### 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: <u>LENNAR HOMES</u>	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	Company NAIC Number:
667 CULPEO DRIVE	
City: CONWAY State: SC	ZIP Code: 29526
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Num LOT 80 HANDFIELD PLACE PHASE 1B, PIN: 344-12-01-0042	ber:
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL	
A5. Latitude/Longitude: Lat. 33°50'49.53"N Long78°51'14.18"W Horizontal Datum:	NAD 1927 X NAD 1983
A6. Attach at least two and when possible four clear photographs (one for each side) of the building	g (see Form pages 7 and 8).
A7. Building Diagram Number: 1A	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): N/A 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 a Non-engineered flood openings: N/A Engineered flood openings: N/A	bove adjacent grade:
d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instruction	ss): N/A sq. ft.
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: 398 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 adjacent Non-engineered flood openings: N/A Engineered flood openings: N/A	eent grade: -
d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instruction	ss): N/A sq. ft.
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.	
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFOR	RMATION
B1.a. NFIP Community Name: HORRY COUNTY B1.b. NFIP Community Ide	entification Number: 450104
B2. County Name: HORRY B3. State: SC B4. Map/Panel No.:	45051C0580 B5. Suffix: <u>K</u>
B6. FIRM Index Date: 12/16/2021 B7. FIRM Panel Effective/Revised Date: 12/16/20	21
B8. Flood Zone(s):*X B9. Base Flood Elevation(s) (BFE) (Zone AO, use E	Base Flood Depth): *N/A
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:  FIS TRM Community Determined Cother: SEE COMMENTS	
B11. Indicate elevation datum used for BFE in Item B9:	/Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prot Designation Date: CBRS OPA	ected Area (OPA)? Yes XNo
втз. is the building located seaward of the Limit of Moderate wave Action (Limiwa)? Т	INO

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:				FOR INS	FOR INSURANCE COMPANY USE		
			Policy Number:				
ony. <u>convent</u>	_ 0.0.0.		<u> </u>	Company	y NAIC Number:		
SECTION C – BUILD	ING ELEVATIO	N INFORMATION	(SURVEY	REQUIRE	ED)		
C1. Building elevations are based on: Cons *A new Elevation Certificate will be required was a second constant.	struction Drawings when construction	_		on* 🛚 🗓 F	Finished Construction		
C2. Elevations – Zones A1–A30, AE, AH, AO, A A99. Complete Items C2.a–h below accordin Benchmark Utilized: SC VRS OBSERVATION	g to the Building [		Item A7. In P				
Indicate elevation datum used for the elevations in NGVD 1929 X NAVD 1988 Other		h) below.					
Datum used for building elevations must be the sa If Yes, describe the source of the conversion factor			on factor use		☐ Yes ☐ No Check the measurement used		
a) Top of bottom floor (including basement, o	rawlspace, or end	closure floor):	24.5	X			
b) Top of the next higher floor (see Instructio	ns):		N/A	X	feet		
c) Bottom of the lowest horizontal structural r	nember (see Instr	uctions):	N/A	X	▼ feet    meters		
d) Attached garage (top of slab):			24.1	X	feet		
e) Lowest elevation of Machinery and Equipr (describe type of M&E and location in Sec		_	*24.1	X	feet _ meters		
f) Lowest Adjacent Grade (LAG) next to buil	ding: Natura	I X Finished	22.9	X	∫ feet		
g) Highest Adjacent Grade (HAG) next to bu	ilding: 🗌 Natura	I X Finished	23.2	X	( feet  meters		
<ul> <li>h) Finished LAG at lowest elevation of attach support:</li> </ul>	ed deck or stairs,	including structural	N/A	X	☑ feet ☐ meters		
SECTION D – SUR	VEYOR, ENGIN	EER, OR ARCHIT	ECT CERTI	IFICATIO	N		
This certification is to be signed and sealed by a information. I certify that the information on this C false statement may be punishable by fine or imp	land surveyor, en	gineer, or architect a	uthorized by interpret the	state law to	o certify elevation		
Were latitude and longitude in Section A provided by a licensed land surveyor? X Yes No							
Check here if attachments and describe in the Comments area.							
Certifier's Name: WALTER B. SHEETS License Number: L-26959							
Title: LAND SURVEYOR							
Company Name: RLA ASSOCIATES, PA							
Company Name: RLA ASSOCIATES, PA  Address: 14323 OCEAN HIGHWAY, STE 4139  City: PAWLEYS ISLAND State: SC ZIP Code: 29585							
City: PAWLEYS ISLAND State: SC ZIP Code: 29585							
SURVE SURVE STREET							
Signature:         Motor B Shotta         Date:         03/19/2024           Telephone:         843-879-9091         Ext.: _405 _ Email:         BRAD@RLAPLS.COM							
			incurance ag	ent/compar	ny and (3) huilding owner		
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):							
Comments (motivaling source of conversion factor in O2, type of equipment and location per O2.e, and description of any attachments).							
*B8, B9, & B10. STRUCTURE APPEARS TO BE LOCAT HORRY COUNTY G.I.S. MAP, STRUCTURE APPEARS							
$^{\star}$ C2. e) HVAC UNIT. ELEVATION SHOT ON TOP OF HVA	C RISER.						

