owner.
SECTION A - PROPERTY INFORMATION				ANCE COMPANY USE			
A1. Building Own Joanne Thompson	n Jernigan					Policy Numb	er:
A2. Building Stree Box No. 5046 Pitch Landin		luding Apt., Unit, Suite	e, and/or	Bldg. No.) or	P.O. Route and	Company NA	AIC Number:
City	g Drive			State		ZIP Code	
Conway				South Ca	rolina	29527	
		d Block Numbers, Tax # 381-05-01-0005 - TN			al Description, etc	.)	
A4. Building Use	(e.g., Resident	tial, Non-Residential, A	Addition,	Accessory, e	tc.) Residentia	l	
A5. Latitude/Long	jitude: Lat. 33	° 47' 57" N	Long. 79	° 03' 20" W	Horizontal	Datum: Datum 1	927 🔀 NAD 1983
		ns of the building if the					
A7. Building Diag	ram Number	5					
A8. For a building	g with a crawls	pace or enclosure(s):					
		space or enclosure(s)			N/A sq ft		
b) Number of	f permanent flo	od openings in the cra	awlspace	or enclosure	e(s) within 1.0 foot	above adjacent gra	de <u>N/A</u>
c) Total net a	area of flood op	enings in A8.b		N/A sq in			
d) Engineere	ed flood openin	gs? 🗌 Yes 🖾 N	lo				
A9. For a building	with an attach	ed garage:					
a) Square fo	otage of attach	ed garage		N/A sq ft			
		ood openings in the att				acent grade N/A	
		penings in A9.b		N/A sq			
2		gs? 🗌 Yes 🖾 N	lo				
	SE	CTION B - FLOOD I	NSURA	NCE RATE	MAP (FIRM) INF	ORMATION	*
B1. NFIP Commu Horry County 450		Community Number		B2. County Horry	Name		B3. State South Carolina
B4. Map/Panel Number 45051C0541	B5. Suffix	B6. FIRM Index Date 12-16-2021	Effe	M Panel ective/ vised Date 2021	B8. Flood Zone(s) AE	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
		Base Flood Elevation				l in Item B9:	-
Sec. and		Community Deter					
B11. Indicate el	evation datum	used for BFE in Item E	39: 🗌 N	GVD 1929	X NAVD 1988	Other/Source:	
B12. Is the build	ling located in	a Coastal Barrier Reso	ources Sy	ystem (CBR	6) area or Otherwi	se Protected Area (OPA)? 🗌 Yes 🔀 No
	on Date:		CBRS				
							A
FEMA Form 086-0	-33 (12/19)	F	Replaces	all previous	editions.		Form Page 1 o

