U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program ELEVATION CERTIFICATE NT: FOLLOW THE INSTRUCTIONS ON

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nrol Number: 1660-0008

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Copy all pages of this Elevation Certificate and all attachments for (1) community	ty official, (2) insura	-	and the second se
SECTION A - PROPERTY INFORMATION		FOR INSU	IRANCE COMPANY USE
A1. Building Owner's Name Ocean Lakes Family Campground	Policy Number:		
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or Box No. 6001 South Kings Highway, Ocean Lakes 	P.O. Route and	Company NAIC Number:	
City Myrtle Beach	State SC		Zip Code 29575
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Lega	al Description, etc.)	
Ocean Lakes Family Campground - Amenity - Restroom	Building-Porti	ion of PIN 459	9-00-00-0325
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, et	tc.) Accessory	Building	
A5. Latitude/Longitude: Lat. 33-37-26.9 / Long78-57-25.8 Hor	izontal Datum:	NAD 1927	VAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being us	L sed to obtain flood		
A7. Building Diagram Number 1A			
A8. For a building with a crawlspace or enclosure(s):	A9 For a buildir	ng with an attache	ed garage.
a) Square footage of crawlspace or enclosure(s) 0 N/A sq ft	a) Square foota	ge of attached ga	rage N/A sq ft
 b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot 		ermanent flood op ed garage within 1	
above adjacent grade 0 N/A	above adjace		N/A
c) Total net area of flood openings in A8.b 0 N/a sg in	c) Total pat area	a offlood opening	
		a of flood opening	s in A9.b N/A sq in
d) Engineered flood openings?	d) Engineered f	8 Dimiting	res No
SECTION B - FLOOD INSURANCE RAT B1. NFIP Community Name & Community Number B2. Court	TE MAP (FIRM) INI nty Name	FORMATION	D2 Chate
Horry County 450104	nty Walle		B3. State
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Par	nel Effective/ B8.	Flood Zone(s)	B9. Base Flood Elevation(s)
45051C0752 H Sept. 17, 2003 Revised D			(Zone AO, use base flood
Aug. 23, 1	1999		15
B10. Indicate the source of the Base Flood Elevation (BFE) data or base floo	d depth entered in	Item B9:	
FIS Profile			
B11. Indicate elevation datum used for BFE in Item B9: VOVD 1929	NAVD 1988	ther/Source:	/
B12. Is the building located in a Coastal Barrier Resources System (CBRS) a	area or Otherwise I	Protected Area (O	PA)? Yes No
Designation Date: CBRS DPA			
SECTION C - BUILDING ELEVATION INFO	RMATION (SURV		
	ilding Under Const		inished Construction
* A new Elevation Certificate will be required when construction of the building		ruction	inished Construction
C2. Elevations: Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BI		Z/AE, AR/A1-A30.	AR/AH, AR/AO, Complete
Items C2.a-h below according to the building diagram specified in Item A7. In			
Benchmark Utilized: SCCC 5210 B / Ve	ertical Datum: NG	SVD 1929	
Indicate elevation datum used for the elevations in items a) through h) below.	NGVD 1929	NAVD 1988	
Other/Source:	Mar Lette		
Detum used for building elevations must be the same as that used for the DE	-		
Datum used for building elevations must be the same as that used for the BF	15	0	Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	n/a .	<u> </u>	v eet neters
b) Top of the next higher floor	n/a ·		eet neters
c) Bottom of the lowest horizontal structural member (V Zones only)d) Attached garage (top of slab)	 n/a	A the set of	eet neters
			eet neters
 e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 	n/a .		feet meters
f) Lowest adjacent (finished) grade next to building (LAG)	14 .	4	Teet meters
g) Highest adjacent (finished) grade next to building (HAG)	14 🦯 .	8	eet meters
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 	n/a .		

