ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

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

important. I blow the mandelions on pages 1-5.

	SECT	ION A - PROPERTY	INFORMATION		FOR INSUR	ANCE COMPANY USE
A1. Building Owner's Name DR HORTON, INC.				Policy Numb	ber:	
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2043 AINSLEY DRIVE 					Company N	AIC Number:
Contract of the second s	RIVE		State		ZIP Code	
City State LITTLE RIVER South Carolina					29566	
AND THE PROPERTY AND A DEPOSIT	CONTRACTOR OF A	nd Block Numbers, Ta #307-10-04-0028	ax Parcel Number, Leo	gal Description, e	etc.)	
A4. Building Use	(e.g., Residen	tial, Non-Residential,	Addition, Accessory,	etc.) RESIDEN	TIAL	
A5. Latitude/Long	gitude: Lat. 3	3-53-28.53	Long. 78-36-26.22	Horizont	al Datum: 🔲 NAD 1	927 🕱 NAD 1983
A6. Attach at leas	st 2 photograph	ns of the building if the	e Certificate is being u	used to obtain flo	od insurance.	
A7. Building Diag	ram Number	1B				
A8. For a building	with a crawls	pace or enclosure(s):				
a) Square fo	otage of crawl	space or enclosure(s)	l	N/A sq ft		
b) Number of	f permanent flo	od openings in the cr	awispace or enclosure	e(s) within 1.0 fo	ot above adjacent gra	ade N/A
c) Total net a	area of flood op	penings in A8.b	N/A sq ir	1		
d) Engineere	ed flood openin	gs? Yes XI	No			
1511 1711						
A9. For a building			122.00 sq f	è.		
			432.00 sq fl		diameter and a sure	
b) Number of	f permanent flo	ood openings in the at	ttached garage within	1.0 foot above a	ojacent grade N/A	
c) Total net a	area of flood op	enings in A9.b	N/A sq	l in		
d) Engineere	d flood openin	gs? 🗌 Yes 🗶 I	No			
	SE	CTION B - FLOOD	INSURANCE RATE	MAP (FIRM) IN	FORMATION	
B1. NFIP Commu	unity Name & C	Community Number	B2. County	Name		B3. State
HORRY 450104			HORRY			South Carolina
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	Elevation(s) e Base Flood Depth)
45051C0438	н	09-17-2003	08-23-1999	AE	12	
FIS Prot	file 🗴 FIRM	Community Dete	n (BFE) data or base f rmined	urce:		
	ing located in a	a Coastal Barrier Res				
		a Coastal Barrier Res	CBRS OPA		7111 12/14	

	ELEVATION CERTIFICATE			
MPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., 2043 AINSLEY DRIVE	Unit, Suite, and/or Bldg. No.) or P.O	. Route and Box No.	Policy Number:	
City LITTLE RIVER	State South Carolina	ZIP Code Company NAIC Number 29566		
SECTION C	- BUILDING ELEVATION INFOR	MATION (SURVEY R	REQUIRED)	
C2. Elevations – Zones A1–A30, AE, Complete Items C2.a–h below acc Benchmark Utilized: <u>SITE CONTI</u>	e required when construction of the I AH, A (with BFE), VE, V1–V30, V (w cording to the building diagram spec ROL Vertical Da	vith BFE), AR, AR/A, AR ified in Item A7. In Puer atum: <u>NAVD 88</u>	R/AE, AR/A1–A30, AR/AH, AR/AO	
	the elevations in items a) through h)	below.		
X NGVD 1929 NAVD Datum used for building elevations	s must be the same as that used for	the BFE.	Check the measurement use	
b) Top of the next higher floor	basement, crawlspace, or enclosure	floor)	25.6 x feet meters N/A feet meters N/A feet meters	
d) Attached garage (top of slab)	,		25.2 X feet meters	
(Describe type of equipment ar	12. 3 3 30.000 States		25.0 🗶 feet 🗌 meters	
 f) Lowest adjacent (finished) grad g) Highest adjacent (finished) grad 			23.9 x feet meters	
	st elevation of deck or stairs, includi	ng	N/A feet meters	
	D - SURVEYOR, ENGINEER, OR	ARCHITECT CERTIF	FICATION	
This certification is to be signed and se I certify that the information on this Cer statement may be punishable by fine o Were latitude and longitude in Section	rtificate represents my best efforts to primprisonment under 18 U.S. Code	o interpret the data avail , Section 1001.	lable. I understand that any false	
Certifier's Name MATTHEW D. SVEJKOVSKY	License Numbe 21233		WH CARO	
			11 U 1883	
Title SURVEY DEPARTMENT MANAGER				
Title			No. 21233	
Title SURVEY DEPARTMENT MANAGER Company Name	SUITE 202		NO 21233 12/14/2021 We The SURVES	
Title SURVEY DEPARTMENT MANAGER Company Name THOMAS & HUTTON Address	SUITE 202 State South Carolina	ZIP Code 29577	NO 21233 12/14/2021 Ne 11/14/2021 Ne 11/14/2021 Ne 11/14/2021	
Title SURVEY DEPARTMENT MANAGER Company Name THOMAS & HUTTON Address 611 BURROUGHS & CHAPIN BLVD. City MYRTLE BEACH Signature	State South Carolina Date 12-14-2021	29577 Telephone (843) 839-8463		
Title SURVEY DEPARTMENT MANAGER Company Name THOMAS & HUTTON Address 611 BURROUGHS & CHAPIN BLVD. City MYRTLE BEACH Signature MUTCH Sub- Copy all pages of this Elevation Certifica	State South Carolina Date 12-14-2021 te and all attachments for (1) commun	29577 Telephone (843) 839-8463 nity official, (2) insurance	l.	
Title SURVEY DEPARTMENT MANAGER Company Name THOMAS & HUTTON Address 611 BURROUGHS & CHAPIN BLVD. City MYRTLE BEACH Signature MATA Support Copy all pages of this Elevation Certification Comments (including type of equipment	State South Carolina Date 12-14-2021 Ite and all attachments for (1) communit and location, per C2(e), if applicable	29577 Telephone (843) 839-8463 nity official, (2) insurance ole)	e agent/company, and (3) building o	
Title SURVEY DEPARTMENT MANAGER Company Name THOMAS & HUTTON Address 611 BURROUGHS & CHAPIN BLVD. City MYRTLE BEACH Signature MUTCH Sub- Copy all pages of this Elevation Certifica	State South Carolina Date 12-14-2021 Ite and all attachments for (1) commun and location, per C2(e), if applicab SHED CONSTRUTION AT DATE OF	29577 Telephone (843) 839-8463 nity official, (2) insurance ole)	e agent/company, and (3) building o	