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667 CULPEO DRIVE City: CONWAY	State: SC	ZIP Code: 29526	3	Policy Number:
ony: <u></u>				Company NAIC Number:
	ILDING MEASUREMEN ZONE AO, ZONE AR/A			
For Zones AO, AR/AO, and A (without intended to support a Letter of Map Chaenter meters.				
Building measurements are based on:  *A new Elevation Certificate will be requ	Construction Drawings ired when construction of th			n* Finished Construction
E1. Provide measurements (C.2.a in apmeasurement is above or below the			check the ap	propriate boxes to show whether the
a) Top of bottom floor (including bacrawlspace, or enclosure) is:	isement,	feet	meters	above or below the HAG.
b) Top of bottom floor (including ba crawlspace, or enclosure) is:	isement,	feet	meters	above or below the LAG.
E2. For Building Diagrams 6–9 with per next higher floor (C2.b in applicable Building Diagram) of the building is	e	vided in Section A Ite	ems 8 and/or	9 (see pages 1–2 of Instructions), the  ☐ above or ☐ below the HAG.
E3. Attached garage (top of slab) is:	·	leet	meters	above or below the HAG.
E4. Top of platform of machinery and/o servicing the building is:	r equipment	feet	meters	above or below the HAG.
E5. Zone AO only: If no flood depth null floodplain management ordinance?			levated in ac	
SECTION F - PROPERTY	OWNER (OR OWNER'S	S AUTHORIZED RE	EPRESENT	ATIVE) CERTIFICATION
The property owner or owner's authorized sign here. The statements in Sections A				ne A (without BFE) or Zone AO must
Check here if attachments and desc	•	•	ugo	
Property Owner or Owner's Authorized I	Representative Name:			
Address:	_			
City:			State:	ZIP Code:
Signature:		Date:		
Telephone:	Ext.: Email:			
Comments:				

Building Street Address (including Apt., Unit, Suite, and	d/or Bldg. No.) o	r P.O. Route and E	Box No.:	FOR INSI	URANCE COMPANY USE
667 CULPEO DRIVE  City: CONWAY State: SC ZIP Code: 29526		Policy Number:			
City: CONWAY	State: SC	_ ZIP Code: _29	526	Company NAIC Number:	
SECTION G - COMMUNITY INFORMAT	TY OFFICIAL	L COMPLETION)			
The local official who is authorized by law or ordinan Section A, B, C, E, G, or H of this Elevation Certifica					dinance can complete
G1. The information in Section C was taken to engineer, or architect who is authorized elevation data in the Comments area be	by state law to				
G2.a. A local official completed Section E for a E5 is completed for a building located in		d in Zone A (witho	out a BFE), Zo	one AO, or Zor	ne AR/AO, or when item
G2.b.	surance purpos	es.			
G3.	local official des	scribes specific co	rrections to th	ne information	in Sections A, B, E and H.
G4.	1) is provided for	or community floo	dplain manag	gement purpos	ses.
G5. Permit Number:	G6. Date P	ermit Issued:			
G7. Date Certificate of Compliance/Occupancy Is	sued:				
G8. This permit has been issued for: New C	Construction	Substantial Impr	ovement		
G9.a. Elevation of as-built lowest floor (including babuilding:	asement) of the	·		meters	Datum:
G9.b. Elevation of bottom of as-built lowest horizon member:	tal structural		[ feet	meters	Datum:
G10.a. BFE (or depth in Zone AO) of flooding at the	building site:			☐ meters	Datum:
G10.b. Community's minimum elevation (or depth in requirement for the lowest floor or lowest hor member:		al	☐ feet	☐ meters	Datum:
G11. Variance issued?  Yes No If yes	s, attach docum	entation and desc	 ribe in the Co	mments area.	
The local official who provides information in Section correct to the best of my knowledge. If applicable, I	າ G must sign he have also provi	ere. I have comple ided specific corre	eted the infori ections in the	mation in Sect Comments are	ion G and certify that it is ea of this section.
Local Official's Name: Lauren Harrelson, C	FM	Title:	Flood Ha	azard Red	uction Control Officer
NFIP Community Name:	-				
Address:					
City:				ZIP C	ode:
Signature: Lauren Harrelson			03/20/202	24	
Comments (including type of equipment and location Sections A, B, D, E, or H):	n, per C2.e; des	scription of any att	achments; an	d corrections t	to specific information in

