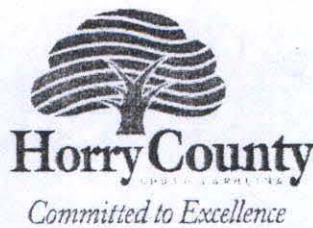


Horry County Government

Code Enforcement Department
www.horrycounty.org



Horry County Government & Justice Center
1301 Second Avenue / Suite 1D09
Conway, South Carolina 29526
Phone 843.915.5090 || Fax 843.915.6090

96129

MEMO OF REVIEW FOR CORRECTNESS AND COMPLETION

In accordance with this community's participation in the National Flood Insurance Program's Community Rating System, all FEMA Elevation Certificates must be correct and complete. The attached Certificate has some incorrect items which are noted here.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name			For Insurance Company Use: Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.			Company NAIC Number	
City	State	ZIP Code		
		29527		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PIN# 43600000016 TMS# 1760001054				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential				
A5. Latitude/Longitude: Lat. _____ Long. _____			Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.				
A7. Building Diagram Number _____				
A8. For a building with a crawl space or enclosure(s), provide			A9. For a building with an attached garage, provide:	
a) Square footage of crawl space or enclosure(s) _____ sq ft			a) Square footage of attached garage _____ sq ft	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade _____ sq in			b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____ sq in	
c) Total net area of flood openings in A8.b _____ sq in			c) Total net area of flood openings in A9.b _____ sq in	
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No			d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date 09-17-2003	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7.

Benchmark Utilized _____ Vertical Datum _____

Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: _____

COMMENTS:

Corrected B7, A2 for zipcode, A3 and A4.

Date of Review: 5-31-19

Community Official: [Signature] cfm

All elevation certificates shall be maintained by the community and copies with the attached memo made available upon request.

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

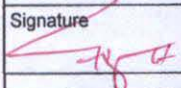


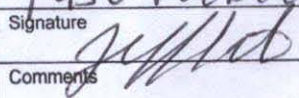
OMB Control Number: 1660-0008
Expiration: 11/30/2018

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 SILVER JEFFREY K				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1450 PEE DEE HWY				Company NAIC Number:	
City CONWAY		State SC		Zip Code 29,527	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)					
A5. Latitude/Longitude: Lat. 33-41-17N Long. 79-07-28W Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number 5					
A8. For a building with a crawlspace or enclosure(s):			A9. For a building with an attached garage:		
a) Square footage of crawlspace or enclosure(s) N/A sq ft			a) Square footage of attached garage N/A sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A			b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A		
c) Total net area of flood openings in A8.b N/A sq in			c) Total net area of flood openings in A9.b N/A sq in		
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No			d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number HORRY COUNTY 450104			B2. County Name HORRY		B3. State SC
B4. Map/Panel Number 45051C0655	B5. Suffix H	B6. FIRM Index Date 8/23/1999	B7. FIRM Panel Effective/Revised Date 9/30/1988	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) N/A
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source:					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source:					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> Finished Construction * A new Elevation Certificate will be required when construction of the building is complete.					
C2. Elevations: Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.					
Benchmark Utilized: VRS-GPS Vertical Datum: NAVD 1988					
Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source:					
Datum used for building elevations must be the same as that used for the BFE.					
Check the measurement used.					
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)		16	49	<input checked="" type="radio"/> feet	<input type="radio"/> meters
b) Top of the next higher floor		NA		<input type="radio"/> feet	<input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)		NA		<input type="radio"/> feet	<input type="radio"/> meters
d) Attached garage (top of slab)		NA		<input type="radio"/> feet	<input type="radio"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)		16	50	<input checked="" type="radio"/> feet	<input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)		12	20	<input checked="" type="radio"/> feet	<input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)		13	16	<input checked="" type="radio"/> feet	<input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support		12	20	<input checked="" type="radio"/> feet	<input type="radio"/> meters

ELEVATION CERTIFICATE, page 2

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1450 PEE DEE HWY ✓				Policy Number:	
City CONWAY ✓	State SC	Zip Code 29,527 ✓	Company NAIC Number:		
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION					
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by 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.					
<input type="checkbox"/> Check here if attachments.			Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="radio"/> Yes <input type="radio"/> No		
Certifier's Name EVERRETT T. JOHNSON II		License Number 30766			
Title OWNER		Company Name J&W Prof. Land Surveyors, LLC			
Address 3370 TRULUCK JOHNSON RD		City AYNOR	State SC	Zip Code 29511	
Signature 		Date 4/12/2019	Telephone 843-241-3800		
					
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 location, per C2(e), if applicable) BREAKER BOX (LOCATION SHOWN IN ATTACHED PHOTOS) ✓ 					
Signature				Date 12-Apr-2019	
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)					
For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.					
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).					
a) Top of bottom floor (including basement, crawlspace, or enclosure) is		3	33	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	<input checked="" type="checkbox"/> above or <input type="checkbox"/> below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		4	29	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	<input checked="" type="checkbox"/> above or <input type="checkbox"/> below the LAG.
E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.					
E3. Attached garage (top of slab) is _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.					
E4. Top of platform of machinery and /or equipment servicing the building is		1	17	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters	<input checked="" type="checkbox"/> above or <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. The local official must certify this information in Section G.					
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION					
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.					
Property Owner or Owner's Authorized Representative's Name					
Address 1450 Peedee Hwy		City Conway	State S-C	ZIP Code 29527	
Signature 		Date 5/16/19	Telephone		
Comments					
<input type="checkbox"/> Check here if attachments.					

ELEVATION CERTIFICATE, page 4

BUILDING PHOTOGRAPHS

See instructions for Item A6.

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1450 PEE DEE HWY			Policy Number:	
City CONWAY	State SC	Zip Code 29,527	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.

