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

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



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.

Joseph M. Osterhoudt & Donna Clardy Box No. 289 Crystal Lane City Longs South Carolina Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TMS: 116-00-02-109 / PIN: 304-16-04-0002 Samuel Duffy of Lot 8 Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Latitude/Longitude: Lat. N 33° 53' 8.86" Long, W 78° 42' 52.94" Horizontal Datum: NAD 1927 NAD 1983 Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. Building Diagram Number 5 For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) N/A sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A C) Total net area of flood openings in A8.b N/A sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A C) Total net area of flood openings in the attached garage within 1.0 foot above adjacent grade N/A C) Total net area of flood openings in A9.b N/A sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A C) Total net area of flood openings in A9.b N/A sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A C) Total net area of flood openings in A9.b N/A sq ft b) Number of permanent flood openings in N/A sq ft b) Number of permanent flood openings in N/A sq ft b) Number of permanent flood openings in N/A sq ft b) N/A sq ft b) Number of permanent flood openings in B B. FIRM Panel N/A sq ft b) N/A	SECTION A - PROPERTY INFORMATION	FOR INSURANCE COMPANY U
State	A1. Building Owner's Name Joseph M. Osterhoudt & Donna Clardy	Policy Number:
South Carolina 29568 3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TMS: 116-00-02-109 / PIN: 304-16-04-0002		Company NAIC Number:
TMS: 116-00-02-109 / PIN: 304-16-04-0002 Samuel Duffy Jr Lot 8 Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)		The state of the s
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Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. Building Diagram Number		
Building Diagram Number 5 For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A8.b N/A sq in d) Engineered flood openings? Yes No D. For a building with an attached garage: a) Square footage of attached garage N/A sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A9.b N/A sq in d) Engineered flood openings? Yes No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION 1. NFIP Community Name & Community Number Horry County 450104 Map/Panel Number B5. Suffix B6. FIRM Index Date Date Date Date South Carolina Map/Panel Number Date Date Date Date Date Date Date South Carolina Map/Panel Number Date Date Date Date Date Date Date Date		
a) Square footage of crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A8.b N/A sq in d) Engineered flood openings? Yes No D. For a building with an attached garage: a) Square footage of attached garage N/A sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A9.b N/A sq in d) Engineered flood openings? Yes No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION I. NFIP Community Name & Community Number Horry County 450104 Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective Revised Date O9-17-2003 Map/Panel Number B7. FIRM Panel Effective Revised Date O9-17-2003 Definicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:		nsurance.
a) Square footage of crawlspace or enclosure(s) N/A sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A sq in d) Engineered flood openings?		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A8.b		
c) Total net area of flood openings in A8.b		
d) Engineered flood openings?		pove adjacent grade N/A
a) Square footage of attached garage	c) Total net area of flood openings in A8.b N/A sq in	
a) Square footage of attached garage	d) Engineered flood openings? Yes No	
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A9.b d) Engineered flood openings?	A9. For a building with an attached garage:	
c) Total net area of flood openings in A9.b d) Engineered flood openings?	a) Square footage of attached garage N/A sq ft	
c) Total net area of flood openings in A9.b d) Engineered flood openings?	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjace	ent grade N/A
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION 1. NFIP Community Name & Community Number Horry County 450104 Map/Panel Number B5. Suffix Date Date Date Date D9-17-2003 B7. FIRM Panel Effective/ Revised Date D8-23-1999 B8. Flood Zone(s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) D9-17-2003 B9. Base Flood Elevation(s) D9-17-2003 B9-17-2003 B9-17-2		
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION 1. NFIP Community Name & Community Number Horry County 450104 Map/Panel Number B5. Suffix Date B7. FIRM Panel Effective/ Revised Date B8. Flood Zone(s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) Community Determined Other/Source: Community Determined Other/Source: Other/		
NFIP Community Name & Community Number B2. County Name Horry County B3. State South Carolina		
Horry County 450104 Horry County B5. Suffix Number B6. FIRM Index Date Date Date Date D9-17-2003 D9-17-2003 B7. FIRM Panel Effective/ Revised Date D8-23-1999 B8. Flood Zone(s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) AE 20 D10- Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: FIS Profile X FIRM Community Determined Other/Source: D11- Indicate elevation datum used for BFE in Item B9: X NGVD 1929 NAVD 1988 Other/Source:	SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFOR	RMATION
Number Date		
10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: FIS Profile FIRM Community Determined Other/Source: 11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:	Number Date Effective/ Zone(s)	39. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source: 11. Indicate elevation datum used for BFE in Item B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source:	5051C 415 J 09-17-2003 08-23-1999 AE	20
11. Indicate elevation datum used for BFE in Item B9: X NGVD 1929 NAVD 1988 Other/Source:		Item B9:
	FIS Frome X FIRM Community Determined Other/source.	
12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes X	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 I	Protected Area (OPA)? Yes X
Designation Date: CBRS OPA	Designation Date:	

