

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

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

Form Page 1 of 6

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

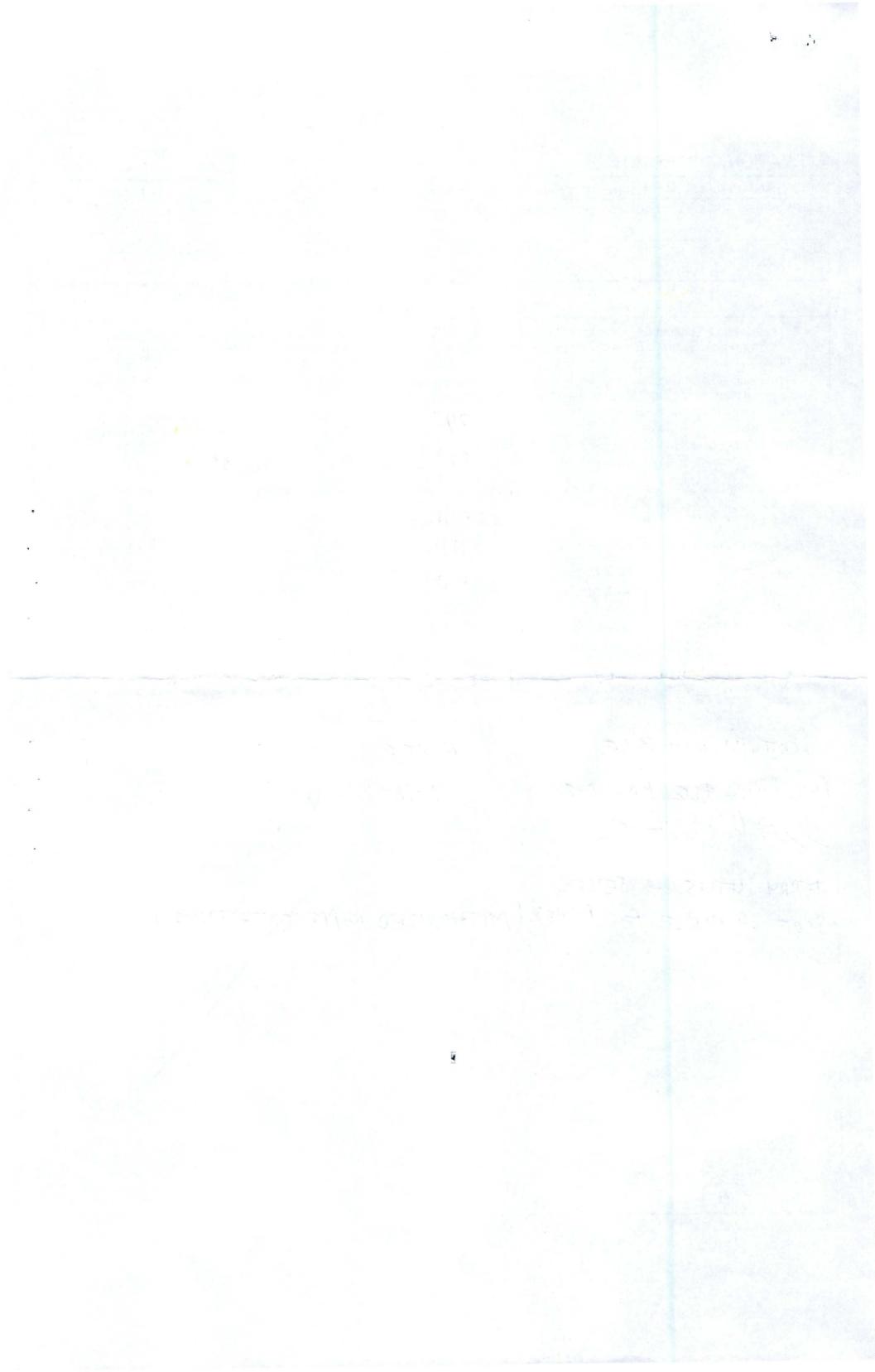
SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1 Ruilding Owner's Name / 2	Policy Number:
ern Lewis owner Scott M. KIMBLE SMK	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Company NAIC Number:
823 N Green Sea Rd St	
City State	ZIP Code
Loris	29569
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	ory
A5. Latitude/Longitude: Lat. Long. Horizontal Datu	m: NAD 1927 NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insur	
A7. Building Diagram Number 5	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s)	
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above	e adjacent grade NA
c) Total net area of flood openings in A8.b NA sq in	
d) Engineered flood openings?	
A9. For a building with an attached garage:	
a) Square footage of attached garage NA sq ft	
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent	grade NA
c) Total net area of flood openings in A9.b N A sq in	
d) Engineered flood openings? Yes Vo	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMA	ATION
B1. NFIP Community Name & Community Number B2. County Name	B3. State
Homy County 450104 Homy County	SC
	Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
	num bered
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Iter	m RQ:
☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other/Source:	
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 O	other/Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prot	tected Area (OPA)? Yes No
Designation Date: CBRS OPA	
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ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy the corr	responding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, S	Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City	State	State ZIP Code Company NAIC Number	
SECTION C - BU	ILDING ELEVATION INF	FORMATION (SURVEY R	EQUIRED)