LEVATION CERTIFICATE				OMB No. 1660-0008 Expiration Date: November 30, 202		
MPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY US			
uilding Street Address (including Apt.,)46 Pitch Landing Drive	Unit, Suite, and/or Bldg. No.) or P.O. F	Route and Box No.	Policy	Number:		
ity State ZIP Code onway South Carolina 29527			Company NAIC Number			
SECTION O	- BUILDING ELEVATION INFORM	ATION (SURVEY	REQUIR	ED)		
2. Elevations - Zones A1-A30, AE,	AH, A (with BFE), VE, V1–V30, V (with cording to the building diagram specific	n BFE), AR, AR/A, A	R/AE, AF	X/A1-A30, /		
	the elevations in items a) through h) b	3 <u></u>				
🗌 NGVD 1929 🔀 NAVE			Ch	work the me	easurement used.	
a) Top of bottom floor (including	basement, crawlspace, or enclosure flo	oor)	19.6	S feet	meters	
b) Top of the next higher floor		5556	N/A	feet	meters	
	al structural member (V Zones only)).	N/A	☐ feet	meters	
d) Attached garage (top of slab)	a structural member (v zones only)		N/A	☐ feet	meters	
	y or equipment servicing the building ind location in Comments)		19.6	🔀 feet	meters	
f) Lowest adjacent (finished) gra	A 1991		5.1	X feet	meters	
g) Highest adjacent (finished) gr			5.6	🔀 feet	meters	
	est elevation of deck or stairs, including]	5.1	∑ feet	meters	
SECTION	D - SURVEYOR, ENGINEER, OR	ARCHITECT CERT	IFICATIO	N		
certify that the information on this Ce statement may be punishable by fine	ealed by a land surveyor, engineer, or ortificate represents my best efforts to it or imprisonment under 18 U.S. Code, S A provided by a licensed land surveyor	nterpret the data ava Section 1001.	ailable. I u	nderstand	vation information that any false re if attachments.	
Certifier's Name	License Number					
Marcus E. Clore	23828			ALC: N	CARO	
Professional Land Surveyor				Part	AFS	
Company Name Diamond Shores Surveying, LLC.						
Address 211 Laurel Street				E.F	lere	
City Conway	State South Carolina	ZIP Code 29526	-	ACU	E. CLOWN	
Signature May la	Date 08-19-2022	Telephone (843) 488-290	Ext.			
Copy all pages of this Elevation Certific	ate and all attachments for (1) communit	y official, (2) insuran	ce agent/c	ompany, ar	nd (3) building owr	
Comments (including type of equipme	ent and location, per C2(e), if applicable uilding is an air conditioning unit on a ra as the top of bottom floor. The exact loo) aised platform locate	ed at the r	ear of the h		
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ELEVATION CERTIFICAT			Expl	ration Date: No	ovember 30, 2022
MPORTANT: In these spaces, co	by the corresponding information f	rom Section A.	FOF	RINSURANCE	COMPANY USE
Building Street Address (including A 5046 Pitch Landing Drive	Apt., Unit, Suite, and/or Bldg. No.) or F	P.O. Route and Box N	lo. Poli	cy Number:	
City Conway	State South Carolina	ZIP Code 29527	Con	npany NAIC N	umber
SECTION	E – BUILDING ELEVATION INFOR FOR ZONE AO AND ZONE			UIRED)	
	complete Items E1–E5. If the Certific Items E1–E4, use natural grade, if av	ate is intended to sup	oport a LON		
 Provide elevation information for the highest adjacent grade (HA a) Top of bottom floor (includir 	or the following and check the approp G) and the lowest adjacent grade (LA ng basement.	riate boxes to show w AG).	hether the	elevation is ab	ove or below
crawlspace, or enclosure) is b) Top of bottom floor (includir	S	[] feet []	meters [above or	below the HAG
crawlspace, or enclosure) is		[] feet []] below the LAG.
 For Building Diagrams 6–9 with the next higher floor (elevation the diagrams) of the building is 		in Section A Items 8 a			f Instructions),
3. Attached garage (top of slab) is	·	[feet [meters] above or	below the HAG
 Top of platform of machinery a servicing the building is 	nd/or equipment	[] feet []	meters [above or [below the HAG
	n number is available, is the top of the nce?		d in accorda	ince with the c	ommunity's
		DEDDEOENTAT		CATION	
	- PROPERTY OWNER (OR OWNER			and a second to the top of the second s	
The property owner or owner's auth community-issued BFE) or Zone AC	orized representative who completes 0 must sign here. The statements in S	Sections A, B, and E	for Zone A	(without a FEN	MA-issued or ly knowledge.
The property owner or owner's auth community-issued BFE) or Zone AC Property Owner or Owner's Authoriz	orized representative who completes D must sign here. The statements in S zed Representative's Name	Sections A, B, and E	for Zone A	(without a FEN	MA-issued or ly knowledge. ZIP Code
The property owner or owner's auth community-issued BFE) or Zone AC Property Owner or Owner's Authori: Address	orized representative who completes) must sign here. The statements in S zed Representative's Name C	Sections A, B, and E sections A, B, and E a	for Zone A are correct to	(without a FEN o the best of m	iy knowledge.
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The property owner or owner's auth ommunity-issued BFE) or Zone AC Property Owner or Owner's Authoria address Signature	orized representative who completes) must sign here. The statements in S zed Representative's Name C	Sections A, B, and E Sections A, B, and E a	for Zone A are correct to State	(without a FEN o the best of m	iy knowledge.
The property owner or owner's auth ommunity-issued BFE) or Zone AC Property Owner or Owner's Authoria address Signature	orized representative who completes) must sign here. The statements in S zed Representative's Name C	Sections A, B, and E Sections A, B, and E a	for Zone A are correct to State	(without a FEN o the best of m	iy knowledge.
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The property owner or owner's auth	orized representative who completes) must sign here. The statements in S zed Representative's Name C	Sections A, B, and E Sections A, B, and E a	for Zone A are correct to State	(without a FEN o the best of m	iy knowledge.

ELEVATION CERTIFICATE			Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the corre	esponding information f	rom Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, St 5046 Pitch Landing Drive	uite, and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number:
City Conway	State South Carolina	ZIP Code 29527	Company NAIC Number
SECTIO	ON G - COMMUNITY INF	ORMATION (OPTIONAL)	
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en G1. The information in Section C was tak engineer, or architect who is authoriz	Certificate. Complete the ter meters. en from other documental	applicable item(s) and significant tem and significant tem and signed at the second signed signed signed signed signed at the second signed si	in below. Check the measurement and sealed by a licensed surveyor,
data in the Comments area below.)			
G2. A community official completed Section or Zone AO.	ion E for a building located	in Zone A (without a FEN	A-issued or community-issued BFE)
G3. The following information (Items G4-	-G10) is provided for com	munity floodplain manager	nent purposes.
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:] New Construction 🗌 S	ubstantial Improvement	
G8. Elevation of as-built lowest floor (including of the building:	g basement)	fee	et 🗌 meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:	fee	et 🗌 meters Datum
G10. Community's design flood elevation:		fee	et 🗌 meters Datum
Local Official's Name	-	litle	
Community Name		Telephone	
Signature	I	Date	
Comments (including type of equipment and lo	cation, per C2(e), if applic	able)	
			Check here if attachments.
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ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS See Instructions for Item A6.

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IMPORTANT: In these spaces, c	opy the corresponding information f	rom Section A.	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5046 Pitch Landing Drive			Policy Number:	
City	State	ZIP Code	Company NAIC Number	
Conway	South Carolina	29527		

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



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LEVATION CERTIFICATE	Continuation		Expiration Date: November 30, 2022
PORTANT: In these spaces, copy the co			FOR INSURANCE COMPANY USE
uilding Street Address (including Apt., Unit 046 Pitch Landing Drive	, Suite, and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
Conway	South Carolina	29527	
If submitting more photographs than will t with: date taken; "Front View" and "Re photographs must show the foundation with	ar View"; and, if required,	"Right Side View" and '	"Left Side View." When applicable,
	Photo Th	ree	
hoto Three Caption	Photo Three	Ð	Clear Photo Three
			DIAMOND SHORES SURVEYING, LLC No. 6642
	Photo Fo	our	
	Photo Fou	r	
	A STATE OF A		
Photo Four Caption			Clear Photo Fou