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:				
1053 TIBETAN STREET					
City: CONWAY State: SC	ZIP Code:29526				
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel NumLOT 74 HANDFIELD PLACE PHASE 1B, PIN: 344-05-04-0039	nber:				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL					
A5. Latitude/Longitude: Lat. 33°50'51.89"N Long. 78°51'15.98"W Horizontal Datum: NAD 1927 X 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 Instruction	ns): <u>N/A</u> 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 ☐X N/A				
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adja Non-engineered flood openings: N/A Engineered flood openings: N/A	cent 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	ns): 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 Idea	ntification 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 X 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 X No				
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? Yes X	No				

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 1053 TIBETAN STREET				FOR INSURANCE COMPANY USE		
City: CONWAY State: SC ZIP Code: 29526			Policy Number:			
SECTION C. PUIL DING ELEVATION INFORMATION (SURVEY				NAIC Number:		
	SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: Consi *A new Elevation Certificate will be required to	-			on* [X] F	inished Construction	
C2. Elevations – Zones A1–A30, AE, AH, AO, A A99. Complete Items C2.a–h below accordin Benchmark Utilized: SC VRS OBSERVATION	ng to the Building D		ed in Item A7. In P			
Indicate elevation datum used for the elevations i NGVD 1929 X NAVD 1988 Other	•	h) below.				
Datum used for building elevations must be the salf Yes, describe the source of the conversion factors.					Yes X No	
a) Top of bottom floor (including basement,	crawlspace, or enc	losure floor):	25.3	X		
b) Top of the next higher floor (see Instruction	ons):		N/A	X	feet meters	
c) Bottom of the lowest horizontal structural	member (see Instru	uctions):	N/A	X	feet meters	
d) Attached garage (top of slab):			24.9	X	feet meters	
 e) Lowest elevation of Machinery and Equip (describe type of M&E and location in Sec 			*25.0	X] feet meters	
f) Lowest Adjacent Grade (LAG) next to bui	lding: Natural	X Finished	24.8	X] feet [meters	
g) Highest Adjacent Grade (HAG) next to bu	uilding: Natural	X Finished	24.9	X	feet meters	
 h) Finished LAG at lowest elevation of attack support: 	ned deck or stairs,	including structi	ural N/A	X	feet meters	
SECTION D - SUR	VEYOR, ENGINE	ER, OR ARC	HITECT CERT	IFICATION	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	Certificate represent	ts my best effor	rts to interpret the			
Were latitude and longitude in Section A provided	d by a licensed land	d surveyor? Σ	X Yes			
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						
Signature: Waltor B Shoots Date: 02/14/2024						
Telephone: 843-879-9091 Ext.: 405 Copy all pages of this Elevation Certificate and all a						
Comments (including source of conversion factor						
*B8, B9, & B10. STRUCTURE APPEARS TO BE LOCA PER HORRY COUNTY G.I.S. MAP, STRUCTURE APP A BFE OF 21'.	ATED IN FLOOD ZON	NE X PER FEMA	F.I.R.M. NO. 45051	1C0580, EFF	FECTIVE 12/16/2021.	
*C2. e) HVAC UNIT. ELEVATION SHOT ON TOP OF H	IVAC RISER.					

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.C 1053 TIBETAN STREET	FOR INSURANCE COMPANY USE				
City: CONWAY State: SC ZI	Policy Number:				
		Company NAIC Number:			
SECTION E – BUILDING MEASUREMENT INI FOR ZONE AO, ZONE AR/AO, A	•	•			
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 measurement is above or below the natural HAG and the LAG.	e following and check the a	opropriate boxes to show whether the			
a) Top of bottom floor (including basement, crawlspace, or enclosure) is:		above or below the HAG.			
b) Top of bottom floor (including basement, crawlspace, or enclosure) is:		above or below the LAG.			
E2. For Building Diagrams 6–9 with permanent flood openings provided next higher floor (C2.b in applicable	in Section A Items 8 and/or				
Building Diagram) of the building is:	feet meters	above or below the HAG.			
E3. Attached garage (top of slab) is:	l feet l meters	above or below the HAG.			
E4. Top of platform of machinery and/or equipment 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 th floodplain management ordinance? Yes No Unknown		cordance with the community's st certify this information in Section G.			
SECTION F - PROPERTY OWNER (OR OWNER'S AU	THORIZED REPRESEN	TATIVE) CERTIFICATION			
The property owner or owner's authorized representative who completes sign here. The statements in Sections A, B, and E are correct to the best		one 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:					