C1. Building elevations are based on: *A new Elevation Certificate will be required. C2. Elevations – Zones A1–A30, AE, AH, A Complete Items C2.a–h below according Benchmark Utilized:	(with BFE), VE, V1–V30, Vg to the building diagram s	the building is complete. V (with BFE), AR, AR/A, AR	/AE, AR/A1–A30, AR/AH, AR/AO.
Indicate elevation datum used for the ele	evations in items a) throug	h h) below.	
☐ NGVD 1929 ☐ NAVD 1988 Datum used for building elevations must	Other/Source:		
			Check the measurement used.
 a) Top of bottom floor (including basem 	ent, crawlspace, or enclos	sure floor)	feet meters
b) Top of the next higher floor	/		feet meters
c) Bottom of the lowest horizontal struct	tural member (V Zones on	ly)	feet meters
d) Attached garage (top of slab)			feet meters
e) Lowest elevation of machinery or equal (Describe type of equipment and local	nipment servicing the build ation in Comments)	ling	feet meters
f) Lowest adjacent (finished) grade nex	t to building (LAG)		feet meters
g) Highest adjacent (finished) grade nex	xt to building (HAG)		feet meters
h) Lowest adjacent grade at lowest elev structural support	vation of deck or stairs, inc	luding	feet meters
SECTION D - SE	RVEYOR, ENGINEER,	OR ARCHITECT CERTIF	ICATION
This certification is to be signed and sealed by I certify that the information on this Certificate statement may be punishable by fine or improvement. Were latitude and longitude in Section A provention	e represents my best effor isonment under 18 U.S. C	ts to interpret the data availance, Section 1001.	y law to certify elevation information. able. I understand that any false Check here if attachments.
Certifier's Name	License Nur	mber	
Title			Place
Company Name			Seal
Address			Here
City	State	ZIP Code	
Signature	Date	Telephone	Ext.
Copy all pages of this Elevation Certificate and	all attachments for (1) com	munity official, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and	location, per C2(e), if appl	icable)	
			Form Days 2 of C

