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 CERTIFICATEIMPORTANT: 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:					
559 HARRISON MILL STREET						
City: MYRTLE BEACH State: SC	ZIP Code: 29579					
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Numl LOT 573, FORESTBROOK ESTATES, PHASE 7, PIN# 427-07-01-0074	oer:					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL						
A5. Latitude/Longitude: Lat. 33°43'01.79"N Long78°58'25.86" W Horizontal Datum: NAD 1927 NAD 1983 WGS 84						
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 above adjacent grade: Non-engineered flood openings: N/A Engineered flood openings: N/A						
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 Instructions): 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:219 sq. ft.						
b) Is there at least one permanent flood opening on two different sides of the attached garage?	☐ Yes ☐ No ☐ X N/A					
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: N/A Engineered flood openings: N/A						
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	s): 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) INFORMATION						
B1.a. NFIP Community Name: HORRY COUNTY B1.b. NFIP Community Ide	ntification Number: 450104					
B2. County Name: HORRY B3. State: SC B4. Map/Panel No.:	45051C0703 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 B	ase Flood Depth): *N/A					
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: FIS FIRM Community Determined Other: 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 Prote Designation Date:	ected Area (OPA)? Yes XNo					
B13. Is the building located seaward of the Limit of Moderate Wave Action (LIMWA)? Yes	NO					

Building Street Address (including Apt., Unit, Suite,	FOR INSURANCE COMPANY USE						
559 HARRISON MILL STREET	Policy Number:						
City: MYRTLE BEACH	_ State: SC	ZIP Code: _29	95/9	Company NAIC Number:			
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. Building elevations are based on: Construction Drawings* Building Under Construction* X 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: SC VRS OBSERVATION Vertical Datum: NAVD88							
Indicate elevation datum used for the elevations in NGVD 1929 X NAVD 1988 Othe		h) below.					
Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? If Yes, describe the source of the conversion factor in the Section D Comments area. Check the measurement uses							
a) Top of bottom floor (including basement, or	X feet meters						
b) Top of the next higher floor (see Instruction	.i _ i _ i _ i _ i _ i _ i _ i _ i _ i _						
c) Bottom of the lowest horizontal structural							
d) Attached garage (top of slab):			20.8	X feet meters			
 e) Lowest elevation of Machinery and Equipment (describe type of M&E and location in Sec 	· ·	-	*20.8	X feet ☐ meters			
f) Lowest Adjacent Grade (LAG) next to buil	ding: Natura	al X Finished	20.5	X feet meters			
g) Highest Adjacent Grade (HAG) next to bu	ilding: Natura	l X Finished	20.7	X feet meters			
 h) Finished LAG at lowest elevation of attack support: 	ned deck or stairs,	including structur	ral N/A	X feet			
SECTION D - SUR	VEYOR, ENGIN	IEER, OR ARCI	HITECT CERTI	FICATION			
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?							
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							
Address: 14323 OCEAN HIGHWAY, STE 4139							
City: PAWLEYS ISLAND State: SC ZIP Code: 29585							
Signature: Walter B Sheets Date: 04/18/2024							
Telephone: <u>843-879-9091</u>							
Copy all pages of this Elevation Certificate and all a	ttachments for (1)	community official,	, (2) insurance ago	ent/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):							
*B8, B9, & B10. STRUCTURE APPEARS TO BE LOCATED IN FLOOD ZONE X PER F.I.R.M. 45051C0703K. THE STRUCTURE IS A 5 UNIT TOWNHOME. PER HORRY COUNTY G.I.S., UNIT DOES NOT APPEAR TO BE LOCATED IN THE SUPPLEMENTAL FLOOD ZONE; HOWEVER, OTHER UNITS IN TOWNHOME DO APPEAR TO LIE IN THE SUPPLEMENTAL FLOOD ZONE.							
*C2. e) HVAC UNIT. ELEVATION SHOT ON TOP OF F	IVAC RISER.						

