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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

SECTION A – PROPERTY INFORMATION FOR INSURANCE COMPANY USE					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: Company NAIC Number:					
City: MYRTLE BEACH State: SC ZIP Code: 29579					
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: LOT 32 COUNTRYSIDE PH II, PIN# 426-01-04-0053					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL					
A5. Latitude/Longitude: Lat. <u>33°43'14.84"N</u> Long <u>78°56'56.93" W</u> Horizontal Datum: NAD 1927 X NAD 1983 WGS 84					
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).					
A7. Building Diagram Number: 1B					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s): N/A sq. ft.					
b) Is there at least one permanent flood opening on two different sides of each enclosed area? 🗌 Yes 🗌 No 🛛 X N/A					
 c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: N/A Engineered flood openings: N/A 					
d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.					
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): N/A 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: <u>N/A</u> 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: N/A Engineered flood openings: N/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): N/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) INFORMATION					
B1.a. NFIP Community Name: HORRY COUNTY B1.b. NFIP Community Identification Number: 450104					
B2. County Name: HORRY B3. State: SC B4. Map/Panel No.: 45051C0702 B5. Suffix: K					
B6. FIRM Index Date: 12/16/2021 B7. FIRM Panel Effective/Revised Date: 12/16/2021					
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 15					
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 X NAVD 1988 Other/Source:					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes X No Designation Date:					
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? Yes X No					

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS OF	ON PAGES	9-19		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box N		FOR INSURANCE COMPANY USE		
		Policy Number:		
City: MYRTLE BEACH State: SC ZIP Code: 29579		Company NAIC Number:		
SECTION C – BUILDING ELEVATION INFORMATION (S	SURVEY R	EQUIRED)		
C1. Building elevations are based on: Construction Drawings* Building Under *A new Elevation Certificate will be required when construction of the building is comp		n* X Finished Construction		
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), A A99. Complete Items C2.a–h below according to the Building Diagram specified in Ite Benchmark Utilized: <u>SC VRS OBSERVATION</u> Vertical Datum: <u>NAV</u>	em A7. In Pu			
Indicate elevation datum used for the elevations in items a) through h) below.				
Datum used for building elevations must be the same as that used for the BFE. Conversio If Yes, describe the source of the conversion factor in the Section D Comments area.	n factor use	d? 🗌 Yes 🔀 No		
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	17.6	Check the measurement used: X feet meters		
b) Top of the next higher floor (see Instructions):	N/A	X feet meters		
c) Bottom of the lowest horizontal structural member (see Instructions):	N/A	⊠		
d) Attached garage (top of slab):	N/A	X feet meters		
 e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 	*17.0	X feet meters		
f) Lowest Adjacent Grade (LAG) next to building: Natural X Finished	15.1	X feet meters		
g) Highest Adjacent Grade (HAG) next to building: 🗌 Natural 🛛 X Finished	16.2	X feet meters		
 Finished LAG at lowest elevation of attached deck or stairs, including structural support: 	N/A	📉 🏹 feet 🔲 meters		
SECTION D – SURVEYOR, ENGINEER, OR ARCHITE		ICATION		
This certification is to be signed and sealed by a land surveyor, engineer, or architect auth information. I certify that the information on this Certificate represents my best efforts to in false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section	terpret the d			
Were latitude and longitude in Section A provided by a licensed land surveyor? X Yes	🗌 No			
Check here if attachments and describe in the Comments area.				
Certifier's Name: WALTER B. SHEETS License Number: L-26959		_		
Title: LAND SURVEYOR				
Company Name: RLA ASSOCIATES, PA				
Address: 14323 OCEAN HIGHWAY, STE 4139				
City: PAWLEYS ISLAND State: SC ZIP Code: 29585				
Signature: Waber B. Sheets Date: 01/15/2025				
Telephone: 843-879-9091 Ext.: 405 Email: BRAD@RLAPLS.COM				
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) in	_			
Comments (including source of conversion factor in C2; type of equipment and location per	er C2.e; and	description of any attachments):		
*C2. e) HVAC UNIT. ELEVATION SHOT ON TOP OF HVAC RISER.				

