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

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

OMB No. 1660-0008 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 INSURANCE COMPANY US		
A1. Building Owner's Name BEVERLY HOMES, LLC.						ber:		
A2. Building Stre Box No. 781 MT. GILEAD		d Company N	Company NAIC Number:					
City			State		ZIP Code			
MURRELLS	INLET		South C	arolina	29576	576		
			x Parcel Number, Le - TMS # 195-19-01-0		etc.)			
A4. Building Use	(e.g., Residen	tial, Non-Residential,	Addition, Accessory,	etc.) RESIDE	NTIAL			
A5. Latitude/Lon	gitude: Lat. 33	3-57-67 N	Long. 79-01-53 W	Horizon	tal Datum: NAD	1927 🛭 NAD 1983		
A6. Attach at lea	st 2 photograp	ns of the building if the	e Certificate is being	used to obtain flo	ood insurance.			
A7. Building Diag		55725	•					
		pace or enclosure(s):						
	70			A1/A A				
25. 12.		space or enclosure(s)		N/A sq ft				
b) Number o	f permanent flo	od openings in the cr	awispace or enclosur	e(s) within 1.0 fo	ot above adjacent gr	ade N/A		
c) Total net	area of flood or	penings in A8.b	N/A sq i	n				
d) Engineer	ed flood openin	gs? Yes 🛛 Y	No					
A9. For a building	with an attack	ed narane:						
			721 22 (
			731.33 sq f					
b) Number of	f permanent flo	ood openings in the at	tached garage within	1.0 foot above a	djacent grade N/A			
c) Total net	area of flood or	penings in A9.b	N/A so	in in				
d) Engineers	d flood openin	gs? Yes 🖂!	No.					
d) Engineere	a nood operan	801 [] 100 [V]						
	SE	CTION B - FLOOD	INSURANCE RATE	MAP (FIRM) IN	NFORMATION			
B1. NFIP Commi	unity Name & 0	Community Number	B2. County	Name		B3. State		
HORRY COUNT	Control Control State St		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 B (Zone AO, us	9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)		
45051C0784	K	12-16-2021	12-16-2021	AE	11			
FIS Pro	file FIRM	Community Dete	n (BFE) data or base in mined Other/So B9: NGVD 1929 ources System (CBR	urce:	Other/Source	: (OPA)?		
Designation			CBRS OPA					
ENA E 000 0	22 (12/10)		Replaces all previous	editions.		Form Page 1 of		

Replaces all previous editions.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

781 MT. GILEAD TRACE DR.

City State ZIP Code Company NAIC Number

MURRELLS INLET South Carolina 29576

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



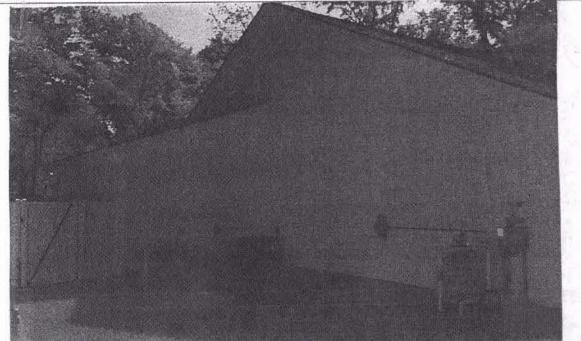


Photo Two Caption

Clear Photo Two
Form Page 5 of 6

ELEVATION CERTIFICATE

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

MPORTANT: In these spaces, copy the corresponding in Building Street Address (including Apt., Unit, Suite, and/or Bl	FOR INSURANCE COMPANY USE Policy Number:					
81 MT. GILEAD TRACE DR. ity State ZIP Code IURRELLS INLET South Carolina 29576				Company NAIC Number		
	ester varives			2)		
SECTION C - BUILDING ELEV				D)		
 C1. Building elevations are based on: Construction of the Anew Elevation Certificate will be required when constructions. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE Complete Items C2.a—h below according to the buildin Benchmark Utilized: GPS VRS 	struction of the bu E, V1–V30, V (wit g diagram specifi	BFE), AR, AR/A, AF	R/AE, AR/A	A1A30, A	R/AH, AR/AO.	
Indicate elevation datum used for the elevations in item	ns a) through h) b	elow.				
☑ NGVD 1929 ☐ NAVD 1988 ☐ Other/Son	urce:					
Datum used for building elevations must be the same a	as that used for the	ne BFE.	Che	ck the me	asurement used.	
	a or onologyro fl	oor)		feet	meters	
a) Top of bottom floor (including basement, crawlspace)	e, or enclosure ii		N/A	☐ feet	meters	
b) Top of the next higher floor		7. C.	N/A	☐ feet	☐ meters	
c) Bottom of the lowest horizontal structural member (V Zones only)	1-4 (0.2.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.		☑ feet	☐ meters	
d) Attached garage (top of slab)		(10.1	N teer	☐ meters	
 e) Lowest elevation of machinery or equipment service (Describe type of equipment and location in Comm 	ing the building ents)	H arana da da	17.9	feet	☐ meters	
f) Lowest adjacent (finished) grade next to building (I	AG)		17.9	✓ feet	meters	
g) Highest adjacent (finished) grade next to building (HAG)		18.1	✓ feet	meters	
h) Lowest adjacent grade at lowest elevation of deck structural support		g	17.9	∫ feet	meters	
SECTION D - SURVEYOR, E	NGINEER OR	ARCHITECT CERTI	FICATION	V		
This certification is to be signed and sealed by a land surve I certify that the information on this Certificate represents no statement may be punishable by fine or imprisonment under	eyor, engineer, or	architect authorized	by law to c	ertify elev	ation information. that any false	
Were latitude and longitude in Section A provided by a lice	nsed land survey	or? ⊠Yes □No		Check her	e if attachments.	
Certifier's Name EVERRETT T. JOHNSON II	License Number 30766			"minin	Million 4	
Title OWNER			NI C	ON H C	TO COLUMN	
Company Name J&W PROFESSIONAL LAND SURVEYORS, LLC.			- IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	No. 3	0768 EX	
Address 3370 TRULUCK JOHNSON ROAD				\$	ere	
City AYNOR	State South Carolina	ZIP Code 29511	1	WELL.	OHMITTE	
Signature	Date 04-22-2022	Telephone (843) 241-3800	Ext.			
Copy all pages of this Elevation Certificate and all attachmen	its for (1) commun	ity official, (2) insuranc	ce agent/co	mpany, ai	nd (3) building owne	
Comments (including type of equipment and location, per						
	acae all pravious	oditions			Form Page 2	

BUILDING PHOTOGRAPHS

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Continuation Page

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Ap 781 MT. GILEAD TRACE DR.			
City MURRELLS INLET	State South Carolina	ZIP Code 29576	Company NAIC Number

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

Clear Photo Three



Photo Four Caption

Clear Photo Four

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