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

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

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

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: Bard H. Goldstein	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 2251 Old Sanders Drive	Company NAIC Number:
City: Little River State: SC	ZIP Code: 29566
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Num Parcel B-1, Tax# 144-00-01-079 PIN# 350-09-03-0001	nber:
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	
A5. Latitude/Longitude: Lat. 33.8375 Long78.6781 Horizontal Datum: N	AD 1927 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): 0.00 sq. ft.	
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	☐ Yes ☐ No ☒ N/A
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot Non-engineered flood openings:0 Engineered flood openings:0	
d) Total net open area of non-engineered flood openings in A8.c: sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instruction	ons): one sq. ft.
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: 580.00 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 adja Non-engineered flood openings:0 Engineered flood openings:3	acent grade:
d) Total net open area of non-engineered flood openings in A9.c: sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instruction	ons): 600.00 sq. ft.
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): sq. ft.	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFOR	RMATION
B1.a. NFIP Community Name: Horry County B1.b. NFIP Community Ider	ntification Number: 450104
B2. County Name: Horry B3. State: SC B4. Map/Panel No.: 4	45051 C0 608 B5. Suffix: K
B6. FIRM Index Date: 12/16/2021 B7. FIRM Panel Effective/Revised Date: 12/16/202	21
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use E	Base Flood Depth): 10
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: ☐ FIS ☐ FIRM ☐ Community Determined ☐ Other:	
B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/	/Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prote Designation Date:	ected Area (OPA)?
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

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.: 2251 Old Sanders Drive	FOR INSURANCE COMPANY USE					
City: Little River State: SC ZIP Code: 29566	Policy Number: Company NAIC Number:					
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.						
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: 7.40' TBM Vertical Datum: NAVD 1988						
Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other:						
Datum used for building elevations must be the same as that used for the BFE. Conversion for Yes, describe the source of the conversion factor in the Section D Comments area.	actor used? ☐ Yes ☒ No Check the measurement used:					
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	14.10 🛭 feet 🗌 meters					
b) Top of the next higher floor (see Instructions):	0.00 feet meters					
c) Bottom of the lowest horizontal structural member (see Instructions):	0.00 feet meters					
d) Attached garage (top of slab):	11.30 🛛 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):	14.00 X feet meters					
f) Lowest Adjacent Grade (LAG) next to building: Natural Finished	10.00 🛛 feet 🗌 meters					
g) Highest Adjacent Grade (HAG) next to building: Natural Finished	10.50 🔀 feet 🗌 meters					
 h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 	10.20 🛛 feet 🗌 meters					
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT	CERTIFICATION					
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.						
Were latitude and longitude in Section A provided by a licensed land surveyor? ⊠ Yes ☐ No						
☐ Check here if attachments and describe in the Comments area.						
Certifier's Name: Harry F. Bruton License Number: 24275						
Title: Professional Land Surveyor						
Company Name: Harry F. Bruton & Associates						
Address: 905-2 Sea Mountain Highway						
City: North Myrtle Beach State: SC ZIP Code: 29582						
Certifier's Name: Harry F. Bruton License Number: 24275 Title: Professional Land Surveyor Company Name: Harry F. Bruton & Associates Address: 905-2 Sea Mountain Highway City: North Myrtle Beach State: SC ZIP Code: 29582 Signature: Date: 08/08/2023 Telephone: (843) 281-8822 Ext.: Email: hfbruton@gmail.com						
Telephone: (843) 281-8822 Ext.: Email: hfbruton@gmail.com						
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.						
Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments): Residence is a one story frame constructed on a block w/ concrete on fill foundation w/ an attached garage located in an AE 10 flood zone. Finish floor at 14.1'. Attached garage at 11.3' totaling 580 sq.ft. equipped with three SmartVent model #1540-510 for 200 sq.ft. each. Lowest mechanicals servicing the home is the HVAC unit on left side on a wooden platform						

at 14.0'. Tankless hot water heater located in garage at 16.3'.