IMPORT	-	N CERTIFICATE	SES 9-19		
Building Street Address (including Apt., Unit,	FOR INSURANCE COMPANY USE				
206 COPPERSMITH LN City: MYRTLE BEACH	State: SC	ZIP Code: 29579	Policy Number:		
			Company NAIC Number:		
SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)					
For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.					
Building measurements are based on: *A new Elevation Certificate will be require	-		ction* Finished Construction		
E1. Provide measurements (C.2.a in appli measurement is above or below the n			e appropriate boxes to show whether the		
 Top of bottom floor (including base crawlspace, or enclosure) is: 	ment,	feet mete	ers 🗌 above or 🗌 below the HAG.		
 b) Top of bottom floor (including base crawlspace, or enclosure) is: 	ment,	feet 🗌 mete	ers 🗌 above or 🗌 below the LAG.		
E2. For Building Diagrams 6–9 with perma next higher floor (C2.b in applicable Building Diagram) of the building is:	anent flood openings pro	vided in Section A Items 8 and			
E3. Attached garage (top of slab) is:		feet _ mete			
E4. Top of platform of machinery and/or e servicing the building is:	quipment		ers is above or is below the HAG.		
E5. Zone AO only: If no flood depth numb floodplain management ordinance?	er is available, is the top		a accordance with the community's must certify this information in Section G.		
SECTION F – PROPERTY O	WNER (OR OWNER'	S AUTHORIZED REPRESE	ENTATIVE) CERTIFICATION		
The property owner or owner's authorized sign here. The statements in Sections A, E			r Zone A (without BFE) or Zone AO must		
Check here if attachments and describ					
Property Owner or Owner's Authorized Re	oresentative Name:				
Address:					
City:		State:	ZIP Code:		
Signature:		Date:			
Comments:					

ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19					
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:			FOR INSURANCE COMPANY USE		
206 COPPERSMITH LN City: MYRTLE BEACH	State: SC	ZIP Code: 29	579	Policy Number:	
				Company NAIC Number:	
SECTION G - COMMUNITY INFORM	MATION (RECOMN	IENDED FOR	COMMUNIT	Y OFFICIAL COMPLETION)	
The local official who is authorized by law or ordi Section A, B, C, E, G, or H of this Elevation Cert					
G1.	ed by state law to cer				
G2.a. A local official completed Section E f E5 is completed for a building locate		n Zone A (witho	out a BFE), Zoi	ne AO, or Zone AR/AO, or when item	
G2.b. 🗌 A local official completed Section H for	or insurance purposes	i.			
G3. In the Comments area of Section G,	the local official descr	ibes specific co	prrections to th	e information in Sections A, B, E and H.	
G4.	G11) is provided for a	community flood	dplain manage	ement purposes.	
G5. Permit Number:	G6. Date Perr	nit Issued:			
G7. Date Certificate of Compliance/Occupane	cy Issued:				
G8. This permit has been issued for: XNe	w Construction	Substantial Impr	ovement		
G9.a. Elevation of as-built lowest floor (includin building:	g basement) of the		feet	meters Datum:	
G9.b. Elevation of bottom of as-built lowest hor member:	izontal structural		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 depl requirement for the lowest floor or lowest member:			□ feet	meters Datum:	
	ves attach documen	tation and desc			
G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments area. The local official who provides information in Section G must sign here. I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.					
Local Official's Name: Lauren Harrelson, C	CFM	Title:	Flood Haz	ard Reduction Control Officer	
NFIP Community Name:					
Address:					
City:				ZIP Code:	
Signature Lauren Harrelson		Date: ()7/02/2024		
Comments (including type of equipment and loca Sections A, B, D, E, or H):					
b10 should be FIS.					

