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

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

# **ELEVATION CERTIFICATE**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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: DRB GROUP	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	Company NAIC Number:
524 SUN COLONY BLVD.	
City: LONGS State: SC	ZIP Code: 29568
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel NumLOT 439, SUN COLONY PHASE 4, PIN: 304-05-01-0084	nber:
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL	
A5. Latitude/Longitude: Lat. 33°54'18.27"N Long78°41'12.01"W Horizontal Datum: N	AD 1927 X NAD 1983 WGS 84
A6. Attach at least two and when possible four clear photographs (one for each side) of the building	g (see Form pages 7 and 8).
A7. Building Diagram Number: 1A	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): N/A sq. ft.	
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	☐ Yes ☐ No ☒ N/A
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot a Non-engineered flood openings: N/A Engineered flood openings: N/A	above adjacent grade:
d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instruction	ns): N/A sq. ft.
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: _396 sq. ft.	
b) Is there at least one permanent flood opening on two different sides of the attached garage?	☐ Yes ☐ No ☒ N/A
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adja Non-engineered flood openings: N/A Engineered flood openings: N/A	cent grade:
d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation - see Instruction	ns): N/A sq. ft.
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.	
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFOF	RMATION
B1.a. NFIP Community Name: HORRY COUNTY B1.b. NFIP Community Idea	ntification Number: 450104
B2. County Name: HORRY B3. State: SC B4. Map/Panel No.: *	45051C0440 B5. Suffix: <u>K</u>
B6. FIRM Index Date: 12/16/2021 B7. FIRM Panel Effective/Revised Date: 12/16/20	21
B8. Flood Zone(s): _*X, X(SHADED) B9. Base Flood Elevation(s) (BFE) (Zone AO, use E	Base Flood Depth): *N/A
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:  ☐ FIS X FIRM ☐ Community Determined X Other:*SEE COMMENTS	
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other	/Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prote Designation Date:	ected Area (OPA)? Yes X No
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? Yes X	No

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:				FOR INSURANCE COM	PANY USE
524 SUN COLONY BLVD.           City:         LONGS         State:         SC         ZIP Code:         29568			Policy Number:		
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: Const	ruction Drawings*	Building Und	er Construct	ion* X Finished Construc	ction
*A new Elevation Certificate will be required when construction of the building is complete.  C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.  Benchmark Utilized: SC VRS OBSERVATION Vertical Datum: NAVD88					
Indicate elevation datum used for the elevations i  NGVD 1929 X NAVD 1988 Other		h) below.			
Datum used for building elevations must be the salf Yes, describe the source of the conversion factors.			ion factor us	sed? Yes X No	rement used:
a) Top of bottom floor (including basement,	crawlspace, or enc	losure floor):	27.9	X feet me	eters
b) Top of the next higher floor (see Instruction	ns):		N/A	X feet me	eters
c) Bottom of the lowest horizontal structural	member (see Instru	uctions):	N/A	X feet  met	ters
d) Attached garage (top of slab):			27.4	X feet _ me	eters
e) Lowest elevation of Machinery and Equip (describe type of M&E and location in Sec			27.4	X feet	eters
f) Lowest Adjacent Grade (LAG) next to bui	ding: Natural	X Finished	25.9	X feet me	ters
g) Highest Adjacent Grade (HAG) next to bu	ilding: Natural	X Finished	26.9	X feet me	ters
h) Finished LAG at lowest elevation of attack support:	ned deck or stairs,	including structural	N/A	X feet  me	ters
SECTION D - SUR	/EYOR, ENGINE	ER, OR ARCHITI	ECT CERT	IFICATION	
This certification is to be signed and sealed by a information. I certify that the information on this C false statement may be punishable by fine or imp	ertificate represent	ts my best efforts to	interpret the		
Were latitude and longitude in Section A provided	by a licensed land	d surveyor? X Yes	s 🗌 No		
Check here if attachments and describe in the	Comments area.				
Certifier's Name: WALTER B. SHEETS License Number: L-26959					
Title: LAND SURVEYOR					
Company Name: RLA ASSOCIATES, PA					
Address: 14323 OCEAN HIGHWAY, STE 4139					
Company Name: RLA ASSOCIATES, PA  Address: 14323 OCEAN HIGHWAY, STE 4139  City: PAWLEYS ISLAND State: SC ZIP Code: 29585					
Signature: Walton B Sheets  Date: 01/23/2024					
Telephone: <u>843-879-9091</u> Ext.: <u>405</u>	Email: BRAD@	PRLAPLS.COM		30-2573 507 324	
Copy all pages of this Elevation Certificate and all a	tachments for (1) co	ommunity official, (2)	insurance ag	gent/company, and (3) buildir	ng owner.
Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):					
*B8, B9 & B10. STRUCTURE APPEARS TO BE LOCATED IN FLOOD ZONES X AND X(SHADED) PER FEMA F.I.R.M. NO. 45051C0440K, EFFECTIVE DATE 12/16/2021. PER HORRY COUNTY G.I.S, STRUCTURE APPEARS TO BE LOCATED IN AN HORRY COUNTY SUPPLEMENTAL FLOOD ZONE WITH A BFE OF 25'.					
*C2. e) HVAC UNIT. ELEVATION SHOT ON TOP OF H	VAC RISER.				

