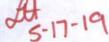
U.S. DEPARTMENT OF HOMELAND SECURITY

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 INSU | RANCE COMPANY USE | |
|--|-------------|---------------------------------------|------------|-----------------------------------|----------------------|-------------------|---|
| A1. Building Owner's Name | | | | | Policy Num | iber: | |
| Jerry Hearl | | | | | | | 1 |
| A2. Building Street Ad Box No. 1993 Lees Landing Cir | | luding Apt., Unit, Suit | te, and/or | Bldg. No.) o | r P.O. Route and | Company I | NAIC Number: |
| City | | | | State | | ZIP Code | |
| Conway | | | | | arolina | 29526 | |
| A3. Property Descript Lot 12 Waccamaw Ac | | | ax Parcel | Number, Le | gal Description, etc | 2.) | |
| A4. Building Use (e.g. | , Residen | tial, Non-Residential, | Addition, | Accessory, | etc.) Residentia | ıl | |
| A5. Latitude/Longitude | e: Lat. 33 | -50-33.5" | Long. 78 | 3-59-18.9" | Horizontal | Datum: NAD | 1927 🗵 NAD 1983 |
| A6. Attach at least 2 p | hotograph | ns of the building if th | e Certific | ate is being u | used to obtain flood | d insurance. | |
| A7. Building Diagram | Number | 5 | | | | | |
| A8. For a building with | a crawls | pace or enclosure(s): | | | | | |
| a) Square footage | e of crawls | space or enclosure(s) | | | N/A sq ft | | |
| b) Number of peri | manent flo | od openings in the cr | awlspace | e or enclosure | e(s) within 1.0 foot | above adjacent gr | ade N/A |
| c) Total net area | of flood op | enings in A8.b | | N/A sq ir | | | |
| d) Engineered flo | od openin | gs? ☐ Yes ☒ N | No | | | | |
| A9. For a building with | an attach | ed garage: | | | | | |
| a) Square footage | | | | N/A sq ff | | | |
| | | od openings in the at | tached o | | | acent grade N/A | |
| | | | itacrica g | | | acont grado 1471 | |
| c) Total net area | | | | N/A sq | | | |
| d) Engineered flo | od openin | gs? Yes X | No | | | | |
| | SE | CTION B - FLOOD | INSURA | NCE RATE | MAP (FIRM) INF | ORMATION | |
| B1. NFIP Community Name & Community Number | | | | B2. County Name | | | B3. State |
| Horry Cour | nty 4 | 50104 | | Horry Coun | ty | | South Carolina |
| B4. Map/Panel B Number B | 5. Suffix | B6. FIRM Index Date | Effe | RM Panel ective/ vised Date | Zone(s) (Zone AO, | | d Elevation(s) use Base Flood Depth) |
| 45051C-0530 H | | 09-17-2003 | 08-23-1999 | | AE | 14.0' | |
| | | | | | | And the second | |
| B10. Indicate the sou | | Base Flood Elevation Community Deter | | | | in Item B9: | |
| B11. Indicate elevation | n datum u | ised for BFE in Item E | 39: 🛛 N | GVD 1929 | ☐ NAVD 1988 | Other/Source | |
| B12. Is the building lo | cated in a | Coastal Barrier Res | ources Sy | ystem (CBRS | s) area or Otherwis | se Protected Area | (OPA)? ☐ Yes ⊠ No |
| Designation Dat | e: | | CBRS | □ OPA | 1 | | |
| | 1-10 | | | WE | ALLAN DE | TOGH | 23793 |

