U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program



OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

	SECT	ION A - PROPERTY	INFORMATION		FOR INSUR	ANCE COMPANY USE
A1. Building Owne CLEON R FOWLE					Policy Numb	er:
A2. Building Street Box No. 250 RIVERS EDGI		luding Apt., Unit, Suite	e, and/or Bldg. No.) or P.C). Route and	Company N/	AIC Number:
City CONWAY	/		State South Carolin	na 🦯	ZIP Code 29526	
	1.6.	d Block Numbers, Ta TION / PIN# 363-07-	k Parcel Number, Legal D 01-0057	escription, etc.)		
A4. Building Use (e.g., Resident	tial, Non-Residential, /	Addition, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longi	tude: Lat. 33	-49-34	Long. 78-54-16	Horizontal Datum	n: 🗌 NAD 1	927 🗙 NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certificate is being used	to obtain flood insur	ance.	
A7. Building Diagr	am Number	8				
A8. For a building	with a crawls	bace or enclosure(s):				
a) Square for	tage of crawls	space or enclosure(s)	1,705 / sq ft			c.l.
b) Number of	permanent flo	od openings in the cr	awispace or enclosure(s)	within 1.0 foot above	e adjacent gra	ide NA
c) Total net a	rea of flood op	enings in A8.b N	A sq in			RAP
d) Engineered	flood openin	gs? 🗌 Yes 🖾 N	RAF			
A9. For a building	with an attach	ed garage.				
						. 1
		ed garage436			. /	NA
			tached garage within 1.0	foot above adjacent	grade	202
c) Total net a	rea of flood op	benings in A9.b	A sq in			
d) Engineere	d flood openin	igs? 🗌 Yes 🖾 N	lo			1. 1. 1. 1.
	SE	CTION B - FLOOD I	NSURANCE RATE MA	P (FIRM) INFORM	ATION	
B1. NFIP Commun	nity Name & C	ommunity Number	B2. County Nan	ne		B3. State
HORRY COUNTY	/450104		HORRY	/		South Carolina
B4. Map/Panel	B5. Suffix	B6. FIRM Index	B7. FIRM Panel Effective/	B8. Flood Zone(s		e Flood Elevation(s) ne AO, use Base
Number	/	Date	Revised Date	45	Floo	od Depth)
45051C / 0535	Н	09/17/2003	08/23/1999	AE	16	
Dia Latanta		Bass Flood Elevation	(REE) data ar base flood	depth entered in Iter	m BQ	
			(BFE) data or base flood mined Other/Source:		n 05.	
B11. Indicate elev	vation datum u	used for BFE in Item B	9: 🗙 NGVD 1929 🔲	NAVD 1988 0 0	ther/Source:	
B12 Is the building	ng located in a	Coastal Barrier Reso	urces System (CBRS) ar	ea or Otherwise Prot	tected Area (0	DPA)? Yes X No
Designation			CBRS OPA			
Dooignation						17-99 F.N