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. 524 SUN COLONY BLVD.	FOR INSURANCE COMPANY USE				
City: LONGS State: SC ZIP	Policy Number:				
		Company NAIC Number:			
SECTION E – BUILDING MEASUREMENT INFO FOR ZONE AO, ZONE AR/AO, AN					
For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For intended to support a Letter of Map Change request, complete Sections A enter meters.					
Building measurements are based on: Construction Drawings* Building Under Construction* Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.					
E1. Provide measurements (C.2.a in applicable Building Diagram) for the measurement is above or below the natural HAG and the LAG.	following and check the a	opropriate boxes to show whether the			
a) Top of bottom floor (including basement, crawlspace, or enclosure) is:		above or below the HAG.			
b) Top of bottom floor (including basement, crawlspace, or enclosure) is:		above or below the LAG.			
E2. For Building Diagrams 6–9 with permanent flood openings provided in next higher floor (C2.b in applicable					
Building Diagram) of the building is:  E3. Attached garage (top of slab) is:	feet _ meters	above or below the HAG.			
E4. Top of platform of machinery and/or equipment	i feet i meters	above or below the HAG.			
servicing the building is:		above or below the HAG.			
E5. Zone AO only: If no flood depth number is available, is the top of the floodplain management ordinance?  Yes No Unknow		ccordance with the community's set certify this information in Section G.			
SECTION F – PROPERTY OWNER (OR OWNER'S AUT	HORIZED REPRESEN	TATIVE) CERTIFICATION			
The property owner or owner's authorized representative who completes sign here. The statements in Sections A, B, and E are correct to the best		one A (without BFE) or Zone AO must			
Check here if attachments and describe in the Comments area.					
Property Owner or Owner's Authorized Representative Name:					
Address:					
City:	State:	ZIP Code:			
Signature:	Date:				
Telephone: Ext.: Email:					
Comments:					

Duilding Street Address (including Apt. Unit Suite and/or Dide No.) o	r D.O. Doute and Pay No.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) o 524 SUN COLONY BLVD.		
ty: LONGS State: SC ZIP Code: 29568		Policy Number:  Company NAIC Number:
SECTION G – COMMUNITY INFORMATION (RECOM		
· ·		,
The local official who is authorized by law or ordinance to administe Section A, B, C, E, G, or H of this Elevation Certificate. Complete the		
G1. The information in Section C was taken from other docu engineer, or architect who is authorized by state law to delevation data in the Comments area below.)		
G2.a. A local official completed Section E for a building located E5 is completed for a building located in Zone AO.	d in Zone A (without a BFE), Zor	ne AO, or Zone AR/AO, or when item
G2.b.   A local official completed Section H for insurance purpos	es.	
G3.	scribes specific corrections to the	e information in Sections A, B, E and H.
G4.	or community floodplain manage	ment purposes.
G5. Permit Number: G6. Date P	ermit Issued:	
G7. Date Certificate of Compliance/Occupancy Issued:		
G8. This permit has been issued for: New Construction	Substantial Improvement	
G9.a. Elevation of as-built lowest floor (including basement) of the building:		meters Datum:
G9.b. Elevation of bottom of as-built lowest horizontal structural member:	feet	meters Datum:
G10.a. BFE (or depth in Zone AO) of flooding at the building site:	feet	meters Datum:
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structura member:	al □ feet	meters Datum:
G11. Variance issued? ☐ Yes ☒ No If yes, attach docume	entation and describe in the Con	nments area.
The local official who provides information in Section G must sign he correct to the best of my knowledge. If applicable, I have also provides		
Local Official's Name: Lauren Harrelson, CFM	Title: Flood Haza	ard Reduction Control Officer
NFIP Community Name:		
Address:		
City:		ZIP Code:
Signature: Lauren Harrelson	Date: 07/02/2024	
Comments (including type of equipment and location, per C2.e; des Sections A, B, D, E, or H):	cription of any attachments; and	corrections to specific information in

