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

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

131196

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 Own Black Water Cove		LC.					Policy Numb	per:	
Box No.	 Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Cypress Flat Ct. 				and	Company NAIC Number:			
City				State			ZIP Code		
Conway		South Carolina					29526		
A3. Property Desi Lot 14 Black Water	A Commence of the commence of	nd Block Numbers, Ta 320-07-02-0002	ax Parcel	Number, Leg	gal Description	n, etc.)			
A4. Building Use	(e.g., Residen	tial, Non-Residential,	Addition	, Accessory,	etc.) Resid	ential			
A5. Latitude/Long	itude: Lat. 3	3°52'55.68"	Long. 78	8°53'57.10"	Horiz	ontal Datu	m: NAD 1	927 × NAD 1983	
A6. Attach at leas	t 2 photograp	hs of the building if th	e Certific	ate is being u	sed to obtain	flood insur	rance.		
A7. Building Diag	ram Number	5							
A8. For a building	with a crawls	pace or enclosure(s):							
a) Square for	otage of crawl	space or enclosure(s))		N/A sq ft				
b) Number of	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0	foot above	e adjacent gra	de N/A	
c) Total net a	rea of flood or	penings in A8.b		N/A sq ir	1				
d) Engineere	d flood openir	ngs? Yes 🗵 Yes	No						
A9. For a building	with an attach	ned garage:							
CA CENTY - MADE CASE TO THE		ned garage		N/A sq f	t				
		ood openings in the at				adiacent	grade N/A		
24.	20	penings in A9.b					<u> </u>		
72				14/1/ 50	1111		-		
d) Engineered	d flood openin	gs? Yes X	No						
	SE	CTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM)	INFORM	ATION		
				B2. County	B2. County Name			B3. State	
Horry County; 450	104			Horry				South Carolina	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Eff	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9.	 Base Flood Elevation(s) (Zone AO, use Base Flood Dep 		
45051C 0395	к	12-16-2021	12-16-2021		AE	16			
		Base Flood Elevation Community Dete				tered in Ite	m B9:		
B11. Indicate ele	vation datum	used for BFE in Item I	B9: 🗌 N	IGVD 1929	X NAVD 198	88 🗆 0	Other/Source:		
B12. Is the buildi	ng located in	a Coastal Barrier Res	ources S	ystem (CBRS	S) area or Othe	erwise Pro	tected Area (0	OPA)? ☐ Yes ⊠ No	
Designation	Date:] CBRS	☐ OPA					
		All .							

131196 815/22 KH9

ELEVATION CERTIFICATE

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MPORTANT: In these spaces, copy the corresponding in	formation fro	om Section A.	FOR INSURAN	CE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Blo 357 Cypress Flat Ct.	dg. No.) or P.	O. Route and Box No.	Policy Number:	
City State		ZIP Code	Company NAIC	Number
Conway South	Carolina	29526		
SECTION E – BUILDING ELEVAT FOR ZONE AO		MATION (SURVEY NO A (WITHOUT BFE)	T REQUIRED)	
For Zones AO and A (without BFE), complete Items E1–E5. I complete Sections A, B,and C. For Items E1–E4, use natural enter meters.				
 Provide elevation information for the following and check the highest adjacent grade (HAG) and the lowest adjacent 			her the elevation is	above or below
a) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet me	ters above or	below the HAG
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet me	ters 🔲 above or	below the LAG.
 For Building Diagrams 6–9 with permanent flood opening the next higher floor (elevation C2.b in 	gs provided in	Section A Items 8 and/	or 9 (see pages 1-	2 of Instructions),
the diagrams) of the building is		feet me	ters above or	below the HAG.
Attached garage (top of slab) is		feet me	ters above or	below the HAG.
Top of platform of machinery and/or equipment servicing the building is		feet me	ters above or	below the HAG.
E5. Zone AO only: If no flood depth number is available, is the floodplain management ordinance? Yes No		oottom floor elevated in a		
			ANTONIA VIETNAMENTA	
SECTION F - PROPERTY OWNER (OR OWNER'S	S REPRESENTATIVE)	CERTIFICATION	
The property owner or owner's authorized representative who community-issued BFE) or Zone AO must sign here. The state	tements in Se	sections A, B, and E for actions A, B, and E are c	Zone A (without a F correct to the best o	FEMA-issued or f my knowledge.
Property Owner or Owner's Authorized Representative's Nam	ne			
Address	Cit	у	State	ZIP Code
Signature	Da	te	Telephone	
Comments				
oninens				

☐ Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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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: 357 Cypress Flat Ct. City State ZIP Code Company NAIC Number Conway South Carolina 29526