ELEVATION CERTIFICATE

OMB No. 1660-0008

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. 289 Crystal Lane City State Section C – Building Elevation Information (Survey) C1. Building elevations are based on: C1. Building elevations are based on: C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, A Complete Items C2.a—h below according to the building diagram specified in Item A7. In Pue Benchmark Utilized: C3. GPS on Real-Time Network Vertical Datum: NAVD88 Indicate elevation datum used for the elevations in items a) through h) below.	FOR INSURANCE COM Policy Number: Company NAIC Number	IPANY USE
City Longs State South Carolina SECTION C – BUILDING ELEVATION INFORMATION (SURVEY) C1. Building elevations are based on: A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, A Complete Items C2.a–h below according to the building diagram specified in Item A7. In Pue Benchmark Utilized: GPS on Real-Time Network Vertical Datum: NAVD88 Indicate elevation datum used for the elevations in items a) through h) below.	Company NAIC Number	
South Carolina 29568 SECTION C – BUILDING ELEVATION INFORMATION (SURVEY) C1. Building elevations are based on: Construction Drawings* Building Under Const *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, A Complete Items C2.a–h below according to the building diagram specified in Item A7. In Pue Benchmark Utilized: GPS on Real-Time Network Vertical Datum: NAVD88 Indicate elevation datum used for the elevations in items a) through h) below.	2 Constitution	
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*A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, A Complete Items C2.a–h below according to the building diagram specified in Item A7. In Pue Benchmark Utilized: GPS on Real-Time Network Vertical Datum: NAVD88 Indicate elevation datum used for the elevations in items a) through h) below.		
The second secon	AR/AE, AR/A1-A30, AR/AH,	AR/AO.
NGVD 1929 ☐ NAVD 1988 ☐ Other/Source:	A CONTRACTOR	to line is
Datum used for building elevations must be the same as that used for the BFE.	Check the measurem	nent used
Top of bottom floor (including basement, crawlspace, or enclosure floor)		neters
b) Top of the next higher floor		neters
c) Bottom of the lowest horizontal structural member (V Zones only)		eters
d) Attached garage (top of slab)	N/A feet m	neters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	23.7 × feet m	neters
Lowest adjacent (finished) grade next to building (LAG)	21.3 X feet m	neters
g) Highest adjacent (finished) grade next to building (HAG)	22.6 X feet ☐ m	neters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support		neters
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTI		
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized I certify that the information on this Certificate represents my best efforts to interpret the data availablement 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?	ailable. I understand that any	y false
		oraniona.
Certifier's Name License Number Kenneth D Jordan 21936		
Title		
Preisdent	Place	
Company Name	Cool	Jacoban
K & R Land Surveyors	O Section	1
Address 312 Laurel Street	Here	U
City State ZIP Code Conway South Carolina 29526		
Signature Date Telephone 01-02-2020 (843) 488-1804	Ext.	
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance	ce agent/company, and (3) but	ilding owner
Comments (including type of equipment and location, per C2(e), if applicable) Elevations were determined using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and converted to NGVD29 Datum using Real-Time Network GPS and CONVERTED to NGVD29 Datum using Real-Time Network GPS and CONVERTED to NGVD29 Datum using Real-Time Network GPS and CONVERTED to NGVD29 Datum using Real-Time Network GPS and CONVERTED to NGVD29 Datum using Real-Time Network GPS and CONVERTED to NGVD29 Datum using Real-Time Network GPS and CONVERTED to NGVD29 Datum using Real-Time Network GPS and CONVERTED to NGVD29 Datum using Real-Time Network GPS and CONVERTED to NGVD29 Datum using Real-Time Network GPS and CONVERTED to NGVD29 Datum using Real-Time	sing NGS Software.	

