112281-

Horry County Government

Code Enformment Department



Horry County Government & Justice Center 1301 Second Avenue / Suite 1D09 Conway, South Carolina 29526 Phone 843.915.5090 || Fax 843.915.6090



MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION

In accordance with this community's participation in the National Flood Insurance Program's Community Rating System, all FEMA Elevation Certificates must be correct and complete. The attached Certificate has some incorrect items which are noted here.

	SECTION A - PROPERTY INFORMATION	For Insurance Company Use:	
A1. Building Own	ns Name	Policy Number	
A2. Building Stree	t Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Company NAIC Number	
City	State ZIP Code		
A3. Property Desi	ription (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
A5. Latitude/Long A6. Attach at leas A7. Building Diagr	e ; Residential, Non-Residential, Addition, Accessory, etc.) Horizontal Datum 12 hotographs of the building if the Certificate is being used to obtain flood insurance. 13 Number 149. For a building with an attack.	: NAD 1927 NAD 1983	
 a) Square fo b) No. of per enclosure c) Total net 	otale of crawl space or enclosure(s) sq ft a) Square footage of attack	ched garage sq ft l openings in the attached garage ove adjacent grade openings in A9.b sq in	
	SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	N	
B1. NFIP Commu	ity Jame & Community Number B2. County Name	B3. State	
B4. Map/Panel N	um ter B5. Suffix B6. FIRM Index Date B7. FIRM Panel B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)	
☐ FIS Pro 11. Indicate elevat	on Naturn used for BFE in Item B9: MGVD 1929 NAVD 1988 Other/Source: _ocaled in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?	Yes □	
	SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIR	RED)	
22. Elevations – Zo Items C2.a-h be Benchmark Utili	Certificate will be required when construction of the building is complete. les A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH ow according to the building diagram specified in Item A7.		
COVVICTO	d datum in BII.		

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.

U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency National Flood Insurance Program

112281

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 (1) community official, (2) insurance agent/company, and (3) building owner.

	SECT	TION A - PROPERTY	INFORM	ATION		FOR INSUR	ANCE COMPANY USE
A1. Building Own	and the second second	/				Policy Numb	per:
A2. Building Stree Box No. 1744 SAPPHIRE	/	cluding Apt., Unit, Suite	e, and/or	Bldg. No.) o	r P.O. Route and	Company N	AIC Number:
City LONGS	/	7		State South C	arolina	ZIP Code 29568	V
	and the same of th	nd Block Numbers, Ta PHASE 5C, PIN 304-					
A4. Building Use	(e.g., Resider	ntial, Non-Residential,	Addition,	Accessory,	etc.) RESIDENTI	AL	
A6. Attach at leas	st 2 photograp	3.53'24.98" this of the building if the					927 🔀 NAD 1983
A7. Building Diag							
		space or endosure(s):			us enfi		
	The state of the s	space or enclosure(s)			NA sq ft	ahaya adiasant ara	ndo 114
		ood openings in the cr	-			above adjacent gra	NA NA
		penings in A8.b		NA sq ir	1		
d) Engineere	ed flood opening	ngs? 🗌 Yes 🔀 N	No				
A9. For a building	with an attack	ned garage:					
a) Square for	otage of attack	ned garage		400+- sq f	1		
b) Number of	permanent fle	ood openings in the at	tached g	arage within	1.0 foot above adj	acent grade NA	
		penings in A9.b					
		ngs? Yes 🔀 t		/			
	- QI	ECTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION	
B1. NEIP Commi		Community Number	INOUTO	B2. County			B3. State
HORRY COUNT				HORRY	/		South Carolina
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood B (Zone AO, us	Elevation(s) se Base Flood Depth)
45051C0415	J	9-17-2003	3-30-2	006	AE	20.0	
FIS Pro	file 🔀 FIRM	Base Flood Elevation Community Deter	mined [Other/So	LOMR 06-0	4-B138X-450104 Other/Source:	
B12. Is the build	ing located in	a Coastal Barrier Reso	ources Sy	ystem (CBR	5) area or Otherwis	se Protected Area (OPA)? Yes No
Designation	Date:		CBRS	☐ OPA			
	Laborat .						