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 View Taken 08-04-2022

Clear Photo One



Photo Two Caption Rear View Taken 08-04-2022

Clear Photo Two

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

Form Page 5 of 6

ELEVATION CERTIFICATE

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MPORTANT: In these spaces, copy the corresponduilding Street Address (including Apt., Unit, Suite, a 57 Cypress Flat Ct.	FOR INSURANCE COMPANY US Policy Number:					
State ZIP Code way South Carolina 29526				Company NAIC Number		
SECTION C - BUILDING	ELEVATION INFORMAT	ION (SURVEY R	EQUIR	ED)		
 C1. Building elevations are based on: Const *A new Elevation Certificate will be required wh C2. Elevations – Zones A1–A30, AE, AH, A (with E Complete Items C2.a–h below according to the Benchmark Utilized: SC VRS 	nen construction of the buildir FE), VE, V1-V30, V (with BF	E), AR, AR/A, AR/ n Item A7. In Puert	/AE, AR	/A1-A30,		
Indicate elevation datum used for the elevation	s in items a) through h) below	٧.				
☐ NGVD 1929 🗷 NAVD 1988 ☐ O						
Datum used for building elevations must be the	same as that used for the B	FE.	Ch	eck the me	easurement used.	
a) Top of bottom floor (including basement, cra		24.5		☐ meters		
b) Top of the next higher floor	35.5	× feet	□ meters			
c) Bottom of the lowest horizontal structural m	N/A	X feet	meters			
d) Attached garage (top of slab)	N/A	X feet	meters			
 e) Lowest elevation of machinery or equipmen (Describe type of equipment and location in 	24.5	⊠ feet	meters			
f) Lowest adjacent (finished) grade next to bu	ilding (LAG)		9.5	★ feet	meters	
g) Highest adjacent (finished) grade next to bu	ilding (HAG)		11.1	✓ feet	meters	
Lowest adjacent grade at lowest elevation of structural support	of deck or stairs, including		11.0		meters	
SECTION D - SURVE	OR, ENGINEER, OR ARC	HITECT CERTIF	CATIO	N		
This certification is to be signed and sealed by a lar I certify that the information on this Certificate repre statement may be punishable by fine or imprisonme Were latitude and longitude in Section A provided by	sents my best efforts to interp ent under 18 U.S. Code, Sect	oret the data availa ion 1001.	ible. I ui	nderstand i	ration information. that any false e if attachments.	
Certifier's Name	License Number		1			
Ray R. Eshelman	22753				1111111	
Title				A. Li	NE	
PLS				CVA	age .	
Company Name Palmetto Corp of Conway			- =	130	15	
Address			4 - 3	9	A WE	
3873 Hwy 701 N			1	-0/0		
City	State	ZIP Code	-	1103	48 11.	
Conway	South Carolina	29526		1111111	mm,,	
Signature 25	Date 08-04-2022	Telephone (843) 716-6021	Ext		· ·	
Copy all pages of this Elevation Certificate and all atta	chments for (1) community of	ficial, (2) insurance	agent/c	ompany, ar	d (3) building owne	
Comments (including type of equipment and locatio C2(a),(e). Finished Floor & A/C Unit elevations esta elevations are NAVD1988.	n, per C2(e), if applicable) blished per Supplemental Flo	ood Zone 20 and m	nust hav	e 3' of Fre	e-board. All	

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Policy Number: Building Street Address (including Apt., Unit, Suite, and/or Bldg, No.) or P.O. Route and Box No. 357 Cypress Flat Ct. ZIP Code City State Company NAIC Number Conway South Carolina 29526 SECTION G - COMMUNITY INFORMATION (OPTIONAL) The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. G3. The following information (Items G4–G10) is provided for community floodplain management purposes. G4. Permit Number G5. Date Permit Issued G6. Date Certificate of Compliance/Occupancy Issued ☐ New Construction ☐ Substantial Improvement G7. This permit has been issued for: Elevation of as-built lowest floor (including basement) of the building: feet meters Datum ☐ feet ☐ meters G9. BFE or (in Zone AO) depth of flooding at the building site: Datum feet meters G10. Community's design flood elevation: Datum Title Local Official's Name Telephone Community Name Date Signature Comments (including type of equipment and location, per C2(e), if applicable) Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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Building Street Address (includ 357 Cypress Flat Ct.	ing Apt., Unit, Suite, and/or Bldg. No.) or P	P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
Conway	South Carolina	29526	l'

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 Three Caption Left View Taken 08-04-2022

Clear Photo Three



Photo Four Caption Right View Taken 08-04-2022

Clear Photo Four

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

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