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ELEVATION CERTIFICATE	OMB No. 1660-0008 Expiration Date: Nove	Expiration Date: November 30, 2018		
MPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE			
Building Street Address (including Ap 250 RIVERS EDGE DRIVE //	ot., Unit, Suite, and/or Bldg. No.) or P.O. Route	and Box No.	Policy Number	
City CONWAY	Company NAIC Num	ber		
SECTION	C - BUILDING ELEVATION INFORMATIO	ON (SURVEY R	EQUIRED)	
C2 Elevations - Zones A1-A30, A	Il be required when construction of the building E, AH, A (with BFE), VE, V1–V30, V (with BFE according to the building diagram specified in	g is complete. E), AR, AR/A, AR Item A7. In Puer	R/AE, AR/A1-A30, AR/A	H, AR/AO.
	for the elevations in items a) through h) below.			
🗙 NGVD 1929 🗌 NA	VD 1988 Other/Source:			
Datum used for building elevat	ions must be the same as that used for the BF	E.	Oberlathan	
		25,80	Check the measu	
	ng basement, crawlspace, or enclosure floor) .		X feet	meters
b) Top of the next higher floor		32. 25	X feet	meters
 c) Bottom of the lowest horizo 	ntal structural member (V Zones only)	N/A 32 25	X feet	meters
 d) Attached garage (top of sla 	X feet] meters		
 e) Lowest elevation of machin (Describe type of equipment 	ery or equipment servicing the building it and location in Comments)	32, 75	🗙 feet 🗌] meters
f) Lowest adjacent (finished)	grade next to building (LAG)	26.0	X feet	meters
g) Highest adjacent (finished)	x feet	meters		
 h) Lowest adjacent grade at lo structural support 	X feet] meters		
	N D - SURVEYOR, ENGINEER, OR ARCI	HITECT CERTIN	FICATION	
This certification is to be signed and I certify that the information on this statement may be punishable by fir	d sealed by a land surveyor, engineer, or archi Certificate represents my best efforts to interp ne or imprisonment under 18 U.S. Code, Section ion A provided by a licensed land surveyor?	itect authorized b ret the data avail on 1001.	by law to certify elevatio	any false
47.				
Certifier's Name ROBERT A. PRAETE	License Number SC 17227	1992		1/ -
Title LAND SURVEYOR	/		11	00
Company Name ATLANTIC SURVEYING, LLC			- Sed	1,00
Address 1087 REDI MIX ROAD UNIT 1			1912	1812
City LITTLE RIVER	State South Carolina	ZIP Code 29566	6	
Signature	Date 05/30/2018	Telephone (843) 399-4260		
Copy all pages of this Elevation Certi	ficate and all attachments for (1) community offi	cial, (2) insurance	e agent/company, and (3) building owne
Comments (including type of equip 1. C2-e AC UNIT ON AC PAD ON C	ment and location, per C2(e), if applicable) GRADE			
			17-99	Find
EMA Form 086-0-33 (7/15)	Replaces all previous edition	IS.	REV.	Form Page 2 o

ELEVATION CERTIFICATE		OMB No. 1660-0008 Expiration Date: November 30, 2018			
MPORTANT: In these spaces, copy	the corresponding information fi	rom Section A.	I	FOR INSURANCE COMP	
Building Street Address (including Ap 250 RIVERS EDGE DRIVE	t., Unit, Suite, and/or Bldg. No.) or F	P.O. Route and Bo	ox No.	Policy Number:	
City CONWAY	State South Carolina	ZIP Code		Company NAIC	Number
SECTION E	- BUILDING ELEVATION INFOR FOR ZONE AO AND ZONE			EQUIRED)	
For Zones AO and A (without BFE), c complete Sections A, B,and C. For Ite	complete Items E1-E5. If the Certific	ate is intended to	support a L		
enter meters.					
	G) and the lowest adjacent grade (LA)	riate boxes to sho AG).	w whether t	he elevation is a	above or below
 a) Top of bottom floor (including crawlspace, or enclosure) is 	basement,	feet	meters	above or	below the HAG
b) Top of bottom floor (including crawlspace, or enclosure) is	basement,	feet	meters	above or	below the LAG.
E2. For Building Diagrams 6–9 with p the next higher floor (elevation C		in Section A Item	s 8 and/or 9	(see pages 1-2	2 of Instructions),
the diagrams) 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.
E4. Top of platform of machinery and servicing the building is	d/or equipment		meters	above or	below the HAG
	ce? Yes No Unknow				
The property owner or owner's autho community-issued BFE) or Zone AO	must sign here. The statements in S	Sections A. B. ar	nd E for Zon	e A (without a F	EMA-issued or f my knowledge.
SECTION F – The property owner or owner's autho community-issued BFE) or Zone AO Property Owner or Owner's Authorize Address	rized representative who completes must sign here. The statements in S ed Representative's Name	Sections A. B. ar	nd E for Zon	e A (without a F ect to the best of	EMA-issued or f my knowledge. ZIP Code
The property owner or owner's autho community-issued BFE) or Zone AO Property Owner or Owner's Authorize	rized representative who completes must sign here. The statements in S ed Representative's Name C	Sections A, B, ar Sections A, B, and	nd E for Zon I E are corre	e A (without a F ect to the best of	f my knowledge.
The property owner or owner's autho community-issued BFE) or Zone AO Property Owner or Owner's Authorize Address	rized representative who completes must sign here. The statements in S ed Representative's Name C	Sections A, B, ar Sections A, B, and	nd E for Zon I E are corre	e A (without a F ect to the best of e	f my knowledge.
The property owner or owner's autho community-issued BFE) or Zone AO Property Owner or Owner's Authorize Address Signature	rized representative who completes must sign here. The statements in S ed Representative's Name C	Sections A, B, ar Sections A, B, and	nd E for Zon I E are corre	e A (without a F ect to the best of e	f my knowledge.
The property owner or owner's autho community-issued BFE) or Zone AO Property Owner or Owner's Authorize Address Signature	rized representative who completes must sign here. The statements in S ed Representative's Name C	Sections A, B, ar Sections A, B, and	nd E for Zon I E are corre	e A (without a F ect to the best of e	f my knowledge.
The property owner or owner's autho community-issued BFE) or Zone AO Property Owner or Owner's Authorize Address Signature	rized representative who completes must sign here. The statements in S ed Representative's Name C	Sections A, B, ar Sections A, B, and	nd E for Zon I E are corre	e A (without a F ect to the best of e	f my knowledge.
The property owner or owner's autho community-issued BFE) or Zone AO Property Owner or Owner's Authorize Address Signature	rized representative who completes must sign here. The statements in S ed Representative's Name C	Sections A, B, ar Sections A, B, and	nd E for Zon I E are corre	e A (without a F ect to the best of e	f my knowledge.
The property owner or owner's autho community-issued BFE) or Zone AO Property Owner or Owner's Authorize Address Signature	rized representative who completes must sign here. The statements in S ed Representative's Name C	Sections A, B, ar Sections A, B, and	nd E for Zon I E are corre	e A (without a F ect to the best of e	f my knowledge.
The property owner or owner's autho community-issued BFE) or Zone AO Property Owner or Owner's Authorize Address Signature	rized representative who completes must sign here. The statements in S ed Representative's Name C	Sections A, B, ar Sections A, B, and	nd E for Zon I E are corre	e A (without a F ect to the best of e	f my knowledge.

