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

OMB No. 1660-0008 (1/19/12 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.

| SECTION A - PROPERTY INFORMATION | | | | | FOR INSUR | ANCE COMPANY USE | |
|--|-----------------|---|-----------------|----------------|----------------------|--|-----------------|
| A1. Building Owner's Name | | | | | | Policy Numb | er: |
| MUNGO HOMES COASTAL DIVISION | | | | | | | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 247 AVERYVILLE DRIVE | | | | | Company N | AIC Number: | |
| City | | State ZIP Code | | | | | |
| | | | | | | 29526 | |
| / / / | | nd Block Numbers, Ta SUBD. PHASE 2 (Pl | | | al Description, etc |) | |
| A4. Building Use (| e.g., Residen | tial, Non-Residential, | Addition, | Accessory, e | tc.) RESIDENTIA | AL | |
| A5. Latitude/Longi | tude: Lat. 3 | 3-50-58.9 | Long. 0 | 78-49-41.4 | Horizontal | Datum: NAD 1 | 927 🗶 NAD 1983 |
| A6. Attach at least | 2 photograp | ns of the building if the | Certific | ate is being u | sed to obtain flood | l insurance. | |
| A7. Building Diagra | am Number | 1A | | | | | |
| A8. For a building | with a crawls | pace or enclosure(s): | | | | | |
| a) Square footage of crawlspace or enclosure(s) N/A sq ft | | | | | | | |
| b) Number of | permanent flo | od openings in the cra | awlspace | e or enclosure | (s) within 1.0 foot | above adjacent gra | de N/A |
| c) Total net ar | ea of flood or | penings in A8.b | | N/A sq in | | | |
| d) Engineered | I flood openin | gs? Yes X | lo | | | | |
| A9. For a building | with an attach | ed garage: | | | | | |
| | | ed garage. | | 393 00 saft | | | |
| | | | | | | cont grade N/A | |
| 5 | 06567 93 | ood openings in the att | acned g | | | icent grade N/A | |
| c) Total net ar | ea of flood op | penings in A9.b | | N/A sq | in | | |
| d) Engineered | flood openin | gs? Yes 🗷 N | lo | | | | |
| | SE | CTION B - FLOOD I | NSURA | NCE RATE | MAP (FIRM) INF | ORMATION | |
| B1. NFIP Community Name & Community Number | | | B2. County Name | | | B3. State | |
| HORRY COUNTY | 450104 | | | HORRY CO | DUNTY | | South Carolina |
| B4. Map/Panel Number | B5. Suffix | B6. FIRM Index Date | | | B8. Flood Zone(s) | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) | |
| 45051C 0580 | к | 12-16-2021 | 12-16-2021 AE | | AE | 21 | |
| B10. Indicate the | source of the | Base Flood Elevation | (BFE) d | ata or base fl | ood depth entered | in Item B9: | |
| ☐ FIS Profil | e 🗷 FIRM | Community Deter | mined [| Other/Sou | rce: | | |
| B11. Indicate elev | ation datum | used for BFE in Item B | 89: 🔲 N | IGVD 1929 | ✗ NAVD 1988 | Other/Source: | |
| B12. Is the building | ng located in a | a Coastal Barrier Reso | ources S | ystem (CBRS |) area or Otherwis | e Protected Area (0 | OPA)? Tyes X No |
| Designation | | | | ☐ OPA | | | |
| | | | | | | | |
| | | | | | | | |