Building Street Address (including Apt., Unit, Suite, a	and/or Bldg. No.) (or P.O. Route and I	Box No.:	FOR INS	URANCE COMPANY USE	
1053 TIBETAN STREET		Policy Nur	Policy Number:			
City: CONWAY	State: SC	ZIP Code: _29	526	Company NAIC Number:		
SECTION G - COMMUNITY INFORM	ATION (RECO	MMENDED FOR	COMMUNI	TY OFFICIA	L COMPLETION)	
The local official who is authorized by law or ordin Section A, B, C, E, G, or H of this Elevation Certif					dinance can complete	
engineer, or architect who is authorize						
G2.a. A local official completed Section E for E5 is completed for a building located		ed in Zone A (witho	out a BFE), Zo	one AO, or Zo	ne AR/AO, or when item	
G2.b.	insurance purpo	ses.				
G3.	ne local official de	escribes specific co	rrections to t	he information	n in Sections A, B, E and H.	
G4.	311) is provided f	or community floo	dplain manag	ement purpos	ses.	
G5. Permit Number:	G6. Date F	Permit Issued:				
G7. Date Certificate of Compliance/Occupancy	/ Issued:					
G8. This permit has been issued for: 🛛 New	Construction	☐ Substantial Impr	rovement			
G9.a. Elevation of as-built lowest floor (including building:	basement) of the			meters	Datum:	
G9.b. Elevation of bottom of as-built lowest horiz member:	ontal structural		feet	meters	Datum:	
G10.a. BFE (or depth in Zone AO) of flooding at the	he building site:		feet	meters	Datum:	
G10.b. Community's minimum elevation (or depth requirement for the lowest floor or lowest hember:		ral	☐ feet	☐ meters	Datum:	
G11. Variance issued? ☐ Yes ☒ No If y	es, attach docum	nentation and desc	 cribe in the Co	mments area		
The local official who provides information in Sect correct to the best of my knowledge. If applicable,						
Local Official's Name: Lauren Harrelson, CF	-M	Title:	Flood Haz	ard Reduct	ion Control Officer	
NFIP Community Name:						
Address:						
City:				ZIP C	ode:	
Signature. Lauren Harrelson			07/02/2024			
Comments (including type of equipment and locat Sections A, B, D, E, or H):	ion, per C2.e; des	scription of any att	achments; an	nd corrections	to specific information in	

		N3 TRUCTIONS ON FAGE		
Building Street Address (including Ap 1053 TIBETAN STREET	t., Unit, Suite, and/or Bldg. No.) or P.0	D. Route and Box No.:	FOR INSURANCE COMPANY USE	
City: CONWAY	State: SC ZI	P Code: 29526	Policy Number: Company NAIC Number:	
	- BUILDING'S FIRST FLOOR H RVEY NOT REQUIRED) (FOR I			
to determine the building's first floor	height for insurance purposes. Sec h of a meter in Puerto Rico). Refere	tions A, B, and I must also l nce the Foundation Type	Diagrams (at the end of Section H	
H1. Provide the height of the top of	the floor (as indicated in Foundation	n Type Diagrams) above the	e Lowest Adjacent Grade (LAG):	
 a) For Building Diagrams 1A floor (include above-grade floor subgrade crawlspaces or enclo 		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	
	nt servicing the building (as listed in I nation Type Diagrams at end of Section		ed to or above the floor indicated by the propriate Building Diagram?	
SECTION I – PROPER	TY OWNER (OR OWNER'S AU	THORIZED REPRESEN	TATIVE) CERTIFICATION	
	of my knowledge. Note: If the local f		t sign here. The statements in Sections ial completed Section H, they should	
Check here if attachments are p	rovided (including required photos) a	and describe each attachme	ent in the Comments area.	
Check here if attachments are property Owner or Owner's Authorize		and describe each attachme	ent in the Comments area.	
		and describe each attachme	ent in the Comments area.	
Property Owner or Owner's Authoriz		and describe each attachme	ent in the Comments area. ZIP Code:	
Property Owner or Owner's Authorize Address: City:		State:		
Property Owner or Owner's Authorize Address: City: Signature:		State: Date:		
Property Owner or Owner's Authorize Address: City:	zed Representative Name:	State: Date:		
Property Owner or Owner's Authorize Address: City: Signature: Telephone:	zed Representative Name:	State: Date:		
Property Owner or Owner's Authorize Address: City: Signature: Telephone:	zed Representative Name:	State: Date:		
Property Owner or Owner's Authorize Address: City: Signature: Telephone:	zed Representative Name:	State: Date:		
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Property Owner or Owner's Authorize Address: City: Signature: Telephone:	zed Representative Name:	State: Date:		
Property Owner or Owner's Authorize Address: City: Signature: Telephone:	zed Representative Name:	State: Date:		
Property Owner or Owner's Authorize Address: City: Signature: Telephone:	zed Representative Name:	State: Date:		
Property Owner or Owner's Authorize Address: City: Signature: Telephone:	zed Representative Name:	State: Date:		
Property Owner or Owner's Authorize Address: City: Signature: Telephone:	zed Representative Name:	State: Date:		
Property Owner or Owner's Authorize Address: City: Signature: Telephone:	zed Representative Name:	State: Date:		

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	
1053 TIBETAN STREET 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 02/14/2024

Clear Photo One



Photo Two Caption: FRONT RIGHT VIEW 02/14/2024

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	
	State: SC	ZIP Code:	29526	Policy 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 02/14/2024

Clear Photo Three



Photo Four Caption: REAR LEFT VIEW 02/14/2024

Clear Photo Four