LEVATION CERTIFICATE		OMB No. 1660-0008 Expiration Date: November 30, 2018
PORTANT: In these spaces, copy the	corresponding information from Se	
Building Street Address (including Apt., Ur 50 RIVERS EDGE DRIVE		the second s
CONWAY		Code Company NAIC Number
SE	CTION G - COMMUNITY INFORMAT	TON (OPTIONAL)
The local official who is authorized by law Sections A, B, C (or E), and G of this Elev used in Items G8–G10. In Puerto Rico onl	ation Certificate. Complete the applica	nity's floodplain management ordinance can complete ble item(s) and sign below. Check the measurement
	horized by law to certify elevation infor	has been signed and sealed by a licensed surveyor, mation. (Indicate the source and date of the elevation
A community official completed or Zone AO.	Section E for a building located in Zon	e A (without a FEMA-issued or community-issued BFE)
3. The following information (Items	G4–G10) is provided for community f	
64. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
67. This permit has been issued for:	New Construction Substanti	ial Improvement
 Elevation of as-built lowest floor (incl of the building: 	luding basement)	feet 🗌 meters Datum
9. BFE or (in Zone AO) depth of floodir	ng at the building site:	feet 🗌 meters Datum
G10. Community's design flood elevation:	· · · · · · · · · · · · · · · · · · ·	feet meters Datum
ocal Official's Name	Title	
Community Name	Telepho	ne
Signature	Date	
Comments (including type of equipment a	nd location par (22(a) if applicable)	
onments (including type of equipment a		

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BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 250 RIVERS EDGE DRIVE					FOR INSURANCE COMPANY USE Policy Number:
City CONWAY	1	State South Carolina	ZIP Code 29526	-	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.



Photo One Caption FRONT & RIGHT SIDE VIEW 5/30/2018

ELEVATION CERTIFICATE



Photo Two Caption RIGHT SIDE & REAR VIEW 5/30/2018

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In	these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street A 250 RIVERS ED		Jnit, Suite, and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number:
City CONWAY	-	State South Carolina	ZIP Code 29526	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.



Photo One Caption LEFT REAR & SIDE VIEW 5/30/2018

Photo Two

Photo Two Caption

FEMA Form 086-0-33 (7/15)

Photo Two