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 559 HARRISON MILL STREET						
State: SC ZIP Code: 29579 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.						
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.						
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.						
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.						
Dividing recognizements are based on: Construction Provinces* Dividing Linday Construction* Discharge Construction						
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 appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.						
a) Top of bottom floor (including basement, crawlspace, or enclosure) is: feet meters above or below the HAG.						
b) Top of bottom floor (including basement, crawlspace, or enclosure) is:						
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable						
Building Diagram) of the building is: [feet meters above or below the HAG.]						
E3. Attached garage (top of slab) is: feet meters above or below the HAG.						
TAIT TO A CONTRACT OF THE CONT						
E4. Top of platform of machinery and/or equipment servicing the building is: feet meters above or below the HAG.						
servicing the building is: [] feet [] meters [] above or [] below the HAG. E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's						
servicing the building is:						
servicing the building is:						
servicing the building is: feet above or below the HAG. E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G. SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Addresser						
servicing the building is:						
servicing the building is: feet meters above or below the HAG. E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown The local official must certify this information in Section G. SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Address: City: State: ZIP Code:						
servicing the building is:						
servicing the building is:						
servicing the building is:						
servicing the building is:						
servicing the building is:						
servicing the building is:						
servicing the building is:						
servicing the building is:						
servicing the building is:						

Building Street Address (including Apt., Unit, Suite,	and/or Bldg. No.)	or P.O. Route and E	Box No.:	FOR INSI	URANCE COMPANY USE		
559 HARRISON MILL STREET		717.0		Policy Number: Company NAIC Number:			
City: MYRTLE BEACH	_ State: SC	ZIP Code: _29	5/9				
SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)							
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:							
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 Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.							
G2.b.	r insurance purpo	ses.					
G3.	he local official de	escribes specific co	rrections to th	ne information	in Sections A, B, E and H.		
G4.	G11) is provided	for community floo	dplain manag	ement purpos	ses.		
G5. Permit Number:	G6. Date I	Permit Issued:					
G7. Date Certificate of Compliance/Occupance	y Issued:						
G8. This permit has been issued for: XNew	w Construction	Substantial Impre	ovement				
G9.a. Elevation of as-built lowest floor (including building:	g basement) of the	e 		meters	Datum:		
G9.b. Elevation of bottom of as-built lowest horiz member:	zontal structural		feet	meters	Datum:		
G10.a. BFE (or depth in Zone AO) of flooding at	the building site:		leet	☐ meters	Datum:		
G10.b. Community's minimum elevation (or dept requirement for the lowest floor or lowest member:		al	☐ feet	□ meters	Datum:		
member: feet meters Datum:							
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, C	FM	Title:	Flood Haz	ard Reduct	tion Control Officer		
NFIP Community Name:							
Address:							
City:				ZIP C	ode:		
Signature: Lauren Harrelson		Date:	04/22/2024	·			
Comments (including type of equipment and local Sections A, B, D, E, or H):	ition, per C2.e; de	scription of any atta	achments; an	d corrections t	to specific information in		

	MFORTANT. MOST I	OLLOW	THE INSTRUCTIONS	DIVEAGES	9 9-19	
Building Street Address (including Ap 559 HARRISON MILL STREET	t., Unit, Suite, and/or B	ldg. No.) (or P.O. Route and Box I	No.:	FOR INSURANCE COMPANY USE	
City: MYRTLE BEACH	State	: SC	ZIP Code: 29579		Policy Number:	
,					Company NAIC Number:	
			R HEIGHT INFORM OR INSURANCE PL			
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). <i>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.</i>						
H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):						
 a) For Building Diagrams 1A floor (include above-grade floor subgrade crawlspaces or enclor 	rs only for buildings w		n[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 all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram? Yes No						
SECTION I – PROPER	TY OWNER (OR O	WNER'S	S AUTHORIZED REF	PRESENT	ATIVE) CERTIFICATION	
	of my knowledge. Not				sign here. <i>The statements in Sections</i> al completed Section H, they should	
Check here if attachments are pr	rovided (including requ	uired phot	os) and describe each	attachment	t in the Comments area.	
Property Owner or Owner's Authoriz	ed Representative Na	me:				
Address:						
City:				State:	ZIP Code:	
Signature:			Date:			
Telephone:	Ext.: Ema	ıil:				
Comments:						

ELEVATION CERTIFICATE 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	
559 HARRISON MILL STREET City: MYRTLE BEACH	State: SC	ZIP Code: _	29579	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 04/18/2024

Clear Photo One



Photo Two Caption: FRONT RIGHT VIEW 04/18/2024

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
559 HARRISON MILL STREET City: MYRTLE BEACH	State: SC	ZIP Code: 29579	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 04/18/2024

Clear Photo Three



Photo Four Caption: REAR LEFT VIEW 04/18/2024

Clear Photo Four