ELEVATION CERTIFICATE				MB No. 1660- Expiration Date:	0008 November 30, 2022
IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURANCE COMPANY USE	
Building Street Address (including Apt. 2043 AINSLEY DRIVE	, Unit, Suite, and/or Bldg. No.) or F	P.O. Route and Bo	x No.	Policy Number:	
City	State	ZIP Code	1	Company NAIC	Number
LITTLE RIVER	South Carolina	29566			
SECTION E -	BUILDING ELEVATION INFOR FOR ZONE AO AND ZONE			REQUIRED)	
For Zones AO and A (without BFE), co complete Sections A, B,and C. For Iter enter meters.	mplete Items E1–E5. If the Certific ns E1–E4, use natural grade, if av	ate is intended to allable. Check the	support a L measurem	OMA or LOMF ent used. In Pu	-F request, erto Rico only,
 E1. Provide elevation information for the highest adjacent grade (HAG) a) Top of bottom floor (including the second second	and the lowest adjacent grade (LA		w whether	the elevation is	above or below
crawlspace, or enclosure) is		feet	meters	above or	below the HAG.
b) Top of bottom floor (including to crawlspace, or enclosure) is	pasement,	feet	meters	above or	below the LAG.
E2. For Building Diagrams 6–9 with pe the next higher floor (elevation C2)		in Section A Items	s 8 and/or 9	(see pages 1-	2 of Instructions),
the diagrams) of the building is		feet	meters	above or	below the HAG.
E3. Attached garage (top of slab) is		feet	meters	above or	below the HAG.
E4. Top of platform of machinery and/ servicing the building is	or equipment	feet	meters	above or	below the HAG.
E5. Zone AO only: If no flood depth nu	where is qualitable is the tag of the		77-75		
floodplain management ordinance					ation in Section G.
SECTION F – P	ROPERTY OWNER (OR OWNER	'S REPRESENTA	ATIVE) CER	RTIFICATION	
The property owner or owner's authoriz community-issued BFE) or Zone AO m	zed representative who completes nust sign here. The statements in S	Sections A, B, and Sections A, B, and	d E for Zon E are corre	e A (without a lect to the best o	EMA-issued or f my knowledge.
Property Owner or Owner's Authorized	Representative's Name				
Address	C	ity	Stat	e	ZIP Code
Signature	ם	ate	Tele	ephone	
Comments					
				Check	here if attachments.
EMA Form 086-0-33 (12/19)	Replaces all previo	ous editions.			Form Page 3 o

