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



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

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 INSU	RANCE COMPANY USE	
A1. Building Owner's Name					Policy Num	nber:	
Teresa A. & Steven S. Simpson							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company N					NAIC Number:		
744 Embassy Ln							
City	City State ZIP Code						
Conway South Carolina 29526							
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TM# 1242101037, D.B. 2785, Pg. 1015							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential							
A5. Latitude/Longi	tude: Lat. 3	3d50'56.567"	Long()78d58'46.06	2" Horizonta	I Datum: NAD	1927 🔀 NAD 1983
A6. Attach at least	2 photograp	hs of the building if th	– e Certific	ate is being		_	
A7. Building Diagra		_		J			
		pace or enclosure(s):					
_		space or enclosure(s)			N/A sq ft		
						. 	
		ood openings in the cr	awispaci			t above adjacent gra	ade N/A
		penings in A8.b		N/A sqir	ו		
d) Engineered	l flood openir	ngs? 🗌 Yes 🔯 N	No				
A9. For a building with an attached garage:							
a) Square footage of attached garageN/A sq ft							
b) Number of p	permanent flo	ood openings in the at	tached g	arage within	1.0 foot above adj	acent grade N/A	
c) Total net area of flood openings in A9.b N/A sq in							
d) Engineered	flood openin	gs? ☐ Yes 🖾 N	10				
, 5		5 Д 19- <u>Б</u> 4 .					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Commun	ity Name & C	Community Number		B2. County	Name		B3. State
Horry County 450104 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 E (Zone AO, us	ilevation(s) e Base Flood Depth)
45051C0530	н	08-23-1999	08-23-	1999	AE	15.0	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: X NGVD 1929 NAVD 1988 Other/Source:							
. B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes 🔯 No							
Designation Date: ☐ CBRS ☐ OPA							
		_					1

ELEVATION CERTIFICATE

OMB No. 1660-0008 4/15/14 Expiration Date: November 30, 2022 Of 4.

LLLVATION OLIVIII TOATL			LAPITATIO	in Date. November 30, 2022 (
IMPORTANT: In these spaces, copy the corresponding information from Section A.				SURANCE COMPANY USE
Building Street Address (including Apt., Unit	Policy N	lumber:		
744 Embassy Ln				
City State ZIP Code			Compar	ny NAIC Number
Conway	South Carolina 29	526		
SECTION C - E	BUILDING ELEVATION INFORMA	ATION (SURVEY R	EQUIRE	D)
C1. Building elevations are based on: [*A new Elevation Certificate will be re-		uilding Under Constru ding is complete.	uction*	
C2. Elevations – Zones A1–A30, AE, AH, Complete Items C2.a–h below accord Benchmark Utilized: GPS	ling to the building diagram specifie	BFE), AR, AR/A, AR d in Item A7. In Puer n: 1929 (See Comme	to Rico on	A1–A30, AR/AH, AR/AO.
Indicate elevation datum used for the	elevations in items a) through h) be	low.		
▼ NGVD 1929 □ NAVD 198	38 Other/Source:			
Datum used for building elevations mu	ust be the same as that used for the	BFE.	01-	
) + ()				ck the measurement used. Rect meters
a) Top of bottom floor (including base	ement, crawlspace, or enclosure floo	or)		
 b) Top of the next higher floor 				feet meters
 c) Bottom of the lowest horizontal str 	uctural member (V Zones only)		N/A	feet meters
d) Attached garage (top of slab)			N/A	feet meters
 e) Lowest elevation of machinery or e (Describe type of equipment and lowest elevation) 	equipment servicing the building ocation in Comments)		17.4	
f) Lowest adjacent (finished) grade n	next to building (LAG)		13.0	feet meters
g) Highest adjacent (finished) grade i	next to building (HAG)		13.1	
h) Lowest adjacent grade at lowest e				
structural support	.		13.0	☑ feet ☐ meters
SECTION D -	SURVEYOR, ENGINEER, OR A	RCHITECT CERTIF	ICATION	
This certification is to be signed and sealed certify that the information on this Certific statement may be punishable by fine or im-	ate represents my best efforts to int	erpret the data availa	y law to ce able. I und	ertify elevation information. Ierstand that any false
Were latitude and longitude in Section A p		? ⊠Yes □No	c	heck here if attachments.
Certifier's Name Jonathan W. Nesbitt, PLS	License Number 24770			WHA CAROUM
Title			11	U WILLOW
Project Manager			30	3
Company Name Nesbitt Surveying Co., Inc.		-		o No. 24770 ₹
			= =	8/2
Address 4340 Alligator Road			100	4-9-21
City	State	ZIP Code	- 35	The MESTIN
Timmonsville	South Carolina	29161		William Million
Signature	Date	Telephone	Ext.	
	04-09-2021	(843) 346-3302		
Copy all pages of this Elevation Certificate a	nd all attachments for (1) community	official, (2) insurance	agent/com	npany, and (3) building owner.
Comments (including type of equipment an	d location, per C2(e), if applicable)			
Elevations converted to NGVD29 from NAV	/D88 by adding 1.02' per Corpscon.	The lowest utility is	the botton	n of the electric meter
connection as shown in picture #4.				

