# U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

## **ELEVATION CERTIFICATE**

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

OMB Control Number: 1660-0008

Expiration: 11/30/2018 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 USE		
A1. Building Owner's Name Southern Grand Homes, LLC		Policy Number:	UN	0
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Box No.  183 Ecum Secum Place 1	. Route and	Company NAIC Number:	7-12	-H6
City Conway	State SC		Zip Code 29	9527
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal De	escription, etc.	)		
Lot 48 Hemphill Subdivision Horry County Tax Parcel N				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)				
A5. Latitude/Longitude: Lat. 33.761609 Long. 79.070531 Horizon	ital Datum:	<b>⊙</b> NAD 1927	<b>O</b> NAD 1983	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A6. Attach at least 2 photographs of the building if the Certificate is being used t	to obtain flood	insurance.		
A7. Building Diagram Number 1B				
	9. For a buildi	ing with an a <mark>t</mark> tach	ed garage:	
a) Square footage of crawlspace or enclosure(s) NA sq ft a	) Square foota	ige of attached ga	arage 366	sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade		ermanent flood op ed garage within ent grade		
c) Total net area of flood openings in A8.b NA sq in	) Total net are	a of flood opening	gs in A9.b 0	sq in
	) Engineered	flood openings?	OYes C	No
SECTION B - FLOOD INSURANCE RATE M				
B1. NFIP Community Name & Community Number B2. County	Name		В	3. State
450104 Horry County		orry		SC
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Revised Date	Effective/ B8.	Flood Zone(s)	B9. Base Flood (Zone AO, depth	l Elevation(s) use base flood
45051C0 514 Aug 23, 1	999	AE		8
B11. Indicate elevation datum used for BFE in Item B9: ONGVD 1929 ONA B12. Is the building located in a Coastal Barrier Resources System (CBRS) area Designation Date:			OPA)? OYes	s <b>N</b> o
SECTION C - BUILDING ELEVATION INFORM	MATION (SUR	VEY REQUIRED		
C1. Building elevations are based on: OConstruction Drawings* OBuilding *A new Elevation Certificate will be required when construction of the building is C2. Elevations: Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE) Items C2.a-h below according to the building diagram specified in Item A7. In Proceedings of the State of Canada (with BFE) and Canada (with BFE).	ng Under Cons s complete. ), AR, AR/A, A	struction*  R/AE, AR/A1-A30 y, enter meters.	Finished Const	
Indicate elevation datum used for the elevations in items a) through h) below.	●NGVD 1929	ONAVD 1988	3	
Other/Source:			_	
Datum used for building elevations must be the same as that used for the BFE.			Check the mea	asurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	17	. 04	• feet	meters
b) Top of the next higher floor	NA /		feet	meters
c) Bottom of the lowest horizontal structural member (V Zones only)	NA	/	feet	meters
d) Attached garage (top of slab)	16	. 59	• feet	meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	16	63	feet	meters
f) Lowest adjacent (finished) grade next to building (LAG)	16	09	• feet	meters
g) Highest adjacent (finished) grade next to building (HAG)	16	. 52	efeet	meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	NA	723	feet	meters

# **ELEVATION CERTIFICATE**, page 2

OMB Control Number: 1660-0008 Expiration: 11/30/2018

PORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt.,			D.E. Harbara
183 Ecum Secum Place		1/	Policy Number:
City Conway	State SC	Zip Code 29527	Company NAIC Number:
	ON D - SURVEYOR, ENGINE		
This certification is to be signed and seal	ed by a land surveyor, engine presents my best efforts to int	eer, or architect authorized by terpret the data available. I un	y law to certify elevation information. I certify inderstand that any false statement may be
Check here if attachments.	Were latitude and longitude in Section A provided by a licensed land surveyor?  OYes  No		HILLIAM CAROL MAN
Certifier's Name	Lic	cense Number	S. Collection of the second
Sean T. Williams	Company Name	23577	No. 23577 9
Title Land Surveyory		y Company, LLC	
Address 1480 Alford Rd	City Conway	State Zip Code SC 29526	No. 23577 OF
I full	Jun 30, 2016	843-365-1975	.//////////////////////////////////////
Copy all pages of this Elevation Certificat	te for (1) community official, (		
Comments (including type of equipment	and location, per C2(e), if ap	plicable)	
GPS observations were taken program. C2e item is the air co		nd converted to NGVE	29 using NGS VERTCON
program. Cze item is the air co	oriditioner.		
	1		
STATE PROPERTY AND ADDRESS.	V,		
	1-1/8		2
Signature	lell	Activities and the second	Date Jun 30, 2016
SECTION E - BUILDING ELEVATION	ON INFORMATION (SURVE	Y NOT REQUIRED) FOR ZO	ONE AO AND ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), com Sections A, B, and C. For Items E1-E4, u			
E1. Provide elevation information for the highest adjacent grade (HAG) and th			er the elevation is above or below the
a) Top of bottom floor (including base or enclosure) is	ement, crawlspace,	feetm	eters above or below the HAG.
b) Top of bottom floor (including bas or enclosure) is	ement, crawlspace,	feet m	eters above or below the LAG.
E2. For Building Diagrams 6-9 with perm higher floor (elevation C2.b in the diagram		ed in Section A Items 8 and/o	r 9 (see page 8 of Instructions), the next eters above or below the HAG.
E3. Attached garage (top of slab) is		.	eters above or below the HAG.
E4. Top of platform of machinery and /or servicing the building is	equipment	.	
		the bottom floor elevated in a official must certify this inform	accordance with the community's floodplain
SECTION F - F	PROPERTY OWNER (OR OV	WNER'S REPRESENTATIVE	E) CERTIFICATION
The property owner or owner's authorize community-issued BFE) or Zone AO mu			
Property Owner or Owner's Authorized		, , , , , ,	, and a second s
Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			
			□0bc 1 bcc 2 iii ii
		and the best of the same	Check here if attachments