ELEVATION CERTIFICATE

OMB No. 1660-0008 $\ensuremath{\overline{\mathcal{D}}}$ Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | | | FOR INSURANCE COMPANY USE | | |
|---|----------------------------------|---|------------------------|--|---------------------------------------|--|--|
| Building Street Address (including Apt., Unit, Suite 1993 Lees Landing Circle | e, and/or Bldg. No.) or P.O. Ro | ute and Box No. | | Number: | | | |
| City | | Code | Company NAIC Number | | | | |
| SECTION C - BUILD | ING ELEVATION INFORMA | TION (SURVEY R | EQUIR | ED) | | | |
| C1. Building elevations are based on: Co *A new Elevation Certificate will be required | | ilding Under Constru ling is complete. | uction* (| Finis | hed Construction | | |
| C2 Elevations – Zones A1–A30, AE, AH, A (wit Complete Items C2.a–h below according to | | | | | | | |
| Benchmark Utilized: SC VRS Network | Vertical Datum | : NAVD 1988 | | | | | |
| Indicate elevation datum used for the elevat | ions in items a) through h) bel | ow. | | | | | |
| ✓ NGVD 1929 ☐ NAVD 1988 ☐ | | | | | | | |
| Datum used for building elevations must be | the same as that used for the | BFE. | Ch | eck the me | easurement used. | | |
| a) Top of bottom floor (including basement, | crawlspace, or enclosure floo | r) | 21.90 | | meters | | |
| b) Top of the next higher floor | | | N/A | | meters | | |
| | member (// Zanas anly) | L PRINCE OF | N/A | | meters | | |
| c) Bottom of the lowest horizontal structural | member (v Zones only) | A MARKET ST | N/A | | meters | | |
| d) Attached garage (top of slab) | and any injury that building | | | <u></u> | | | |
| E) Lowest elevation of machinery or equipm (Describe type of equipment and location | n in Comments) | - | 21.90 | ✓ feet | ☐ meters | | |
| f) Lowest adjacent (finished) grade next to | building (LAG) | | 8.60 | ✓ feet | meters meters | | |
| g) Highest adjacent (finished) grade next to | building (HAG) | | 8.80 | ✓ feet | meters | | |
| b) Lowest adjacent grade at lowest elevation structural support | n of deck or stairs, including | A B. Trans | N/A | | meters | | |
| SECTION D - SURV | YEYOR, ENGINEER, OR AR | CHITECT CERTIF | ICATIO | N | | | |
| This certification is to be signed and sealed by a I certify that the information on this Certificate restatement may be punishable by fine or imprison | presents my best efforts to inte | erpret the data availa | y law to able. I ui | certify elev | ration information. that any false | | |
| Were latitude and longitude in Section A provide | d by a licensed land surveyor | Yes No | | Check her | e if attachments. | | |
| Certifier's Name | License Number | Chief and W. | 1 | | 9000000000000 | | |
| W.B. Huntley, III | 8809 | 1000 | | HTUNGO | CARO | | |
| Title Professional Land Surveyor | | | 1 4 | NI | lace | | |
| Company Name Huntley and Associates, Inc. | | | の日本を行るの | | PRI TA | | |
| Address 7760 Fallen Timber Dr. | | | V | | lara a.c. | | |
| City Myrtle Beach | State South Carolina | ZIP Code 29588 | | ************************************** | UNITLE LANGE | | |
| Signature | Date 03-26-2019 | Telephone (843) 238-8745 | Ext. | Job 4 | F 23193 | | |
| Copy all pages of this Elevation Certificate and all | attachments for (1) community | official, (2) insurance | agent/co | ompany, an | d (3) building own | | |
| Comments (including type of equipment and local Machinery servicing building in C2e is air conditions) | | | | 3 | | | |