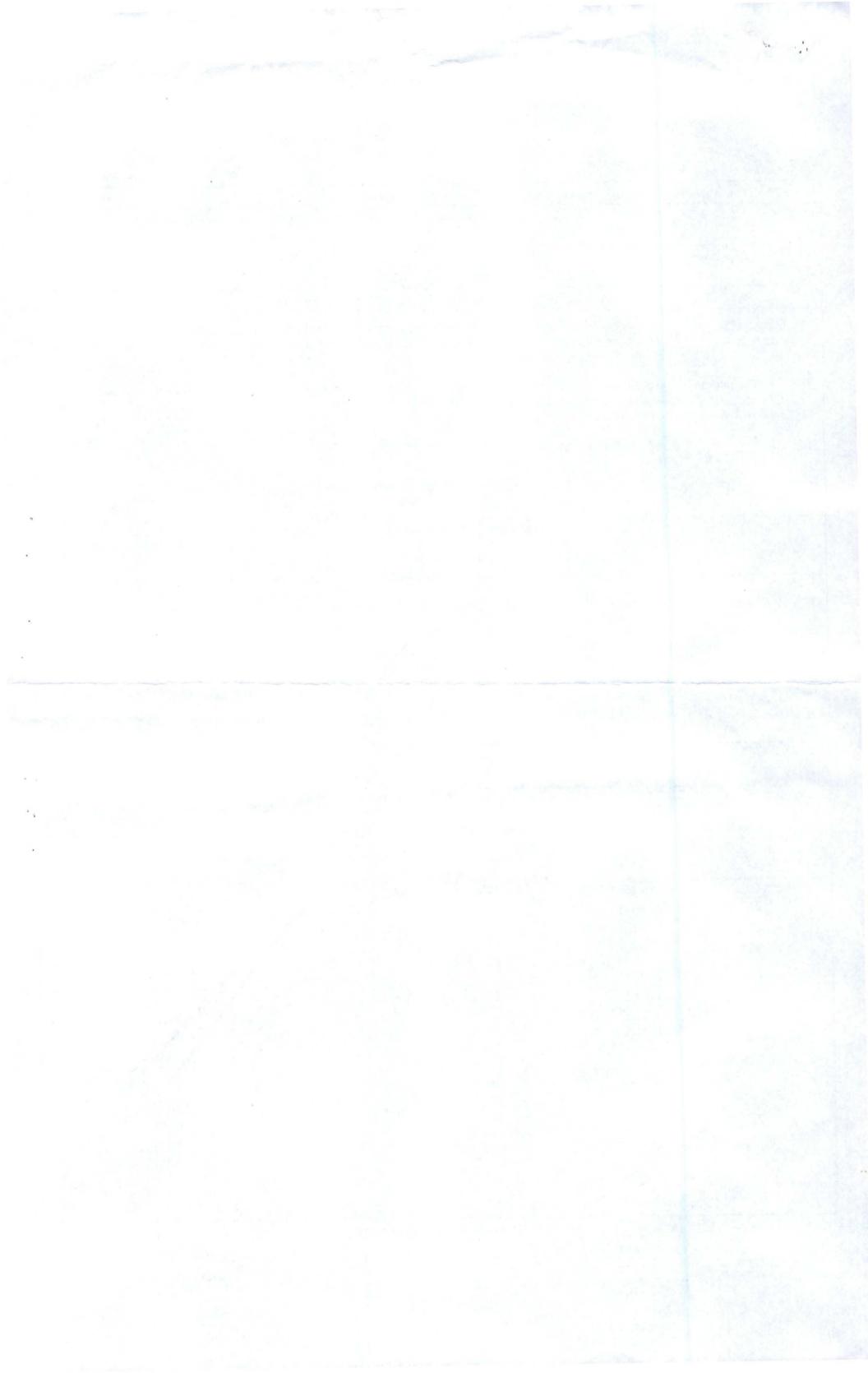
ELEVATION CERTIFICATE

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.			Policy Number:
City	tate ZI	P Code	Company NAIC Number
SECTION E - BUILDING ELE FOR ZONE	AO AND ZONE A (W		REQUIRED)
For Zones AO and A (without BFE), complete Items E1-complete Sections A, B,and C. For Items E1–E4, use na enter meters.			
E1. Provide elevation information for the following and of the highest adjacent grade (HAG) and the lowest grade (HAG) and the lo		oxes to show whethe	r the elevation is above or below
a) Top of bottom floor (including basement, crawlspace, or enclosure) is	24"	feet meter	rs above or below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 	244	feet ☐ meter	rs abov e or below the LAG.
E2. For Building Diagrams 6–9 with permanent flood op the next higher floor (elevation C2.b in		tion A Items 8 and/or	9 (see pages 1–2 of Instructions),
the diagrams) of the building is	NA	feet meter	
E3. Attached garage (top of slab) is	NIII	feet _ meter	s above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	NIA	feet meter	s above or below the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes			cordance with the community's certify this information in Section G.
SECTION F - PROPERTY OWN	ER (OR OWNER'S RE	PRESENTATIVE) CE	RTIFICATION
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	e who completes Section e statements in Section	ons A, B, and E for Zo is A, B, and E are cor	one A (without a FEMA-issued or rect to the best of my knowledge.
Property Owner or Owner's Authorized Representative's Name			
Address	MYRTHE		ate ZIP Code
685 BURCIALE RD. C-2	9-16-	14.14	7-0786
Signeture WWW	Date	le	lephone
Cortinents			
JERRY VEWIS - SELLER			
JERRY VEWIS - SEVER SCOTT KIMBUE - BUYER (AUTHORIZED	REPRESEN	TATIVE)
	V		
			Check here if attachments.



ELEVATION CERTIFICATE

IMPORTANT: In these spaces, copy to	ne corresponding information from Secti	on A. FOR INSURANCE COMPANY USE
Building Street Address (including Apt.,	Unit, Suite, and/or Bldg. No.) or P.O. Route	and Box No. Policy Number:
City	State ZIP C	ode Company NAIC Number
	SECTION G - COMMUNITY INFORMATIO	N (OPTIONAL)
Sections A, B, C (or E), and G of this El used in Items G8–G10. In Puerto Rico of G1. The information in Section C engineer, or architect who is a data in the Comments area be	levation Certificate. Complete the applicable only, enter meters. was taken from other documentation that has authorized by law to certify elevation informatelow.)	y's floodplain management ordinance can complete e item(s) and sign below. Check the measurement as been signed and sealed by a licensed surveyor, ation. (Indicate the source and date of the elevation