ELEVATION CERTIFICATE			Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY US		
Building Street Address (including Apt., Unit, S	Policy Number:		
744 Embassy Ln			
City	State	ZIP Code	Company NAIC Number
Conway	South Carolina	29526	
	ING ELEVATION INFOR OR ZONE AO AND ZONE		required)
For Zones AO and A (without BFE), complete complete Sections A, B,and C. For Items E1–E enter meters.			
E1. Provide elevation information for the follow the highest adjacent grade (HAG) and the	lowest adjacent grade (LA	iate boxes to show whether G).	er the elevation is above or below
 Top of bottom floor (including basemer crawlspace, or enclosure) is 	nt,		ers above or below the HAG
b) Top of bottom floor (including basemer	 nt.		T above of T below the UNG
crawlspace, or enclosure) is			ers 🔲 above or 🔲 below the LAG.
E2. For Building Diagrams 6–9 with permaner	nt flood openings provided i	n Section A Items 8 and/o	r Q (see pages 1_2 of Instructions)
the next higher floor (elevation C2.b in the diagrams) of the building is	it hood openings provided i		
E3. Attached garage (top of slab) is			
E4. Top of platform of machinery and/or equip servicing the building is	oment		
E5. Zone AO only: If no flood depth number is floodplain management ordinance?	available, is the top of the Yes	bottom floor elevated in a	ccordance with the community's
SECTION F - PROPER	RTY OWNER (OR OWNER	S REPRESENTATIVE) C	ERTIFICATION
The property owner or owner's authorized repr	esentative who completes	Sections A, B, and E for Z ections A, B, and E are co	one A (without a FEMA-issued or rrect to the best of my knowledge.
community-issued BFE) or Zone AO must sign			
community-issued BFE) or Zone AO must sign			
community-issued BFE) or Zone AO must sign Property Owner or Owner's Authorized Repres			tate ZIP Code
community-issued BFE) or Zone AO must sign Property Owner or Owner's Authorized Repres Address	entative's Name	ty S	
community-issued BFE) or Zone AO must sign Property Owner or Owner's Authorized Repres Address Signature	entative's Name	ty S	tate ZIP Code
community-issued BFE) or Zone AO must sign Property Owner or Owner's Authorized Repres Address Signature	entative's Name	ty S	tate ZIP Code
community-issued BFE) or Zone AO must sign Property Owner or Owner's Authorized Repres Address Signature	entative's Name	ty S	tate ZIP Code
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community-issued BFE) or Zone AO must sign Property Owner or Owner's Authorized Repres Address Signature	entative's Name	ty S	tate ZIP Code
community-issued BFE) or Zone AO must sign Property Owner or Owner's Authorized Repres Address Signature Comments	entative's Name	ty S	tate ZIP Code

☐ Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 20

IMPORTANT: In these spaces, copy the corresponding information from Section A.				NSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, St 744 Embassy Ln	x No. Policy	Number:				
City Conway	State South Care	ZIP Code olina 29526	Comp	any NAIC Number		
SECTION G COMMUNITY INFORMATION (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	Certificate. Comp					
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)						
G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.						
G3. The following information (Items G4-	·G10) is provided f	or community floodplain r	nanagement purp	ooses.		
G4. Permit Number	Permit Number G5. Date Permit Issued G			rtificate of nce/Occupancy Issued		
G7. This permit has been issued for:	New Construction	on Substantial Improve	ment			
G8. Elevation of as-built lowest floor (including of the building:	g basement)		☐ feet ☐ me	ters Datum		
G9. BFE or (in Zone AO) depth of flooding at t	the building site:		☐ feet ☐ me	ters Datum		
G10. Community's design flood elevation:	-		☐ feet ☐ me	ters Datum		
Local Official's Name		Title				
Community Name Telephone						
Signature		Date	•	-		
Comments (including type of equipment and location, per C2(e), if applicable)						
			,			
	☐ Check here if attachments.					

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Apt., l 744 Embassy Ln			
City	State	ZIP Code	Company NAIC Number
Conway	South Carolina	29526	

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 vertex or indicated in Section A8. If a the indicated in Section A8. vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

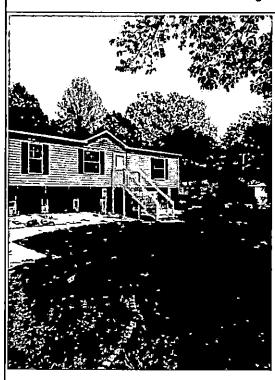


Photo One

Photo One Caption Front

Clear Photo One



Photo Two

Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30,

ELEVATION CERTIFICATE

IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including 744 Embassy Ln	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Conway	South Carolina	29526	

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.

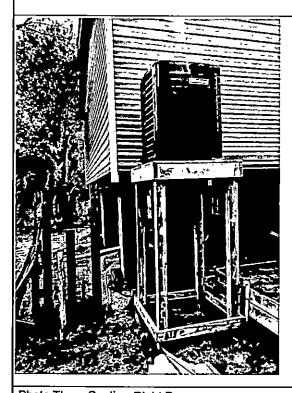


Photo Three

Photo Three Caption Right Rear

Clear Photo Three



Photo Four

Photo Four Caption Left Front - Lowest Utility

Clear Photo Four