ELEVATION CERTIFICATE			OMB No. 1660-0008 Expiration Date: November 30, 2022 FOR INSURANCE COMPANY USE	
IMPORTANT: In these spaces, copy the corre				
Building Street Address (including Apt., Unit, Su 2043 AINSLEY DRIVE	ite, and/or Bldg. No.) or P	P.O. Route and Box No.	Policy Number:	
City LITTLE RIVER	State South Carolina	ZIP Code 29566	Company NAIC Number	
SECTIO	N G - COMMUNITY INF	ORMATION (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, ent	Certificate. Complete the			
G1. The information in Section C was take engineer, or architect who is authorize data in the Comments area below.)				
or Zone AO.			MA-issued or community-issued BFE)	
G3. The following information (Items G4–	G10) is provided for comm	nunity floodplain manage	ement purposes.	
G4. Permit Number	G5. Date Permit Issued	G6	Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for:	New Construction 🗌 St	ubstantial Improvement		
G8. Elevation of as-built lowest floor (including of the building:	basement)	fe	eet 🗌 meters Datum	
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	fe	eet 🗌 meters Datum	
G10. Community's design flood elevation:		fe	eet 🗌 meters Datum	
Local Official's Name	Т	fitle		
Community Name	Т	elephone		
Signature	E	Date		
Comments (including type of equipment and loc	ation, per C2(e), if applica	able)		
	(*)			
			Check here if attachments.	
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ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

LEEVATION OLIVITITIOAT		s for herr Ao.	Expiration Date: November 30, 2022
IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2043 AINSLEY DRIVE			Policy Number:
City	State	ZIP Code	Company NAIC Number
LITTLE RIVER	South Carolina	29566	

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.

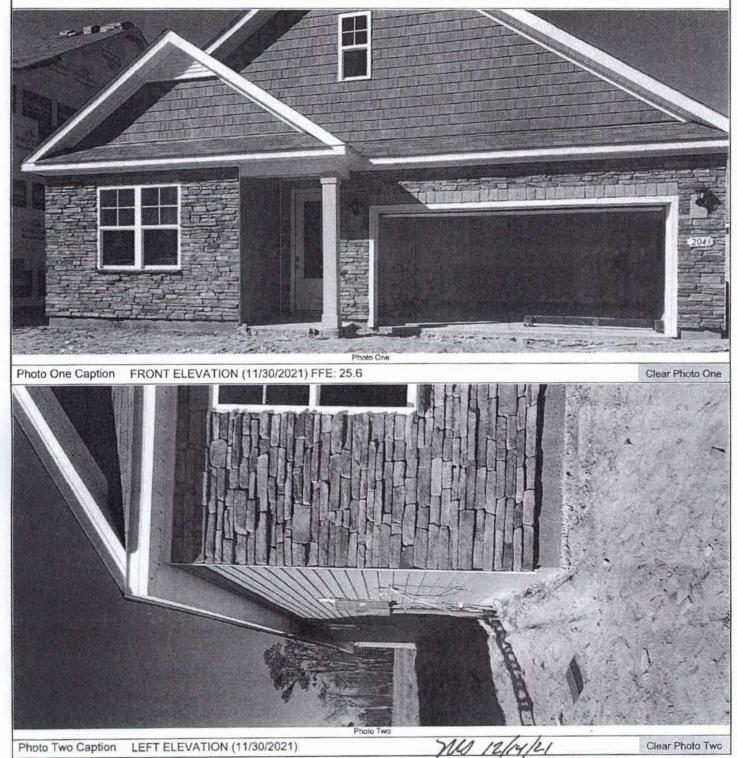


Photo Two Caption LEFT ELEVATION (11/30/2021)

Replaces all previous editions.

Clear Photo Two

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

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ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008 har 20 2022

LELVANON OLIVINIOATE	Continuation Page		
IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, S 2043 AINSLEY DRIVE	Policy Number:		
City	State	ZIP Code	Company NAIC Number
LITTLE RIVER	South Carolina	29566	

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.

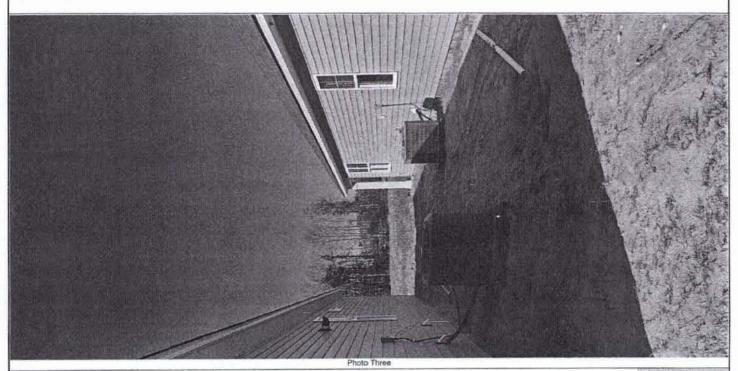


Photo Three Caption RIGHT SIDE ELEVATION WITH HEAT PUMP (11/30/2021) EL. 25.0

Clear Photo Three



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Replaces all previous editions.

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