or Zone AO.		(without a FEMA-issued or community-issued BFE)
G3. The following information (Item	ms G4–G10) is provided for community floo	dplain management purposes.
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for: G8. Elevation of as-built lowest floor (in of the building:	☐ New Construction ☐ Substantial ncluding basement)	Improvement feet meters
G9. BFE or (in Zone AO) depth of floor	ding at the building site:	feet meters Datum
G10. Community's design flood elevation	on:	feet _ meters
Local Official's Name	Title	
Community Name	Telephone	
Signature	Date	
Comments (including type of equipment	and location, per C2(e), if applicable)	
		Check here if attachments.



BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

IMPORTANT: In these space	es, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (inclu	ding Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number:
City	State ZIP Code	Company NAIC Number
instructions for Item A6. Iden "Left Side View." When app	ificate to obtain NFIP flood insurance, affix at least 2 building photographs with date taken; "Front View" and "Rear View"; and olicable, photographs must show the foundation with representative A8. If submitting more photographs than will fit on this page, use the	nd, if required, "Right Side View" and examples of the flood openings or
	Dhata One	
	Photo One	
	Photo One	
Photo One Caption		Clear Photo One
	The state of the s	
	Photo Two	
Photo Two Caption	Photo Two	
FEMA Form 086-0-33 (12/10)	Penlaces all provious editions	Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the	e corresponding informa	ation from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., L	Jnit, Suite, and/or Bldg. No	o.) or P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
If submitting more photographs than w with: date taken; "Front View" and " photographs must show the foundation	Rear View"; and, if requ	uired, "Right Side View" and	"Left Side View." When applicable,
	Phot	to Three	
	Dh	noto Three	
Photo Three Caption	FI	into timo	Clear Photo Three
	Pho	to Four	
	Př	hoto Four	
Photo Four Caption			Clear Photo Four
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