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30

MPORTANT: 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.				FOR INSURANCE COMPANY USI	
Building Street Address (including Apt., Unit, Suite 289 Crystal Lane	, and/or Bldg. No.) or F	.O. Route and B	ox No.	Policy Number:	
City	State South Corolina	ZIP Code		Company NAIC Num	ber
Longs	South Carolina	29568			
SECTION E – BUILDING FOR 2	ONE AO AND ZONE			REQUIRED)	
or Zones AO and A (without BFE), complete Item omplete Sections A, B,and C. For Items E1–E4, unter meters.	s E1–E5. If the Certificuse natural grade, if av	cate is intended to ailable. Check the	support a measurer	LOMA or LOMR-F red nent used. In Puerto R	quest, Rico only,
 Provide elevation information for the following the highest adjacent grade (HAG) and the low 	and check the approprest adjacent grade (LA	riate boxes to sho	whether	the elevation is above	e or below
 Top of bottom floor (including basement, crawlspace, or enclosure) is 	<u> </u>	feet	meters	above or 🗌 b	elow the HAC
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet	meters	above or b	elow the LAG
2. For Building Diagrams 6–9 with permanent flo	od openings provided	in Section A Item	s 8 and/or	9 (see pages 1–2 of In	structions),
the next higher floor (elevation C2.b in the diagrams) of the building is	in the L	feet	meters	above or be	elow the HAG
3. Attached garage (top of slab) is		feet	meters	above or be	elow the HAG
 Top of platform of machinery and/or equipment servicing the building is 	nt		meters	above or De	elow the HAG
E5. Zone AO only: If no flood depth number is ava floodplain management ordinance? Yes		bottom floor elev	ated in acc	cordance with the com	munity's
noodplain management ordinance? Tes	☐ NO ☐ UNKNOV	vn. The local on	iciai must c	ertify this information i	n Section G.
SECTION F - PROPERTY	OWNER (OR OWNER	'S REPRESENT	ATIVE) CE	RTIFICATION	
Property Owner or Owner's Authorized Representa	ative's Name				
Address	С	ity	Sta	ite ZI	P Code
Address		ate		ephone ZI	P Code
ignature					P Code
Signature					P Code
Signature					P Code
Signature					P Code
Signature					P Code
ignature					P Code
ignature					P Code
ignature					P Code
Signature					P Code
Signature					P Code
Signature					P Code
Signature					P Code

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

MPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 289 Crystal Lane			Policy Number:	
City Longs	State South Carolina	ZIP Code	Company NAIC Number	
SECTI	ON G - COMMUNITY IN	FORMATION (OPTIONA	L) C ELEVATION INFORMATION (S.	
	n Certificate. Complete the nter meters. ken from other documenta	e applicable item(s) and ation that has been signe	management ordinance can complete sign below. Check the measurement d and sealed by a licensed surveyor, e the source and date of the elevation	
A community official completed Sec or Zone AO. The following information (Items G4	- Hallengrad by D		EMA-issued or community-issued BFE)	
, L	= 1 Top of bottom	bund the liking excess.	Distribuição replacações <u></u>	
G4. Permit Number	G5. Date Permit Issue	d G	6. Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for:	New Construction	Substantial Improvement	The property of the parties of	
 Elevation of as-built lowest floor (includir of the building: 	ng basement)		feet meters Datum	
69. BFE or (in Zone AO) depth of flooding at	the building site:		feet meters Datum	
G10. Community's design flood elevation:			feet meters Datum	
ocal Official's Name	de displacing have	Title		
Community Name		Telephone	4	
Signature		Date		
Comments (including type of equipment and lo	ocation, per C2(e), if appli	cable)		
			☐ Check here if attachments.	

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30

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.

289 Crystal Lane

City

State

South Carolina

South Carolina

Section A.

FOR INSURANCE COMPANY USE

Policy Number:

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.



Photo One

Photo One Caption Front

ELEVATION CERTIFICATE

Clear Photo One



Photo Two

Photo Two Caption

Rear

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30,

FOR INSURANCE COMPANY USE

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. 289 Crystal Lane

Policy Number:

City

Longs

State South Carolina ZIP Code 29568 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

Photo Three Caption

Right

Clear Photo Three



Photo Four

Photo Four Caption

Left

Clear Photo Four