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: MUNGO HOMES COASTAL DIVISION | Policy Number: | | | | | | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 204 AVERYVILLE DRIVE | Company NAIC Number: | | | | | | |
| City: CONWAY State: SC | ZIP Code: 29526 | | | | | | |
| A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel NunLOT 49 PHASE 2 SUGARLOAF SUBD. PHASE 2 (PIN# 345-06-03-0004) | nber: | | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL | | | | | | | |
| A5. Latitude/Longitude: Lat. 33-50-54.4 Long. 078-49-37.7 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 | (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: 361.00 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 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 Instructions): 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 Idea | ntification Number: 450104 | | | | | | |
| B2. County Name: HORRY COUNTY B3. State: SC B4. Map/Panel No.: 4 | 45051C 0580 B5. Suffix: K | | | | | | |
| B6. FIRM Index Date: 12/16/2021 B7. FIRM Panel Effective/Revised Date: 12/16/20 | 21 | | | | | | |
| B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use E | Base Flood Depth): 21 | | | | | | |
| 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 Protected Area (OPA)? | | | | | | | |
| B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? Yes No | | | | | | | |

| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box N | io.: FOR INSURANCE COMPANY USE | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--|--|--|--|--|
| 204 AVERYVILLE DRIVE | Policy Number: | | | | | |
| City: CONWAY State: SC ZIP Code: 29526 | Company NAIC Number: | | | | | |
| SECTION C - BUILDING ELEVATION INFORMATION (S | URVEY REQUIRED) | | | | | |
| C1. Building elevations are based on: Construction Drawings* Building Under *A new Elevation Certificate will be required when construction of the building is comp | <u> </u> | | | | | |
| C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), A A99. Complete Items C2.a–h below according to the Building Diagram specified in Ite Benchmark Utilized: GPS / TBM Vertical Datum: NAVI | m A7. In Puerto Rico only, enter meters. | | | | | |
| 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 If Yes, describe the source of the conversion factor in the Section D Comments area. | n factor used? Yes No Check the measurement used: | | | | | |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | 24.20 🛛 feet 🗌 meters | | | | | |
| b) Top of the next higher floor (see Instructions): | N/A feet meters | | | | | |
| c) Bottom of the lowest horizontal structural member (see Instructions): | N/A feet meters | | | | | |
| d) Attached garage (top of slab): | 23.80 \boxtimes feet \square 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): | 24.00 🛛 feet 🗌 meters | | | | | |
| f) Lowest Adjacent Grade (LAG) next to building: Natural Finished | 22.80 🛛 feet 🗌 meters | | | | | |
| g) Highest Adjacent Grade (HAG) next to building: Natural Finished | 23.30 🛛 feet 🗌 meters | | | | | |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | 23.10 | | | | | |
| SECTION D – SURVEYOR, ENGINEER, OR ARCHITEC | T 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: J. JASON COX License Number: 26950 | | | | | | |
| Title: OWNER | | | | | | |
| Company Name: COX SURVEYORS & ASSOCIATES, LLC | | | | | | |
| Address: 4325 DICK POND ROAD, SUITE A City: MYRTLE BEACH State: SC ZIP Code: 29588 | | | | | | |
| City: MYRTLE BEACH State: SC ZIP Code: 295 | No. 26950 | | | | | |
| Signature: J. Jas Cox Date: 09/08/ | | | | | | |
| Telephone: (843) 650-1500 Ext.: Email: jcox-csa@sccoast.net | | | | | | |
| 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): C2e is the air conditioner pad on the left side of the house. Pictures of house shown in the attachment sections. The house is also located within the County Supplemental Flood Zone "AE-21" & Flood Zone "X". | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | |

| | | TIL INSTRUCTION | J ON I AGE | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|---------------|----------------------------------------|--|--|--|
| Building Street Address (including Apt., Unit, Standard AVERYVILLE DRIVE | x No.: | FOR INSURANCE COMPANY USE | | | | | |
| City: CONWAY | State: SC | ZIP Code: 29526 | 6 | Policy Number: | | | |
| SECTION E – BUILDIN | NG MEASUREMEN | T INFORMATION | (SURVEY | NOT REQUIRED) | | | |
| FOR ZON | E AO, ZONE AR/A | O, 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 applica measurement is above or below the natu | | | d check the a | ppropriate boxes to show whether the | | | |
| a) Top of bottom floor (including baseme crawlspace, or enclosure) is: | ent, | feet | meters | above or below the HAG. | | | |
| b) Top of bottom floor (including baseme crawlspace, or enclosure) is: | ent, | feet | meters | above or below the LAG. | | | |
| E2. For Building Diagrams 6–9 with permane next higher floor (C2.b in applicable | ent flood openings pro | | _ | , , , | | | |
| Building Diagram) of the building is: | | leet | meters | above or below the HAG. | | | |
| E3. Attached garage (top of slab) is: | | feet | meters | above or below the HAG. | | | |
| E4. Top of platform of machinery and/or equ servicing the building is: | ipment | [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 OW | NER (OR OWNER' | S AUTHORIZED F | REPRESEN | TATIVE) CERTIFICATION | | | |
| The property owner or owner's authorized repsign here. The statements in Sections A, B, a | | | | one A (without BFE) or Zone AO must | | | |
| Check here if attachments and describe i | n the Comments area | | | | | | |
| Property Owner or Owner's Authorized Repre | esentative Name: | | | | | | |
| Address: | | | | | | | |
| City: | | | State: | ZIP Code: | | | |
| Signature: | | Date: | | <u> </u> | | | |
| Telephone: Ext.: | Email: | | | | | | |
| Comments: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | COX COX SURVEYORS ZON LLC LLC No. 4099 | | | |
| | | | | OF AUTHORITIES | | | |

| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: | | | | FOR INSI | FOR INSURANCE COMPANY USE | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--------------------|----------------|------------------------------|--|--|
| 204 AVERYVILLE DRIVE | | | | Policy Number: | | | |
| City: CONWAY | _ State: <u>SC</u> | ZIP Code: 2 | 29526 | Company | NAIC Number: | | |
| SECTION G - COMMUNITY INFORM | MATION (REC | OMMENDED F | OR COMMUN | ITY OFFICIA | AL COMPLETION) | | |
| The local official who is authorized by law or ordi Section A, B, C, E, G, or H of this Elevation Certi | | | | | 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 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. A local official completed Section H for | or insurance pur | poses. | | | | | |
| G3. | the local official | describes specifi | c corrections to t | he informatior | n in Sections A, B, E and H. | | |
| G4. | G11) is provided | d for community f | loodplain manag | ement purpos | es. | | |
| G5. Permit Number: 162775 | G6. Date | Permit Issued: | 05/18/2023 | | | | |
| G7. Date Certificate of Compliance/Occupand | cy Issued: | | _ | | | | |
| G8. This permit has been issued for: ✓ New | w Construction | Substantial I | mprovement | | | | |
| G9.a. Elevation of as-built lowest floor (including building: | g basement) of t | the | feet | meters | Datum: | | |
| G9.b. Elevation of bottom of as-built lowest hori member: | zontal structural | | 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 dept requirement for the lowest floor or lowest member: | | tural | □ feet | ☐ meters | Datum: | | |
| G11. Variance issued? ☐ Yes ✓ No If | yes, attach docu | umentation and d | | | | | |
| G11. Variance issued? Yes No If yes, attach documentation and describe in the Comments 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, Cl | FM | Tit | le: Flood Haz | ard Reduct | ion Control Officer | | |
| NFIP Community Name: | | | | | | | |
| | | | | | | | |
| Address: | | | | | | | |
| City: | | | | ZIP C | ode: | | |
| Signature: Lauren Harrelson | | Date | e: 09/12/2023 | | | | |
| Comments (including type of equipment and local Sections A, B, D, E, or H): | ation, per C2.e; o | description of any | v attachments; ar | nd corrections | to specific information in | | |
| B10 should be FIS and C2 NAVD 1988. | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| | | | | 0 011 1 7102 | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------|-------------------------------|---------------|----------------------------|-----------|
| Building Street Address (including Ap | t., Unit, Suite, an | d/or Bldg. No.) o | or P.O. Route and B | ox No.: | FOR INSURANCE COMPA | NY USE |
| 204 AVERYVILLE DRIVE City: CONWAY State: SC ZIP Code: 29526 | | | Policy Number: | | | |
| City: CONWAY | | State: SC | _ ZIP Code: <u>2952</u> | | Company NAIC Number: | |
| | | | R HEIGHT INFO OR INSURANCE | | OR ALL ZONES ONLY) | |
| 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 ind | icated in Found | lation Type Diagrar | ns) above the | Lowest Adjacent Grade (LAG | G): |
| a) For Building Diagrams 1A floor (include above-grade floor subgrade crawlspaces or enclo | s only for buildin | | | feet | meters above the LAC | 3 |
| b) For Building Diagrams 2A higher floor (i.e., the floor above enclosure floor) is: | | | | feet | meters above the LAC | 9 |
| H2. Is all Machinery and Equipmen H2 arrow (shown in the Founda Yes No | | | | | | ed by the |
| SECTION I - PROPER | TY OWNER (| OR OWNER'S | AUTHORIZED | REPRESEN | TATIVE) CERTIFICATION | |
| The property owner or owner's auth A, B, and H are correct to the best of indicate in Item G2.b and sign Section | of my knowledge | | | | | |
| Check here if attachments are p | rovided (includin | g required phot | tos) and describe e | ach attachme | nt in the Comments area. | |
| Property Owner or Owner's Authoriz | zed Representat | ive Name: | | | | |
| Address: | | | | | | |
| City: | | | | State: | ZIP Code: | |
| Signature: | | | Date: | | | |
| Telephone: | Ext.: | Email: | | | | |
| Comments: | | | | | | |
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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 | |
|----------------------------------------------------------------------------------------------------|--------|----|---------------------------|----------------------|
| 204 AVERYVILLE DRIVE | | | | Dollov Number |
| City: CONWAY | State: | SC | ZIP Code: 29526 | Policy Number: |
| | _ | | | Company NAIC 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 View: 09/08/2023

Clear Photo One



Photo Two

Photo Two Caption: Right-Rear View: 09/08/2023

Clear Photo Two