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					
2251 Old Sanders Drive City: Little River State: SC ZIP Code: 29566	Policy Number:					
State. 33 Zii Code. 23303	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: Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.						
E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the measurement is above or below the natural HAG and the LAG.	e appropriate boxes to show whether the					
a) Top of bottom floor (including basement, crawlspace, or enclosure) is:	rs					
b) Top of bottom floor (including basement, crawlspace, or enclosure) is:	rs					
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and next higher floor (C2.b in applicable Building Diagram) of the building is:						
E3. Attached garage (top of slab) is:	rs 🔲 above or 🔲 below the HAG.					
E4. Top of platform of machinery and/or equipment servicing the building is:	rs					
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in floodplain management ordinance?	accordance with the community's must certify this information in Section G.					
SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESE	ENTATIVE) CERTIFICATION					
The property owner or owner's authorized representative who completes Sections A, B, and E for sign here. The statements in Sections A, B, and E are correct to the best of my knowledge	Zone A (without BFE) or Zone AO must					
Check here if attachments and describe in the Comments area.						
Property Owner or Owner's Authorized Representative Name:						
Address:						
City: State:	ZIP Code:					
Signature: Date:						
Telephone: Ext.: Email:						
Comments:						

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

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 2251 Old Sanders Drive					iE		
City: Little River State: SC ZIP Code: 29566				Policy Number: Company NAIC Number:			
SECTION G - COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)							
The local official who is authorized by law or ordinance to administer the Section A, B, C, E, G, or H of this Elevation Certificate. Complete the a				rdinance can complete			
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)							
G2.a. A local official completed Section E for a building located in E5 is completed for a building located in Zone AO.							
G2.b. A local official completed Section H for insurance purposes	S.						
G3. In the Comments area of Section G, the local official descri	ibes specific correc	ctions to the	ne information	n in Sections A, B, E and	Н.		
G4.	ommunity floodpla	in manag	ement purpos	es.			
G5. Permit Number: 139287 G6. Date Perm	nit Issued: 09.21	1.2022					
G7. Date Certificate of Compliance/Occupancy Issued:							
G8. This permit has been issued for: New Construction S	ubstantial Improve	ment					
G9.a. Elevation of as-built lowest floor (including basement) of the building:		feet	meters	Datum:			
G9.b. Elevation of bottom of as-built lowest horizontal structural member:		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 depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member:		feet	meters	Datum:			
G11. Variance issued? Yes No If yes, attach document	ation and describe	in the Co	mments 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, CFM NFIP Community Name:	Title:	Flood H	azard Red	luction Control Offi	icer		
NFIP Community Name:							
Telephone: Ext.: Email:							
Address:					_		
City:	S	State:	ZIP C	ode:			
Signature: Lauren Harrelson	Date: 08.2	28.2023	<u> </u>				
Comments (including type of equipment and location, per C2.e; descri Sections A, B, D, E, or H):	ption of any attach	ments; ar	d corrections	to specific information in	1		
A8 a, c, d, e and f should be N/A. A9 f should be 600 C2 b and c should ne N/A not 0.0							

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., L	Init, Suite, and/or Bldg. No	.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE			
2251 Old Sanders Drive			Policy Number:			
City: Little River	State: SC	ZIP Code: 29566	Company NAIC Number:			
		OOR HEIGHT INFORMAT FOR INSURANCE PURP				
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). 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.						
H1. Provide the height of the top of the	floor (as indicated in Fou	undation Type Diagrams) abo	ve the Lowest Adjacent Grade (LAG):			
a) For Building Diagrams 1A, 1E floor (include above-grade floors of subgrade crawlspaces or enclosure)	nly for buildings with	om	et			
b) For Building Diagrams 2A, 2E higher floor (i.e., the floor above be enclosure floor) is:		t	et			
H2. Is all Machinery and Equipment set H2 arrow (shown in the Foundation Yes No			elevated to or above the floor indicated by the he appropriate Building Diagram?			
SECTION I - PROPERTY	OWNER (OR OWNER	R'S AUTHORIZED REPR	ESENTATIVE) CERTIFICATION			
	y knowledge. Note: If the		H must sign here. The statements in Sections at official completed Section H, they should			
Check here if attachments are provi	ded (including required p	hotos) and describe each att	achment in the Comments area.			
Property Owner or Owner's Authorized	Representative Name: _					
Address:						
City:		State	: ZIP Code:			
Signaturo		Date:				
Signature: Telephone:	Ext.: Email:	Date.				
Comments:						

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:			FOR INSURANCE COMPANY USE	
2251 Old Sanders Drive				Policy Number:
City: Little River	_ State:_	SC	ZIP Code: 29566	Policy 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