ELEVATION CERTIFICATE

OMB No. 1660-0008 1/129/22 Expiration Date: November 30, 2022/14

| IMPORTANT: In these spaces, copy the corresponding | FOR INSURANCE COMPANY USE | | | | |
|--|--|---|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or 247 AVERYVILLE DRIVE | Bldg. No.) or P.O. Ro | ute and Box No. | Policy Number: | | |
| City State | No. 1985 Tarrier Tarrier | Code | Company NAIC Number | | |
| 77/57/11 | STEP I ITTOTICE TO THE STEP IN THE STEP I | 526 | | | |
| SECTION C – BUILDING ELE | VATION INFORMA | TION (SURVEY R | EQUIRED) | | |
| C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when co | | ilding Under Constru ling is complete. | uction* Finished Construction | | |
| C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), No Complete Items C2.a–h below according to the build | /E, V1–V30, V (with E ing diagram specified | BFE), AR, AR/A, AR in Item A7. In Puer | /AE, AR/A1-A30, AR/AH, AR/AO. to Rico only, enter meters. | | |
| Benchmark Utilized: TBM Vertical Datum: NAVD 88 | | | | | |
| Indicate elevation datum used for the elevations in ite | ems a) through h) belo | ow. | | | |
| ☐ NGVD 1929 ▼ NAVD 1988 ☐ Other/S | | | | | |
| Datum used for building elevations must be the same | e as that used for the | BFE. | Check the measurement used. | | |
| a) Top of bottom floor (including basement, crawlspa | ace or enclosure floor | r) | 24.3 feet meters | | |
| | ace, or endosure noo | ., | 34.6 🕱 feet 🗌 meters | | |
| b) Top of the next higher floor | | X | | | |
| c) Bottom of the lowest horizontal structural member | r (V Zones only) | 3/2 | | | |
| d) Attached garage (top of slab) | | 8 | 23.9 x feet meters | | |
| e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com | icing the building ments) | | 24.2 feet meters | | |
| f) Lowest adjacent (finished) grade next to building | (LAG) | 2 | 23.0 x feet meters | | |
| g) Highest adjacent (finished) grade next to building | (HAG) | | 23.6 x feet meters | | |
| h) Lowest adjacent grade at lowest elevation of decision structural support | | - | 23.4 x feet meters | | |
| SECTION D - SURVEYOR, | ENGINEER, OR AR | CHITECT CERTIF | ICATION | | |
| This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un | my hast afforts to inte | eroret the data avalla | y law to certify elevation information. able. I understand that any false | | |
| Were latitude and longitude in Section A provided by a lice | ensed land surveyor? | Yes No | Check here if attachments. | | |
| Certifier's Name | License Number | | manning. | | |
| J. JASON COX | SC# 26950 | | WITH CARO | | |
| Title OWNER | | | SOOFESS ON THE | | |
| Company Name COX SURVEYORS & ASSOCIATES, LLC | No. 26950 | | | | |
| Address 4325 DICK POND ROAD, SUITE A | | | SURVE OF LITTER | | |
| City MYRTLE BEACH | State South Carolina | ZIP Code 29588 | ASON CHAIR | | |
| Signature J. Jasa Cox | Date 11-28-2022 | Telephone (843) 650-1500 | | | |
| Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner | | | | | |
| Comments (including type of equipment and location, per C2(e), if applicable) | | | | | |
| The house is also located in Flood zone "X" and within the located on the left side of the house. | ne County Supplemen | ital Flood Zone "AE- | -21". C2e is the air conditioner pad | | |
| | | | | | |