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

MPORTANT: In the	e spaces, copy the corres	ponding information from	Section A.	FOR INSURAN	NCE COMPANY USE
and the second second	ss (including Apt., Unit, Suit	Policy Number:			
1744 SAPPHIRE DE	RIVE /	K K K			<u> </u>
City LONGS	/		ZIP Code / 29568	Company NAIC	C Number
	SECTION C - BUILD	ING ELEVATION INFORM	IATION (SURVEY F	REQUIRED)	
C4 Building cloud	and are based on: □ Co	onstruction Drawings*	Building Under Const	nuction* S Ein	ished Construction
*A new Elevation		when construction of the bu		TA PI	isited Constituction
C2. Elevations - Zo Complete Item	ones A1-A30, AE, AH, A (wi s C2.a-h below according to	th BFE), VE, V1–V30, V (with the building diagram specific	BFE), AR, AR/A, AF ed in Item A7. In Pue	R/AE, AR/A1-A30 orto Rico only, ent), AR/AH, AR/AO. er meters.
Benchmark Uti	lized: GPS	Vertical Datu	ım: NGVD 1929		
Indicate elevati	on datum used for the eleva	tions in items a) through h) b	elow.		
	D 1929 NAVD 1988				
		the same as that used for th	e BFE.		
					measurement used.
a) Top of botto	om floor (including basement	t, crawlspace, or enclosure flo	oor)	26.2 X fee	t meters
b) Top of the	next higher floor			NA Ge	t meters
c) Botton of th	ne lowest horizontal structura	al member (V Zones only)		NA [] fee	t meters
	arage (top of slab)	- monipor (* 201100 0111))		25.8 🔀 fee	nt meters
(Describe ty	vation of machinery or equip ype of equipment and location	ment servicing the building in in Comments)	7	25.6 X fee	t meters
f) Lowest adja	acent (finished) grade next to	building (LAG)	-	25.4 ★ fee	t meters
g) Highest adj	acent (finished) grade next t	o building (HAG)		25.6 🔀 fee	t meters
	acent grade at lowest elevati	on of deck or stairs, including	1	25.4 🔀 fee	t meters
Structural St					
	SECTION D - SUR	VEYOR, ENGINEER, OR A	ARCHITECT CERTI	FICATION	
I certify that the info	rmation on this Certificate re	a land surveyor, engineer, or epresents my best efforts to it nment under 18 U.S. Code, S	nterpret the data avail	by law to certify el ilable. I understan	levation information. Indicate that any false
Were latitude and lo	ongitude in Section A provide	ed by a licensed land surveyo	or? ⊠Yes □ No	☐ Check h	nere if attachments.
Certifier's Name		License Number			
JAN K. DALE		L-12236		1	CARO
Title				1/2/2	FESSION
PROFESSIONAL	AND SURVEYOR			15/0	2/2/
Company Name				\$ L	-12236 🖈
Address				-11/-	4
891 COPAS ROAD				1 /2	0 29 1
City		State	ZIP Code	- CAN	SURVE
SHALLOTTE		North Carolina	28470		K. DA
Signature	600	Date	Telephone	Ext.	
San 1	Rala	11-17-20	9107544477		
Copy a pages of thi	s Elevation Certificate and all	attachments for (1) communit	y official, (2) insurance	e agent/company,	and (3) building owner
Comments (inclumn	ig type or equipment and loc	ation, per C2(e), if applicable)		

ELEVATION CERTIFICATE

0MB No. 1660-0008 1/27/20 Expiration Date: November 30, 2022-056

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 B	ox No.	Policy Numbe			
City	Sta	te	ZIP Code	- 116	Company NAI	C Number		
LONGS	So	uth Carolina	29568					
	SECTION E – BUILDING ELEV FOR ZONE A	ATION INFORM O AND ZONE	MATION (SURY A (WITHOUT E	VEY NOT BFE)	REQUIRED)			
For Zones AO and A (with complete Sections A, B, a enter meters.	thout BFE), complete Items E1–E and C. For Items E1–E4, use natu	5. If the Certifica ral grade, if avai	te is intended to lable. Check the	support a measurer	LOMA or LOM nent used. In P	R-F request, ruerto Rico only,		
the highest adjacent	formation for the following and ch t grade (HAG) and the lowest adju			ow whether	the elevation i	s above or below		
crawlspace, or e	or (including basement, inclosure) is a correct of the correct of		feet	meter	above o	r Delow the HAG.		
crawlspace, or e	inclosure) is		[] feet	meter	above o	r below the LAG.		
the next higher floor		nings provided in	Section A Item	s 8 and/or				
the diagrams) of the	building is		[] feet	meters	above o	r below the HAG.		
E3. Attached garage (to	p of slab) is		feet	meters	above o	r below the HAG.		
E4. Top of platform of m servicing the building	nachinery and/or equipment og is	A	[feet	meters	above o	r below the HAG.		
E5. Zone AO only: If no floodplain manager	flood depth number is available, nent ordinance? Yes N	is the top of the to	oottom floor elev	rated in acci	ordance with the ertify this information	he community's mation in Section G.		
S	ECTION F - PROPERTY OWNE	R (OR OWNER'S	S REPRESENT	ATIVE) CE	RTIFICATION			
community-Issued BFE)	wner's authorized representative or Zone AO must sign here. The er's Authorized Representative's N	statements in Se	Sections A, B, arections A, B, and	nd E for Zon I E are corr	ne A (without a ect to the best	FEMA-issued or of my knowledge.		
Troporty Curior & Curio	or a realistical representative a r	tarrio						
Address		Cit	у	Sta	te	ZIP Code		
Signature		Da	te	Tel	ephone			
Comments						1000		
					Check	here if attachments.		