	ELEVATION IMPORTANT: MUST FOLLOW T		GES 9-19		
Building Street Address (including 206 COPPERSMITH LN	9 Apt., Unit, Suite, and/or Bldg. No.) o	or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE		
City: MYRTLE BEACH	State: SC	ZIP Code: 29579	Policy Number:		
	0.0.0.0		Company NAIC Number:		
	H – BUILDING'S FIRST FLOO SURVEY NOT REQUIRED) (FO				
The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). <i>Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.</i>					
H1. Provide the height of the top	o of the floor (as indicated in Found	lation Type Diagrams) above	the Lowest Adjacent Grade (LAG):		
 a) For Building Diagrams floor (include above-grade f subgrade crawlspaces or er 		n feet	imeters is above the LAG		
	2A, 2B, 4, and 6–9. Top of next pove basement, crawlspace, or	feet	meters above the LAG		
	nent servicing the building (as liste Indation Type Diagrams at end of S		vated to or above the floor indicated by the appropriate Building Diagram?		
SECTION I – PROF	PERTY OWNER (OR OWNER'S	AUTHORIZED REPRES	ENTATIVE) CERTIFICATION		
The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. <i>The statements in Sections A, B, and H are correct to the best of my knowledge.</i> Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G. Check here if attachments are provided (including required photos) and describe each attachment in the Comments area. Property Owner or Owner's Authorized Representative Name:					
indicate in Item G2.b and sign S Check here if attachments an Property Owner or Owner's Auth	re provided (including required phot				
indicate in Item G2.b and sign S Check here if attachments an Property Owner or Owner's Auth Address:	re provided (including required phot				
indicate in Item G2.b and sign S Check here if attachments an Property Owner or Owner's Auth	re provided (including required phot	os) and describe each attacl	nment in the Comments area.		
indicate in Item G2.b and sign S Check here if attachments an Property Owner or Owner's Auth Address:	re provided (including required phot	os) and describe each attacl	The Comments area.		
indicate in Item G2.b and sign S Check here if attachments an Property Owner or Owner's Auth Address: City:	re provided (including required phot	cos) and describe each attack	The Comments area.		
indicate in Item G2.b and sign S Check here if attachments an Property Owner or Owner's Auth Address: City: Signature:	ection G. re provided (including required phot norized Representative Name:	cos) and describe each attack	The Comments area.		
indicate in Item G2.b and sign S Check here if attachments an Property Owner or Owner's Auth Address: City: Signature: Telephone:	ection G. re provided (including required phot norized Representative Name:	cos) and describe each attack	The Comments area.		
indicate in Item G2.b and sign S Check here if attachments an Property Owner or Owner's Auth Address: City: Signature: Telephone:	ection G. re provided (including required phot norized Representative Name:	cos) and describe each attack	The Comments area.		
indicate in Item G2.b and sign S Check here if attachments an Property Owner or Owner's Auth Address: City: Signature: Telephone:	ection G. re provided (including required phot norized Representative Name:	cos) and describe each attack	The Comments area.		
indicate in Item G2.b and sign S Check here if attachments an Property Owner or Owner's Auth Address: City: Signature: Telephone:	ection G. re provided (including required phot norized Representative Name:	cos) and describe each attack	The Comments area.		
indicate in Item G2.b and sign S Check here if attachments an Property Owner or Owner's Auth Address: City: Signature: Telephone:	ection G. re provided (including required phot norized Representative Name:	cos) and describe each attack	The Comments area.		
indicate in Item G2.b and sign S Check here if attachments an Property Owner or Owner's Auth Address: City: Signature: Telephone:	ection G. re provided (including required phot norized Representative Name:	cos) and describe each attack	The Comments area.		
indicate in Item G2.b and sign S Check here if attachments an Property Owner or Owner's Auth Address: City: Signature: Telephone:	ection G. re provided (including required phot norized Representative Name:	cos) and describe each attack	The Comments area.		
indicate in Item G2.b and sign S Check here if attachments an Property Owner or Owner's Auth Address: City: Signature: Telephone:	ection G. re provided (including required phot norized Representative Name:	cos) and describe each attack	The Comments area.		
indicate in Item G2.b and sign S Check here if attachments an Property Owner or Owner's Auth Address: City: Signature: Telephone:	ection G. re provided (including required phot norized Representative Name:	cos) and describe each attack	The Comments area.		

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

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Su	uite, and/or Bldg. No.)	or P.O. Route a	Ind Box No.:	FOR INSURANCE COMPANY USE
206 COPPERSMITH LN City: MYRTLE BEACH	State: SC	ZIP Code:	29579	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 LEFT VIEW 01/15/2024

Photo Two Caption: FRONT RIGHT VIEW 01/15/2024

Clear Photo Two

Clear Photo One

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

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:				FOR INSURANCE COMPANY USE
206 COPPERSMITH LN City: MYRTLE BEACH	State: SC	ZIP Code: 2957	79	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 Caption: REAR RIGHT VIEW 01/15/2024

Photo Four Caption: REAR LEFT VIEW 01/15/2024

Clear Photo Four

Clear Photo Three