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | | FOR INSURANCE COMPANY USE | | |
|---|---|--|--------------------------------------|---|--|--|
| Building Street Address (including Apt., Unit, Suite 1993 Lees Landing Circle | e, and/or Bldg. No.) or I | P.O. Route and Box No. | Policy Numb | er: | | |
| City | State South Carolina | ZIP Code 29526 | Company NA | NC Number | | |
| SECTION E - BUILDIN | G ELEVATION INFO | | OT REQUIRED) | "这一次" | | |
| For Zones AO and A (without BFE), complete Iter complete Sections A, B,and C. For Items E1–E4, enter meters. | ns E1–E5. If the Certific use natural grade, if av | cate is intended to supportailable. Check the measu | rt a LOMA or LOI urement used. In | MR-F request, Puerto Rico only, | | |
| E1. Provide elevation information for the following the highest adjacent grade (HAG) and the love | | | ther the elevation | is above or below | | |
| Top of bottom floor (including basement, crawlspace, or enclosure) is | | feet me | eters above | or below the HAG. | | |
| Top of bottom floor (including basement, crawlspace, or enclosure) is | | feet me | eters 🗌 above | or below the LAG. | | |
| For Building Diagrams 6–9 with permanent fluther next higher floor (elevation C2.b in the diagrams) of the building is | ood openings provided | in Section A Items 8 and | | 1–2 of Instructions), or ☐ below the HAG. | | |
| E3. Attached garage (top of slab) is | | feet me | | or below the HAG. | | |
| Top of platform of machinery and/or equipme servicing the building is | ent | | eters above | or below the HAG. | | |
| E5. Zone AO only: If no flood depth number is av floodplain management ordinance? Yes | | | accordance with | the community's | | |
| | | | | | | |
| SECTION F - PROPERTY | OWNER (OR OWNER | R'S REPRESENTATIVE) | CERTIFICATION | V | | |
| The property owner or owner's authorized representation and the community-issued BFE) or Zone AO must sign here. | entative who completes | Sections A, B, and E for | Zone A (without | a FEMA-issued or | | |
| he property owner or owner's authorized represe ommunity-issued BFE) or Zone AO must sign he | entative who completes ere. The statements in § | Sections A, B, and E for | Zone A (without | a FEMA-issued or | | |
| The property owner or owner's authorized represe ommunity-issued BFE) or Zone AO must sign he property Owner or Owner's Authorized Represent | entative who completes ere. The statements in S tative's Name | Sections A, B, and E for | Zone A (without | a FEMA-issued or | | |
| The property owner or owner's authorized represe ommunity-issued BFE) or Zone AO must sign he property Owner or Owner's Authorized Represent address | entative who completes ere. The statements in S tative's Name | Sections A, B, and E for Sections A, B, and E are o | Zone A (without correct to the bes | a FEMA-issued or it of my knowledge. | | |
| The property owner or owner's authorized represe ommunity-issued BFE) or Zone AO must sign he property Owner or Owner's Authorized Represent address Signature | entative who completes ere. The statements in S tative's Name | Sections A, B, and E for Sections A, B, and E are o | Zone A (without correct to the bes | a FEMA-issued or it of my knowledge. | | |
| The property owner or owner's authorized represe ommunity-issued BFE) or Zone AO must sign he property Owner or Owner's Authorized Represent address Signature | entative who completes ere. The statements in S tative's Name | Sections A, B, and E for Sections A, B, and E are o | Zone A (without correct to the bes | a FEMA-issued or it of my knowledge. | | |
| The property owner or owner's authorized represe ommunity-issued BFE) or Zone AO must sign her property Owner or Owner's Authorized Represent address Signature | entative who completes ere. The statements in S tative's Name | Sections A, B, and E for Sections A, B, and E are o | Zone A (without correct to the bes | a FEMA-issued or it of my knowledge. | | |
| The property owner or owner's authorized represe ommunity-issued BFE) or Zone AO must sign her property Owner or Owner's Authorized Represent address Signature | entative who completes ere. The statements in S tative's Name | Sections A, B, and E for Sections A, B, and E are o | Zone A (without correct to the bes | a FEMA-issued or it of my knowledge. | | |
| The property owner or owner's authorized represe ommunity-issued BFE) or Zone AO must sign her property Owner or Owner's Authorized Represent address Signature | entative who completes ere. The statements in S tative's Name | Sections A, B, and E for Sections A, B, and E are o | Zone A (without correct to the bes | a FEMA-issued or it of my knowledge. | | |
| The property owner or owner's authorized represe community-issued BFE) or Zone AO must sign her property Owner or Owner's Authorized Represent Address Signature | entative who completes ere. The statements in S tative's Name | Sections A, B, and E for Sections A, B, and E are o | Zone A (without correct to the bes | a FEMA-issued or it of my knowledge. | | |
| The property owner or owner's authorized represe ommunity-issued BFE) or Zone AO must sign her property Owner or Owner's Authorized Represent address Signature | entative who completes ere. The statements in S tative's Name | Sections A, B, and E for Sections A, B, and E are o | Zone A (without correct to the bes | a FEMA-issued or it of my knowledge. | | |
| The property owner or owner's authorized represe ommunity-issued BFE) or Zone AO must sign he property Owner or Owner's Authorized Represent address Signature | entative who completes ere. The statements in S tative's Name | Sections A, B, and E for Sections A, B, and E are o | Zone A (without correct to the bes | a FEMA-issued or it of my knowledge. | | |
| The property owner or owner's authorized represe community-issued BFE) or Zone AO must sign her property Owner or Owner's Authorized Represent Address Signature | entative who completes ere. The statements in S tative's Name | Sections A, B, and E for Sections A, B, and E are o | Zone A (without correct to the bes | a FEMA-issued or it of my knowledge. | | |
| The property owner or owner's authorized represe | entative who completes ere. The statements in S tative's Name | Sections A, B, and E for Sections A, B, and E are o | Zone A (without correct to the bes | a FEMA-issued or it of my knowledge. | | |

