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 CERTIFICATEIMPORTANT: 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: MUNGO HOMES COASTAL DIVISION	Policy Number:					
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 235 AVERYVILLE DRIVE	Company NAIC Number:					
City: CONWAY State: SC	ZIP Code: 29526					
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel NumLOT 76 PHASE 2 SUGARLOAF SUBD. PHASE 2 (PIN# 345-06-03-0024)	nber:					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL						
A5. Latitude/Longitude: Lat. 33-50-57.6 Long. 078-49-39.8 Horizontal Datum: N	AD 1927 ⊠NAD 1983 □ WGS 84					
A6. Attach at least two and when possible four clear photographs (one for each side) of the building	(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):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 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	ons): 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: 374.00 sq. ft.						
b) Is there at least one permanent flood opening on two different sides of the attached garage?	Yes No No					
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: N/A Engineered flood openings: N/A						
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	ons): 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) INFORMATION						
B1.a. NFIP Community Name: HORRY COUNTY B1.b. NFIP Community Idea	ntification Number: 450104					
B2. County Name: HORRY COUNTY B3. State: SC B4. Map/Panel No.: 4	15051C 0580 B5. Suffix: K					
B6. FIRM Index Date: 12/16/2021 B7. FIRM Panel Effective/Revised Date: 12/16/202	21					
B8. Flood Zone(s): X 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 ☐ FIRM ☐ Community Determined ☐ Other:						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 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)?					
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No					

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	FOR INSURANCE COMPANY USE					
235 AVERYVILLE DRIVE	Policy Number:					
City: CONWAY State: SC ZIP Code: 29526	Company NAIC Number:					
SECTION C - BUILDING ELEVATION INFORMATION (SUR)	/EY REQUIRED)					
C1. Building elevations are based on: Construction Drawings* Building Under Cons*A new Elevation Certificate will be required when construction of the building is complete.	struction* Finished Construction					
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: GPS / TBM Vertical Datum: NAVD 88						
Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other:						
Datum used for building elevations must be the same as that used for the BFE. Conversion factor of Yes, describe the source of the conversion factor in the Section D Comments area.	tor used? Yes No Check the measurement used:					
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	24.30 Seet measurement used.					
b) Top of the next higher floor (see Instructions):	N/A feet meters					
c) Bottom of the lowest horizontal structural member (see Instructions):	N/A feet meters					
d) Attached garage (top of slab):	23.90 🔀 feet 🗌 meters					
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	24.30 🛛 feet 🗌 meters					
f) Lowest Adjacent Grade (LAG) next to building: Natural Finished	23.00 🔀 feet 🗌 meters					
g) Highest Adjacent Grade (HAG) next to building: Natural Finished	23.60 🛛 feet 🗌 meters					
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	23.40 🔀 feet 🗌 meters					
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT C	ERTIFICATION					
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.						
Were latitude and longitude in Section A provided by a licensed land surveyor? ⊠ Yes ☐ N	lo					
☐ Check here if attachments and describe in the Comments area.						
Certifier's Name: J. JASON COX License Number: 26950						
Title: OWNER						
Company Name: COX SURVEYORS & ASSOCIATES, LLC						
Address: 4325 DICK POND ROAD, SUITE A City: MYRTLE BEACH State: SC ZIP Code: 29588						
City: MYRTLE BEACH State: SC ZIP Code: 29588						
Signature:						
Telephone: (843) 650-1500 Ext.: Email: jcox-csa@sccoast.net						
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.						
Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments): C2e is the air conditioner pad on the left side of the house. Pictures of house shown in the attachment sections.						
OZE IS the all conditioner pad on the left side of the house. Pictures of house snown li	i uie allaciiiieiil Seclioiis.					