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

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IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A	te and Box No.	Policy Number:	
1744 SAPPHIRE DRIVE			
City	State ZIP	Code	Company NAIC Number
LONGS	South Carolina 295	568	
	SECTION G - COMMUNITY INFORMAT	ION (OPTIONAL)	
	by law or ordinance to administer the commu is Elevation Certificate. Complete the applica ico only, enter meters.		
G1. The information in Section engineer, or architect who data in the Comments are	n C was taken from other documentation that o is authorized by law to certify elevation infor ea below.)	has been signed a mation. (Indicate t	and sealed by a licensed surveyor, he source and date of the elevation
G2. A community official com or Zone AO.	pleted Section E for a building located in Zone	A (without a FEM	MA-issued or community-issued BFE)
G3. The following information	(Items G4–G10) is provided for community fl	oodplain manager	nent purposes.
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for	or: New Construction Substanti	al Improvement	
G8. Elevation of as-built lowest floof the building:	oor (including basement)	fee	ot meters Datum
G9. BFE or (in Zone AO) depth of	flooding at the building site:	fee	at meters Datum
G10. Community's design flood ele	vation:	Gee	et meters Datum
Local Official's Name	Title		
Community Name	Telephor	ne	
Signature	Date		
Comments (including type of equipr	ment and location, per C2(e), if applicable)		
			Chack hom if attachment
			Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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ELEVATION CERTIFICATE

IMPORTANT: In th	ese spaces, copy the co	FOR INSURANCE COMPANY USE			
Building Street Add	dress (including Apt., Unit	Policy Number:			
City	1	State	-	ZIP Code	Company NAIC Number
LONGS		South Care	olina	29568	

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.

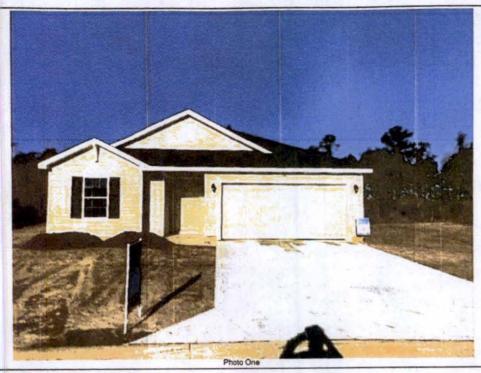


Photo One Caption FRONT VIEW 11-17-20

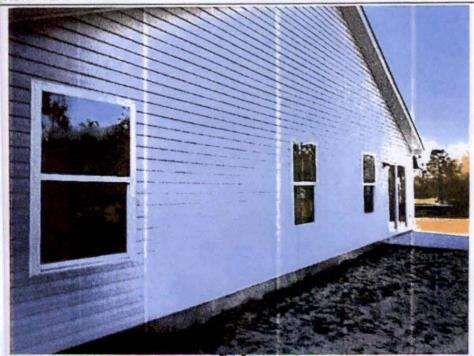


Photo Two Caption

REAR VIEW 11-17-20

BUILDING PHOTOGRAPHS

Continuation Page

11/23/20 OMB No. 1660-0008

ELEVATION CERTIFICATE

Expiration Date: November 30, 2022
FOR INSURANCE COMPANY USE

IMPORTANT: In	these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street A		nit, Suite, and/or Bldg. No.) or P.	O. Route and Box No.	Policy Number:
City LONGS	/	State South Carolina	ZIP Code 29568	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.

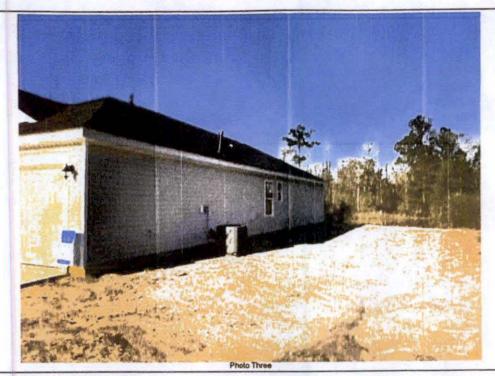


Photo Three Caption RIGHT VIEW 11-17-20

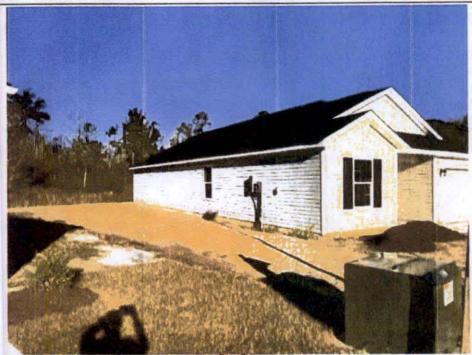


Photo Four Caption **LEFT VIEW 11-17-20**