104944 6-18-2020 RMLEY:27

U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2022

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. SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPANY USE A1. Building Owner's Name Policy Number: CK CARR BROTHERS 2, LLC -A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 142 MARBLEHEAD DRIVE City State ZIP Code South Carolina LITTLE RIVER 29566 -A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) UNIT 16 CAPE OD COTTAGES @ MARKER 350 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL A5. Latitude/Longitude: Lat. 33D51'12.393 Long. 78D39'24.978" Horizontal Datum: ☐ NAD 1927 X 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 crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) 1144.00 sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 5 c) Total net area of flood openings in A8.b 1250.00 sq in d) Engineered flood openings? X Yes No A9. For a building with an attached garage: N/A sq ft a) Square footage of attached garage 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 A9.b d) Engineered flood openings? ☐ Yes ☒ No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number **B2.** County Name B3. State HORRY COUNTY 450104 HORRY COUNTY South Carolina B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood B9. Base Flood Elevation(s) Number (Zone AO, use Base Flood Depth) Date Effective Zone(s) Revised Date 45051C0581 09-17-2003 08-23-1999 AE 12 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source: B11. Indicate elevation datum used for BFE in Item B9: X NGVD 1929 NAVD 1988 Other/Source: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes X No Designation Date: N/A CBRS OPA

104944

ELEVATION CERTIFICATE

OMB No. 1660-0008 RMLEU. 22 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY US	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 142 MARBLEHEAD DRIVE			Policy Number:	
City ITTLE RIVER	State ZIP C South Carolina 2956		Company NAIC Number	
SECTION C	- BUILDING ELEVATION INFORMAT	ION (SURVEY RE	EQUIRED)	
	Construction Drawings* Builder required when construction of the building AH, A (with BFE), VE, V1–V30, V (with BFE)			
Complete Items C2.a-h below acc	cording to the building diagram specified in	n Item A7. In Puert	o Rico only, enter meters.	
Benchmark ∪tilized: <u>SC VRS</u>	Vertical Datum:			
	the elevations in items a) through h) below	v.		
NGVD 1929 NAVD	s must be the same as that used for the B	EE		
Datum used for building elevations	s must be the same as that used for the b		Check the measurement used	
a) Top of bottom floor (including b	pasement, crawlspace, or enclosure floor)	-	10.1 X feet meters	
b) Top of the next higher floor			20.3 X feet meters	
	atructural mambar (1/ Zapas aply)		N/A feet meters	
c) Bottom of the lowest horizontal structural member (V Zones only)			10.1 ⊠ feet ☐ meters	
d) Attache garage (top of slab)			10.1	
e) Lowest elevation of machinery (Describe type of equipment as	or equipment servicing the building nd location in Comments)		14.1 feet meters	
1) Lowest adjacent (finished) grade next to building (LAG)			9.7 X feet meters	
g) Highest adjacent (finished) gra	de next to building (HAG)		9.8 X feet meters	
	st elevation of deck or stairs, including			
structura support	or diovation of door or stano, moraling		N/A feet meters	
SECTION	D - SURVEYOR, ENGINEER, OR ARC	HITECT CERTIF	ICATION	
I certify that the information on this Cer statement may be punishable by fine of	ealed by a land surveyor, engineer, or architificate represents my best efforts to interprimprisonment under 18 U.S. Code, Sect A provided by a licensed land surveyor?	pret the data availation 1001.	y law to certify elevation information able. I understand that any false Check here if attachments.	
Certifier's Name JACQUES J. BONNETT	License Number 21431		CARCU	
Title PLS			Place	
Company Name LOWER CAROLINA SURVEYING, INC	о.		No 21431 To Here	
Address 3127 HWY 348			Here	
City LORIS	State South Carolina	ZIP Code 29569	THES J. BOWN	
Signature Signature	Date 04-29-2020	Telephone (843) 319-8169	Ext.	
Copy all pages of this Elevation Certifica	te and all attachments for (1) community of	ficial, (2) insurance	agent/company, and (3) building own	
	nt and location, per C2(e), if applicable)		IT SEE ATTACHED SHEET.	

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these	spaces, copy the corresponding inform	nation from Section A.		FOR INSURANCE C	OMPANY USE
Building Street Address 142 MARBLEHEAD DR	(including Apt., Unit, Suite, and/or Bldg. RIVE	No.) or P.O. Route and E	Box No.	Policy Number:	
City LITTLE RIVER	State South Car	ZIP Code olina 29566		Company NAIC Num	ber
	SECTION E - BUILDING ELEVATION FOR ZONE AO AN	I INFORMATION (SUR D ZONE A (WITHOUT	VEY NOT I	REQUIRED)	
complete Sections A, E enter meters. E1. Provide elevation i	without BFE), complete Items E1–E5. If the and C. For Items E1–E4, use natural grant of the following and check the nt grade (HAG) and the lowest adjacent g	de, if available. Check the appropriate boxes to sh	e measuren	nent used. In Puerto R	Rico only,
a) Top of bottom f	loor (including basement,				
crawlspace, or b) Top of bottom to crawlspace, or	floor (including basement,	[feet	_		
0.000,000,000,000,000,000,000,000,000,0		[_] feet			
E2. For Building Diagrathe next higher floot the diagrams) of the	ams 6–9 with permanent flood openings p or (elevation C2.b in ne building is	rovided in Section A Item			
E3. Attached garage (t	op of slab) is	feet	meters	above or be	elow the HAG.
E4. Top of platform of servicing the build	machinery and/or equipment		meters	above or be	alow the HAC
	o flood depth number is available, is the to		vated in acc	ordance with the com	munity's
					iii dection d.
	SECTION F - PROPERTY OWNER (OR				
The property owner or community-issued BFE	owner's authorized representative who con) or Zone AO must sign here. The statement	mpletes Sections A, B, a ents in Sections A, B, and	nd E for Zor	ne A (without a FEMA- ect to the best of my k	issued or
	ner's Authorized Representative's Name				
Address		City	Sta	te ZII	P Code
Signature		Date	Tele	ephone	
Comments					
				Check here if a	attachments.