ELEVATION CERTIFICATE

| IMPORTANT: In these spaces, copy the corr | FOR INSURANCE COMPANY USE | | |
|--|--|--|---|
| Building Street Address (including Apt., Unit, S 1993 Lees Landing Circle | Policy Number: | | |
| City | State ZIP C South Carolina 2952 | | Company NAIC Number |
| SECTION | ON G - COMMUNITY INFORMATIO | ON (OPTIONAL) | |
| The local official who is authorized by law or of Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, er G1. The information in Section C was taken engineer, or architect who is authorized the comments area below.) G2. A community official completed Section Zone AO. G3. The following information (Items G4- | certificate. Complete the applicable of the meters. Sen from other documentation that he ded by law to certify elevation information E for a building located in Zone A | e item(s) and signal as been signed a ation. (Indicate the A (without a FEM) | and sealed by a licensed surveyor, the source and date of the elevation |
| G4. Permit Number | G5. Date Permit Issued | | Date Certificate of Compliance/Occupancy Issued |
| G7. This permit has been issued for: G8. Elevation of as-built lowest floor (includin of the building: G9. BFE or (in Zone AO) depth of flooding at | | fee | t meters Datum t meters Datum |
| G10. Community's design flood elevation: Local Official's Name | Title | | t meters Datum |
| Local Official S Name | Tide | | |
| Community Name | Telephone | | |
| Signature | Date | | |
| Comments (including type of equipment and lo | cation, per C2(e), if applicable) | | |
| | | | ☐ Check here if attachments. |

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 20

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 Box No. Policy Number: 1993 Lees Landing Circle City ZIP Code State Company NAIC Number South Carolina 29526 Conway

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 #23793 Side 3-26-19 Clear Photo Three



Photo Four

#23793 Photo Four Caption Rear 3-26-19

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | | FOR INSURANCE COMPANY USE | |
|--|--|------------------------------------|-----------------------|---------------------------|--|
| and the second s | t Address (including Apt., Unding Circle | nit, Suite, and/or Bldg. No.) or P | .O. Route and Box No. | Policy Number: | |
| City Conway | / | State South Carolina | ZIP Code 29526 | Company NAIC Number | |

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

#23793 Clear Photo One 3-26-19 Photo One Caption Front

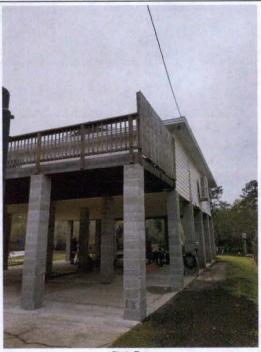


Photo Two

Photo Two Caption Side/A/C

ELEVATION CERTIFICATE

3-26-19

#23793

Clear Photo Two