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					Charles and	Expiration: 11/30/2018
		he corresponding inform			FOR INSURA	NCE COMPANY USE
So of Maximum and So	ST COLOR AND INCOMPANY OF THE READ	Unit, Suite, and/or Bldg. N	No.) or P.O. Rou	te and Box No.	Policy Number:	
6001 South F	Kings Highway	V	100 20	Sec. 1		
City Myrtle Bea	ach	State SC	Zip Cod	⁹ 29575	Company NAIC Number:	
1.1		SECTION G - COMMUN	A REAL PROPERTY OF THE REAL PR	the second s	AL)	
The local official w	no is authorized by lav	w or ordinance to administ	er the communit	y's floodplain m	anagement ordinan	ce can complete
Items G8-G10. In F	Puerto Rico only, ente					
or archite	mation in Section C w oct who is authorized b ts area below.)	as taken from other docun by law to certify elevation in	nentation that han nformation. (Indi	s been signed a cate the source	and sealed by a lice and date of the elev	nsed surveyor, engineer, vation data in the
G2. C A commu or Zone A		d Section E for a building lo	ocated in Zone A	(without a FEN	IA-issued or commu	inity-issued BFE)
G3. The follow	wing information (Item	is G4-G10) is provided for	community floor	lplain managem	ent purposes.	
G4. Permit Numb	ər	G5. Date Permit	Issued	G6. Date Certif	icate of Compliance	e/Occupancy Issued
G7. This permit ha	as been issued for: (New Construction C S	ubstantial Improv	vement		
G8 Elevation of a	s-built lowest floor (ind	cluding basement)				
of the building		idding basement)		C feet C met	ers Datum	
	ne AO) depth of floodi	ng at the		C feet C met	ers Datum	
building site:						
	design flood elevation	r:	·	C feet C met	ers Datum	
Local Official's Na	ne		Title			
Community Name			Telephone		1943	
Signature		1 Mar 1 23	Date		and the second	
Comments (includ	ing type of equipment	and location, per C2(e), if	applicable)		61	the second s
	ing type of equipment		applicable)			
		A. M. (25 - 1)				
						*
1						
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						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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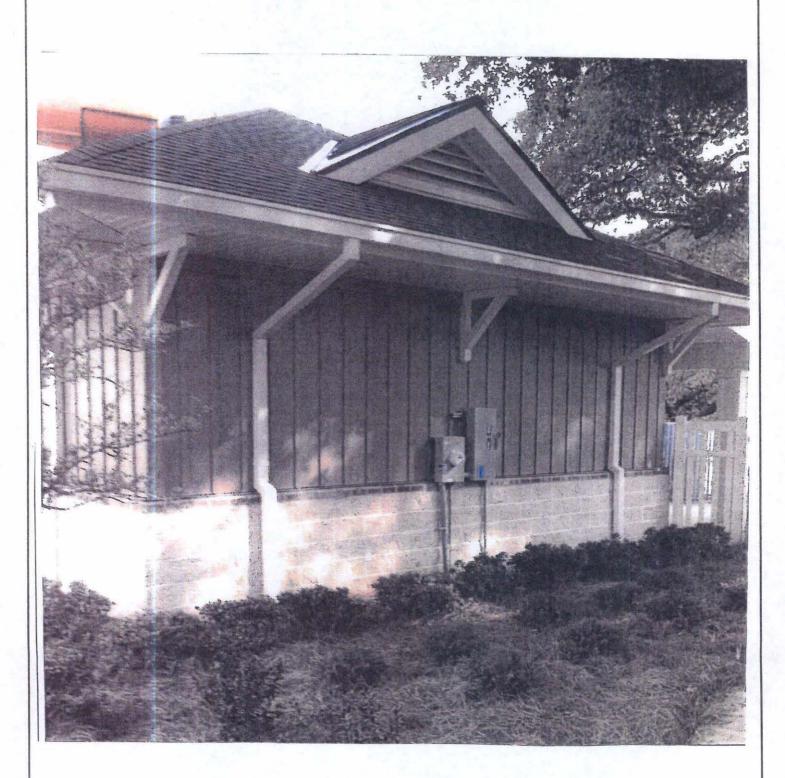
Check here if attachments.

BUILDING PHOTOGRAPHS Continuation Page

OMB Control Number: 1660-0008 Expiration: 11/30/2018

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE Policy Number:			
Building Street Address (including Apt. 6001 South Kings Highw				
_{City} Myrtle Beach	State SC	Zip Code 29575	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.



BUILDING PHOTOGRAPHS

See instructions for Item A6.

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IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including A 6001 South Kings Highway			
City Myrtle Beach,	State SC	Zip Code 29575	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.

Building Front May 2, 2016



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IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, St				
6001 South Kings Highway, Ocear	Policy Number:			
City Myrtle Beach	State SC	Zip Code 29575	Company NAIC Number:	
	the second s	ER, OR ARCHITECT CERT		
This certification is to be signed and sealed by a that the information on this Certificate represents punishable by fine or imprisonment under 18 U.S.	s my best efforts to int	erpret the data available. I un	law to certify elevation information. I certify derstand that any false statement may be	
Check here if attachments.	AND THE			
Certifier's Name	Lic	ense Number	and and a feature	
Michael D. Oliver, PLS	13	3520	ACE	
Title	Company Name		SEAL A	
PLS	Castles Engine		Section 18	
Address 2024 Corporate Centre Dr., Ste 102	^{City} Myrtle Beach	State Zip Code SC 29577	Constanting of the second s	
Signature DCC	Date 05/02/16	Telephone 843-448-0910	a ter angest	
Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company.	and (3) building owner.	
Comments (including type of equipment and loc				
			- 01	
Top of door flood	barrier el	levation is in	0.01	
21 10 00				
Signature MA DUS			Date 05/02/16	
SECTION E - BUILDING ELEVATION INFO	the state of the second st		the second se	
For Zones AO and A (without BFE), complete Ite Sections A, B, and C. For Items E1-E4, use natu	ems E1-E5. If the Certi Iral grade, if available.	ificate is intended to support a Check the measurement use	a LOMA or LOMR-F request, complete ed. In Puerto Rico onlÿ, enter meters.	
E1. Provide elevation information for the followin highest adjacent grade (HAG) and the lowes	g and check the appro t adjacent grade (LAG	opriate boxes to show whethe b).	er the elevation is above or below the	
a) Top of bottom floor (including basement, o or enclosure) is	_ · feetme	ters above or below the HAG.		
 b) Top of bottom floor (including basement, or enclosure) is 	eters above or below the LAG.			
E2. For Building Diagrams 6-9 with permanent fin higher floor (elevation C2.b in the diagrams) of th			9 (see page 8 of Instructions), the next eters above or below the HAG.	
E3. Attached garage (top of slab) is		. Deet me	eters above or below the HAG.	
E4. Top of platform of machinery and /or equipm servicing the building is	ent		eters above or below the HAG.	
E5. Zone AO only: If no flood depth number is av	1	he bottom floor elevated in ac official must certify this inform	cordance with the community's floodplain	
		WNER'S REPRESENTATIVE	CERTIFICATION	
The property owner or owner's authorized repre community-issued BFE) or Zone AO must sign	here. The statements	tes Sections A, B, and E for 2 in Sections A, B, and E are c	Zone A (without a FEMA-issued or orrect to the best of my knowledge.	
Property Owner or Owner's Authorized Represe	entative's Name			
Address	City	State	ZIP Code	
Signature				
Comments		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	•			
in the first			Check here if attachments.	
	the second s	and the second se		

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