104944 6-18-2020 RMCenzz

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spa	aces, copy the corresponding informati	on from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (in 142 MARBLEHEAD DRIVI	ncluding Apt., Unit, Suite, and/or Bldg. No.) E	or P.O. Route and Box No.	Policy Number:
City LITTLE RIVER	State South Carolina	ZIP Code 29566	Company NAIC Number
	SECTION G - COMMUNITY	INFORMATION (OPTIONAL	L)
Sections A, B, C (or E), ar used in Items G8–G10. In G1. The information engineer or architectures.	uthorized by law or ordinance to administer and G of this Elevation Certificate. Complete Puerto Rico only, enter meters. in Section C was taken from other documented who is authorized by law to certify elements area below.)	e the applicable item(s) and s entation that has been signed	ign below. Check the measurement d and sealed by a licensed surveyor,
	ficial completed Section E for a building loc	cated in Zone A (without a FE	EMA-issued or community-issued BFE)
G3. The following int	formation (Items G4–G10) is provided for o	community floodplain manage	ement purposes.
G4. Permit Number	G5. Date Permit Iss	sued G6	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been	issued for: New Construction [Substantial Improvement	
G8. Elevation of as-built of the building	lowest floor (including basement)		eet meters Datum
G9. BFE or (in Zone AO)	depth of flooding at the building site:	fe	eet meters Datum
G10. Community's design	flood elevation:	f	eet meters Datum
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	(4)
Comments (including type	of equipment and location, per C2(e), if ap	oplicable)	
		© AND COLORS CONTROL	
			Check here if attachments.

BUILDING PHOTOGRAPHS

OMB No. 1660-0008 Expiration Date: November 30, 2022

104944 618.2020

ELEVATION CERTIFICATE

See Instructions for Item A6.

	py the corresponding information for		FOR INSURANCE COMPANY USE
Building Street Address (including 142 MARBLEHEAD DRIVE	Apt., Unit, Suite, and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
LITTLE RIVER	South Carolina	29566	

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

Photo One Caption

FRONT

Clear Photo One



Photo Two

104944 6-18-2020

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2022

MPORTANT: In these	spaces, copy the corresponding inform	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 142 MARBLEHEAD DRIVE			p. Policy Number:
City	State	ZIP Code	Company NAIC Number
LITTLE RIVER	South Card		
with: date taken "Fi	notographs than will fit on the preceding pront View" and "Rear View"; and, if recow the foundation with representative example.	quired, "Right Side View" ar	nd "Left Side View." When applicable.
	•		
	Pho	oto Three	
	1 100	NO THICE	
		Photo Three	
Photo Three Caption			Clear Photo Thre
	Ph	oto Four	
	111	oto i ota	
DL		Photo Four	
Photo Four Caption			Clear Photo Fou

5.3 Use of the Freedom Flood Vent as under-floor space ventilation is outside the scope of this report.

6.0 EVIDENCE SUBMITTED

Data in accordance with the ICC-ES Acceptance Criteria for Mechanically Operated Flood Vents (AC364), dated August 2015 (editorially revised October 2017).

7.0 IDENTIFICATION

7.1 The Freedom Flood Vent[™] model recognized in this report must be identified by a label bearing the manufacturer's name (Smart Product Innovations, Inc.) and the evaluation report number (ESR-4332.).

7.2 The report holder's contact information is the following:

SMART PRODUCT INNOVATIONS, INC.
430 ANDBRO DRIVE, UNIT 1
PITMAN, NEW JERSEY 08071
(800) 507-1527
www.freedomfloodvent.com
info@freedomfloodvent.com

TABLE 1—FREEDOM FLOOD VENT™

MODEL NAME	MODEL NUMBER	MODEL SIZE	COVERAGE (sq. ft.)
reedom Flood Vent™	FFV-1608	15 ³ / ₄ " X 8 ¹ / ₁₆ "	250

For SI: 1 inch = 25.4 mm

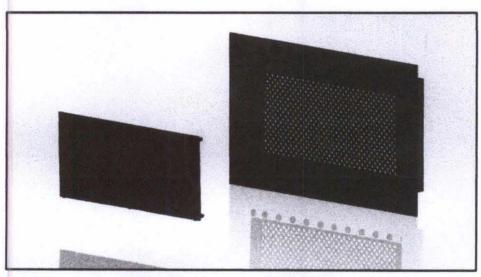


FIGURE 1—MODEL FFV-1608 FREEDOM FLOOD VENT™: SHOWN WITH COVER REMOVED

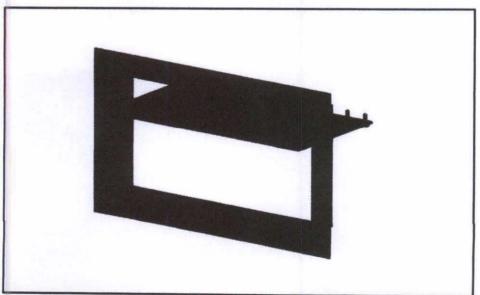


FIGURE 2—MODEL FFV-1608 FREEDOM FLOOD VENT™: SHOWN WITH FLOOD DOOR PIVOTED OPEN