	. •			0 0.11 7 10 21		
Building Street Address (including Ap 524 SUN COLONY BLVD.	t., Unit, Suite, a	and/or Bldg. No.) or P.0	O. Route and Bo	x No.:	FOR IN	SURANCE COMPANY USE
City: LONGS		State: SC ZI	IP Code: 2956	88	Policy No	umber:
					Compan	y NAIC Number:
		S FIRST FLOOR H REQUIRED) (FOR I				ONES
The property owner, owner's author to determine the building's first floor nearest tenth of a foot (nearest tenth <i>Instructions</i> ) and the appropriate	height for insu h of a meter in	rance purposes. Sec Puerto Rico). <i>Refere</i>	tions A, B, and ence the Found	I must also b lation Type I	e complete <b>Diagrams</b>	ed. Enter heights to the (at the end of Section H
H1. Provide the height of the top of	the floor (as in	dicated in Foundation	n Type Diagram	s) above the	Lowest Ac	ljacent Grade (LAG):
<ul> <li>a) For Building Diagrams 1A floor (include above-grade floor subgrade crawlspaces or enclosed)</li> </ul>	s only for build			feet	meters	above the LAG
b) For Building Diagrams 2A higher floor (i.e., the floor above enclosure floor) is:				feet [	meters	above the LAG
H2. Is <b>all</b> Machinery and Equipmen H2 arrow (shown in the Founda Yes No						
SECTION I – PROPER	TY OWNER	(OR OWNER'S AU	THORIZED R	EPRESENT	ΓΑΤΙVE) (	CERTIFICATION
The property owner or owner's authors, B, and H are correct to the best of indicate in Item G2.b and sign Section	of my knowledg					
indicate in item dz.b and sign secti	on G.					
Check here if attachments are pr		ing required photos) a	and describe ea	ıch attachme	nt in the Co	omments area.
-	rovided (includ		and describe ea	ch attachme	nt in the Co	omments area.
Check here if attachments are pr	rovided (includ		and describe ea	ch attachme	nt in the Co	omments area.
Check here if attachments are property Owner or Owner's Authoriz Address:	rovided (includ			state:		omments area.  Code:
Check here if attachments are property Owner or Owner's Authorize Address:  City:	rovided (includ	ative Name:				
Check here if attachments are property Owner or Owner's Authorize Address:  City:  Signature:	rovided (includ	ative Name:				
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Check here if attachments are property Owner or Owner's Authorized Address:  City:  Signature:  Telephone:	rovided (includ	ative Name:				
Check here if attachments are property Owner or Owner's Authorized Address:  City:  Signature:  Telephone:	rovided (includ	ative Name:				

# ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:			FOR INSURANCE COMPANY USE	
_524 SUN COLONY BLVD. City: LONGS	State: SC	ZIP Code:	29568	Policy Number:

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One Caption: FRONT LEFT VIEW 01/23/2024

Clear Photo One



Photo Two Caption: FRONT RIGHT VIEW 01/23/2024

Clear Photo Two

# ELEVATION CERTIFICATE IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19 BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Ap	t., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
524 SUN COLONY BLVD. City: LONGS	State: SC	ZIP Code: 29568	Policy Number:  Company NAIC Number:

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three Caption: REAR RIGHT VIEW 01/23/2024

Clear Photo Three



Photo Four Caption: REAR LEFT VIEW 01/23/2024

Clear Photo Four