ELEVATION CERTIFICATE

OMB No. 1660-0008 11/29/22 Expiration Date: November 30, 2022/4

| IMPORTANT: In these spaces, copy the correspond | ing information fo | om Costion A | TOD INCLIDAN | ICE COMPANY LICE |
|--|---|---|---|---|
| Duilding Ctroot Address (including Ast Unit Cuite one | | | Policy Number | ICE COMPANY USE |
| Building Street Address (including Apt., Unit, Suite, and 247 AVERYVILLE DRIVE | aror Blug. No.) or F | O. Notice and Box No. | Policy Number | |
| 777 | State | ZIP Code | Company NAIC | Number |
| | South Carolina | 29526 | | |
| SECTION E – BUILDING EL FOR ZONI | EVATION INFOR E AO AND ZONE | MATION (SURVEY N A (WITHOUT BFE) | OT REQUIRED) | |
| For Zones AO and A (without BFE), complete Items E1 complete Sections A, B,and C. For Items E1–E4, use n enter meters. | I–E5. If the Certificatural grade, if ava | ate is intended to suppo ilable. Check the meas | ort a LOMA or LOMF urement used. In Po | R-F request, uerto Rico only, |
| E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a | | | ther the elevation is | above or below |
| Top of bottom floor (including basement, crawlspace, or enclosure) is | | feet m | aters above o | below the HAG. |
| b) Top of bottom floor (including basement, | | | eters above or | below the HAG. |
| crawlspace, or enclosure) is | | feet m | eters 🔲 above or | below the LAG. |
| E2. For Building Diagrams 6-9 with permanent flood of | penings provided i | n Section A Items 8 and | d/or 9 (see pages 1- | -2 of Instructions), |
| the next higher floor (elevation C2.b in the diagrams) of the building is | n = = 0 = 0 | feet m | | below the HAG. |
| THE STREET OF THE STREET PRODUCTION OF THE STREET OF THE S | | | | 10000000000000000000000000000000000000 |
| E3. Attached garage (top of slab) is | | feet _ m | eters | below the HAG. |
| E4. Top of platform of machinery and/or equipment servicing the building is | | feet m | eters above o | below the HAG. |
| E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes | le, is the top of the No Unknow | bottom floor elevated in n. The local official m | accordance with thust certify this inform | ne community's nation in Section G. |
| SECTION F – PROPERTY OW | NER (OR OWNER | S REPRESENTATIVE | CERTIFICATION | |
| | | | | FFAAA innund on |
| The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The property Owner or Owner's Authorized Representative | he statements in S | Sections A, B, and E fo ections A, B, and E are | correct to the best | FEMA-issued or of my knowledge. |
| community-issued BFE) or Zone AO must sign here. To | he statements in S | ections A, B, and E are | r Zone A (without a correct to the best | FEMA-issued or of my knowledge. ZIP Code |
| community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative | he statements in S s's Name | ections A, B, and E are | correct to the best | of my knowledge. |
| community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address Signature | he statements in S s's Name | ections A, B, and E are | State | of my knowledge. |
| community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address | he statements in S s's Name | ections A, B, and E are | State | of my knowledge. |
| community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address Signature | he statements in S s's Name | ections A, B, and E are | State | of my knowledge. |
| community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address Signature | he statements in S s's Name | ections A, B, and E are | State | of my knowledge. |
| community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address Signature | he statements in S s's Name | ections A, B, and E are | State | of my knowledge. |
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| community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address Signature | he statements in S s's Name | ections A, B, and E are | State | of my knowledge. |
| community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address Signature | he statements in S s's Name | ections A, B, and E are | State Telephone | ZIP Code |
| community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address Signature | he statements in S | ections A, B, and E are | State Telephone | ZIP Code |
| community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address Signature | he statements in S | ections A, B, and E are | State Telephone | ZIP Code |
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| community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative Address Signature | he statements in S | ections A, B, and E are | State Telephone | ZIP Code |
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☐ Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008 (129/12)
Expiration Date: November 30, 2022

| MPORTANT: In these spaces, copy the corre | FOR INSURANCE COMPANY USE | |
|--|--|---|
| Building Street Address (including Apt., Unit, St | x No. Policy Number: | |
| 247 AVERYVILLE DRIVE | | |
| City | State ZIP Code South Carolina 29526 | Company NAIC Number |
| | CONTRACTOR AND | TONAL \ |
| | ON G - COMMUNITY INFORMATION (OPT | |
| engineer, or architect who is authoriz | Certificate. Complete the applicable item(s ter meters. en from other documentation that has been |) and sign below. Check the measurement |
| data in the Comments area below.) A community official completed Section Zone AO. | on E for a building located in Zone A (witho | ut a FEMA-issued or community-issued BFE) |
| | G10) is provided for community floodplain r | nanagement purposes. |
| G4. Permit Number | G5. Date Permit Issued | G6. Date Certificate of Compliance/Occupancy Issued |
| G7. This permit has been issued for: | New Construction Substantial Improve | ement |
| G8. Elevation of as-built lowest floor (including of the building: | g basement) | feet meters Datum |
| G9. BFE or (in Zone AO) depth of flooding at | the building site: | feet meters Datum |
| G10. Community's design flood elevation: | B | feet meters Datum |
| Local Official's Name | Title | |
| Community Name | Telephone | |
| Signature | Date | |
| Comments (including type of equipment and lo | cation, per C2(e), if applicable) | |
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| | | |
| | | Check here if attachments |

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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ELEVATION CERTIFICATE 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:

247 AVERYVILLE DRIVE

City State ZIP Code Company NAIC Number CONWAY South Carolina

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; 11-28-2022 Clear Photo One



Photo Two Caption

Rear View; 11-28-2022

Clear Photo Two

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

Form Page 5 of 6