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 667 CULPEO DRIVE				FOR INS	FOR INSURANCE COMPANY USE	
City: CONWAY	State: SC	ZIP Code: 2952	6	Policy Nu	ımber:	
				Company	NAIC Number:	
	- BUILDING'S FIRST FL RVEY NOT REQUIRED				ONES	
The property owner, owner's author to determine the building's first floor nearest tenth of a foot (nearest tenth <i>Instructions</i> ) and the appropriate	height for insurance purpo h of a meter in Puerto Ricc	oses. Sections A, B, and b). <i>Reference the Found</i>	l must also <i>lation Type</i>	be complete Diagrams (	d. Enter heights to the at the end of Section H	
H1. Provide the height of the top of t	the floor (as indicated in Fo	oundation Type Diagrams	) above the	Lowest Adja	cent Grade (LAG):	
<ul> <li>a) For Building Diagrams 1A floor (include above-grade floor subgrade crawlspaces or enclose</li> </ul>	s only for buildings with	ottom	feet	meters	above the LAG	
b) For Building Diagrams 2A higher floor (i.e., the floor above enclosure floor) is:			feet	meters	above the LAG	
H2. Is <b>all</b> Machinery and Equipmen H2 arrow (shown in the Founda						
SECTION I – PROPER	TY OWNER (OR OWNE	R'S AUTHORIZED RI	EPRESEN	ITATIVE) C	ERTIFICATION	
The property owner or owner's authors, <i>B, and H are correct to the best of</i> indicate in Item G2.b and sign Section	of my knowledge. <b>Note:</b> If t					
Check here if attachments are pr	ovided (including required	photos) and describe eac	h attachme	ent in the Com	nments area.	
Check here if attachments are pr		photos) and describe eac	h attachme	ent in the Com	nments area.	
		photos) and describe eac	h attachme	ent in the Com	nments area.	
Property Owner or Owner's Authoriz		photos) and describe eac	h attachme		nments area.	
Property Owner or Owner's Authoriz  Address:  City:						
Property Owner or Owner's Authoriz Address: City: Signature:	ed Representative Name:	Date:				
Property Owner or Owner's Authoriz Address: City: Signature: Telephone:		Date:				
Property Owner or Owner's Authoriz Address: City: Signature:	ed Representative Name:	Date:				
Property Owner or Owner's Authoriz Address: City: Signature: Telephone:	ed Representative Name:	Date:				
Property Owner or Owner's Authoriz Address: City: Signature: Telephone:	ed Representative Name:	Date:				
Property Owner or Owner's Authoriz Address: City: Signature: Telephone:	ed Representative Name:	Date:				
Property Owner or Owner's Authoriz Address: City: Signature: Telephone:	ed Representative Name:	Date:				
Property Owner or Owner's Authoriz Address: City: Signature: Telephone:	ed Representative Name:	Date:				
Property Owner or Owner's Authoriz Address: City: Signature: Telephone:	ed Representative Name:	Date:				
Property Owner or Owner's Authoriz Address: City: Signature: Telephone:	ed Representative Name:	Date:				
Property Owner or Owner's Authoriz Address: City: Signature: Telephone:	ed Representative Name:	Date:				
Property Owner or Owner's Authoriz Address: City: Signature: Telephone:	ed Representative Name:	Date:				
Property Owner or Owner's Authoriz Address: City: Signature: Telephone:	ed Representative Name:	Date:				

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

See Instructions for Item A6.

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667 CULPEO DRIVE City: CONWAY	State: SC	ZIP Code:	29526	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 Caption: FRONT LEFT VIEW 03/19/2024

Clear Photo One



Photo Two Caption: FRONT RIGHT VIEW 03/19/2024

Clear Photo Two

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

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:				FOR INSURANCE COMPANY USE	
667 CULPEO DRIVE City: CONWAY	State: SC	ZIP Code:	29526	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 Caption: REAR RIGHT VIEW 03/19/2024

Clear Photo Three



Photo Four Caption: REAR LEFT VIEW 03/19/2024

Clear Photo Four