Photo One Caption: Front 08/08/2023

Clear Photo One



Photo Two

Photo Two Caption: Right 08/08/2023

Clear Photo Two

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, a	and/or Blo	lg. No.) o	r P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
2251 Old Sanders Drive				- Policy Number:
City: Little River	State:_	SC	ZIP Code: 29566	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

Photo Three Caption: Rear 08/08/2023

Clear Photo Three



Photo Four

Photo Four Caption: Left 08/08/2023

Clear Photo Four

- With a minimum of one FV for every 200 square feet (18.6 m²) of enclosed area, except that the SmartVENT® Stacking Model #1540-511 and FloodVENT® Stacking Model #1540-521 must be installed with a minimum of one FV for every 400 square feet (37.2 m²) of enclosed area.
- Below the base flood elevation.
- With the bottom of the FV located a maximum of 12 inches (305.4 mm) above the higher of the final grade or floor and finished exterior grade immediately under each opening.

4.2 Flood Vent Sealing Kit

The Flood Vent Sealing Kit Model 1540-526 is used in conjunction with FloodVENT® Model #1540-520. When installed and tested in accordance with ASTM E283, the FV and Flood Vent Sealing Kit assembly have an air leakage rate of less than 0.2 cubic feet per minute per lineal foot (18.56 l/min per lineal meter) at a pressure differential of 1 pound per square foot (50 Pa) based on 12.58 lineal feet (3.8 lineal meters) contained by the Flood Vent Sealing Kit.

5.0 CONDITIONS OF USE

The Smart Vent® FVs described in this report comply with, or are suitable alternatives to what is specified in, those codes listed in Section 1.0 of this report, subject to the following conditions:

5.1 The Smart Vent® FVs must be installed in accordance with this report, the applicable code and the manufacturer's installation instructions. In the event of a conflict, the instructions in this report govern. 5.2 The Smart Vent[®] FVs must not be used in the place of "breakaway walls" in coastal high hazard areas, but are permitted for use in conjunction with breakaway walls in other areas.

6.0 EVIDENCE SUBMITTED

- 6.1 Data in accordance with the ICC-ES Acceptance Criteria for Mechanically Operated Flood Vents (AC364), dated August 2015 (editorially revised February 2021).
- 6.2 Test report on air infiltration in accordance with ASTM E283.

7.0 IDENTIFICATION

- 7.1 The Smart VENT® models and the Flood Vent Sealing Kit described in this report must be identified by a label bearing the manufacturer's name (Smartvent Products, Inc.), the model number, and the evaluation report number (ESR-2074).
- 7.2 The report holder's contact information is the following:

SMART VENT PRODUCTS, INC. 430 ANDBRO DRIVE, UNIT 1 PITMAN, NEW JERSEY 08071 (877) 441-8368 www.smartvent.com info@smartvent.com

TABLE 1-MODEL SIZES

MODEL NAME	MODEL NUMBER	MODEL SIZE (in.)	COVERAGE (sq. ft.)
FloodVENT®	1540-520	15 ³ / ₄ " X 7 ³ / ₄ "	200
SmartVENT®	1540-510	15 ³ / ₄ " X 7 ³ / ₄ "	200
FloodVENT® Overhead Door	1540-524	15 ³ / ₄ " X 7 ³ / ₄ "	200
SmartVENT® Overhead Door	1540-514	15 ³ / ₄ " X 7 ³ / ₄ "	200
Wood Wall FloodVENT®	1540-570	14" X 8 ³ / ₄ "	200
Wood Wall FloodVENT® Overhead Door	1540-574	14" X 8 ³ / ₄ "	200
SmartVENT® Stacker	1540-511	16" X 16"	400
FloodVent® Stacker	1540-521	16" X 16"	400

For Si: 1 inch = 25.4 mm; 1 square foot = m²

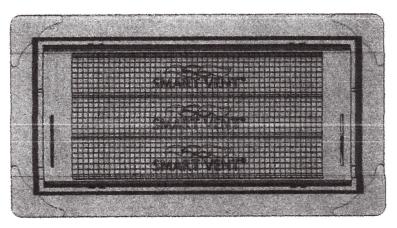


FIGURE 1-SMART VENT: MODEL 1540-510