# **ELEVATION CERTIFICATE**, page 3

OMB Control Number: 1660-0008 Expiration: 11/30/2018

MPORTANT: In these spaces, copy the correspondence	onding information from S	Section A.	FOR INSURANCE COMPANY USE
uilding Street Address (including Apt., Unit, Suite,	and/or Bldg. No.) or P.O. R	oute and Box No.	Deline Number
183 Ecum Secum Place			Policy Number:
ity Conway	State SC Zip C	ode 29527	Company NAIC Number:
SECTION	G - COMMUNITY INFORM	MATION (OPTIONA	L)
he local official who is authorized by law or ordinar ections A, B, C (or E), and G of this Elevation Cert ems G8-G10. In Puerto Rico only, enter meters.	nce to administer the commi ificate. Complete the applica-	unity's floodplain ma able item(s) and sig	anagement ordinance can complete in below. Check the measurement used in
The information in Section C was taken from architect who is authorized by law to comments area below.) A community official completed Section E	ntity elevation information. (	indicate the source	
or Zone AO.			
G3. The following information (Items G4-G10)		C6 Date Certi	ficate of Compliance/Occupancy Issued
G4. Permit Number	65. Date Permit Issued	Go. Date Certi	incate of Compilarisor Cooperatory
G7. This permit has been issued for: New Con	struction C Substantial Im	provement	
G8. Elevation of as-built lowest floor (including bat of the building:		_ C feet C me	ters Datum
G9. BFE or (in Zone AO) depth of flooding at the	<u> </u>	Cfeet C me	ters Datum
building site: G10. Community's design flood elevation:		Cfeet C me	eters Datum
Local Official's Name	Title	N. S. O. F. S. D.	
	Telepl	none	
Community Name		10110	
Signature	Date		
			Check here if attach

#### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**, page 4

See instructions for Item A6.

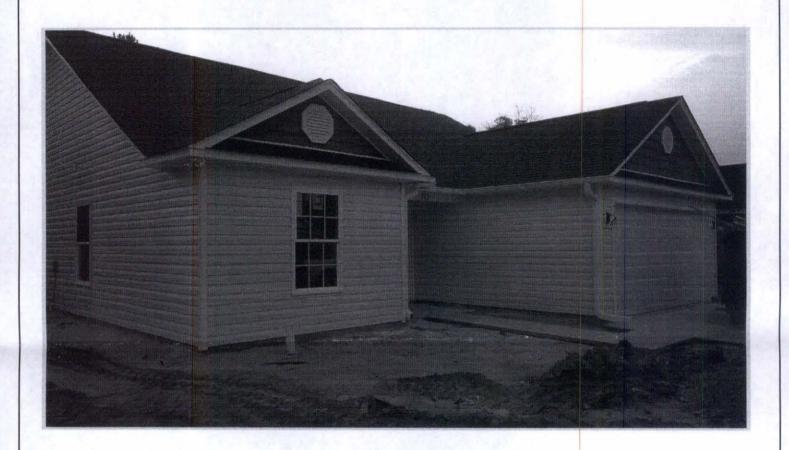
OMB Control Number: 1660-0008

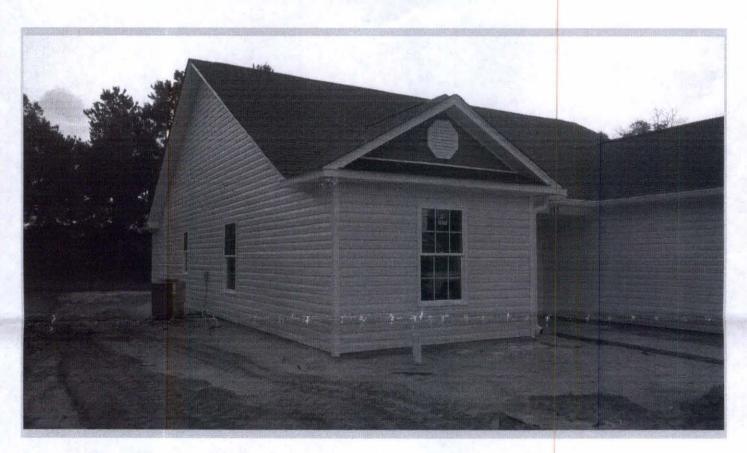
Expiration: 11/30/2018 COMPANYLICE

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Ap 183 Ecum Secum Place	t., Unit, Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:	
City Conway	State SC	Zip Code 29527	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.





#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**, page 5

Continuation Page

OMB Control Number: 1660-0008 Expiration: 11/30/2018

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.  183 Ecum Secum Place		FOR INSURANCE COMPANY USE	
		Policy Number:	
City Conway	State SC	Zip Code 29527	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.