Building Street Address (including 235 AVERYVILLE DRIVE	Apt., Unit, Suite, and/or Bldg. No	o.) or P.O. Route	and Bo	ox No.:		ICE COMPANY USE
City: CONWAY	State: SC	ZIP Code	: 2952	6	Policy Number:	Niversia
					Company NAIC	Number:
SECTION E	- BUILDING MEASUREME FOR ZONE AO, ZONE AR			•		D)
For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, 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 measurement is above or be	a in applicable Building Diagra low the natural HAG and the LA	m) for the follow AG.	ving an	d check the	appropriate boxes	to show whether the
a) Top of bottom floor (inclu crawlspace, or enclosure] feet	meters	above or	below the HAG.
b) Top of bottom floor (inclu crawlspace, or enclosure			feet	meters	above or	below the LAG.
E2. For Building Diagrams 6–9 v next higher floor (C2.b in app Building Diagram) of the buil	olicable	provided in Sec	tion A I	tems 8 and/o		2 of Instructions), the below the HAG.
E3. Attached garage (top of slab			feet	☐ meters		below the HAG.
E4. Top of platform of machinery servicing the building is:	and/or equipment		feet	meters	☐ above or	below the HAG.
E5. Zone AO only: If no flood de floodplain management ordin	pth number is available, is the t					e community's rmation in Section G.
SECTION F - PROP	ERTY OWNER (OR OWNE	R'S AUTHOR	IZED I	REPRESE	NTATIVE) CERT	IFICATION
The property owner or owner's at sign here. The statements in Sec					Zone A (without BF	E) or Zone AO must
Check here if attachments ar	nd describe in the Comments ar	ea.				
Property Owner or Owner's Author	orized Representative Name:					
Address:						
O:t				State:	ZIP Code:	
Signature:		Da	ate:			
Telephone:	Ext.: Email:					
Comments:						
						COX SURVEYORS ZELLC LLC
						No. 4099

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P 235 AVERYVILLE DRIVE	FOR INSURANCE COMPANY USE					
City: CONWAY State: SC Z	ZIP Code: <u>29526</u>	Policy Number: Company NAIC Number:				
SECTION G – COMMUNITY INFORMATION (RECOMM	ENDED FOR COMMUNITY	Y OFFICIAL COMPLETION)				
The local official who is authorized by law or ordinance to administer the Section A, B, C, E, G, or H of this Elevation Certificate. Complete the a						
G1. 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)						
G2.a. A local official completed Section E for a building located in E5 is completed for a building located in Zone AO.	a Zone A (without a BFE), Zone	e AO, or Zone AR/AO, or when item				
G2.b. A local official completed Section H for insurance purposes	s.					
G3.	bes specific corrections to the	information in Sections A, B, E and H.				
G4.	ommunity floodplain managem	nent purposes.				
G5. Permit Number: 159796 G6. Date Perm	nit Issued: 03/27/2023					
G7. Date Certificate of Compliance/Occupancy Issued:						
G8. This permit has been issued for: ☑ New Construction ☐ S	ubstantial 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:		meters				
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 structural member:	☐ feet ☐	meters Datum:				
G11. Variance issued? ☐ Yes ☑ No If yes, attach document	ation and describe in the Com	ments area.				
The local official who provides information in Section G must sign here. I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.						
Local Official's Name: Lauren Harrelson	Title: Flood Hazar	d Reduction Control Officer				
NFIP Community Name:						
Address:						
City:		ZIP Code:				
Signature: Lauren Harrelson	Date: 08/01/2023					
Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):						
C2 NAVD 1988						

Building Street Address (including Ap	t., Unit, Suite, and	l/or Bldg. No.) d	or P.O. Route and B	ox No.:	FOR INSURANCE COMPANY	USE
235 AVERYVILLE DRIVE			Policy Number:			
City: CONWAY	S	tate: SC	_ ZIP Code: <u>2952</u>	20	Company NAIC Number:	
			R HEIGHT INFO OR INSURANCE		OR ALL ZONES ONLY)	
The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.						
H1. Provide the height of the top of	the floor (as indic	cated in Found	lation Type Diagrar	ns) above the	Lowest Adjacent Grade (LAG):	
 a) For Building Diagrams 1A floor (include above-grade floor subgrade crawlspaces or enclo 	s only for building			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 all Machinery and Equipmen H2 arrow (shown in the Founda Yes No						by the
SECTION I - PROPER	RTY OWNER (O	R OWNER'S	AUTHORIZED	REPRESEN	TATIVE) CERTIFICATION	
The property owner or owner's auth A, B, and H are correct to the best of indicate in Item G2.b and sign Section	of my knowledge.					
Check here if attachments are p	rovided (including	g required phot	tos) and describe e	ach attachme	nt in the Comments area.	
Property Owner or Owner's Authoriz	zed Representativ	ve Name:				
Address:						
City:				State:	ZIP Code:	
Signature:			Date:			
Telephone:	Ext.:	Email:				
Comments:						

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
235 AVERYVILLE DRIVE	Dalias Numaham			
City: CONWAY	State:	sc	ZIP Code: 29526	Policy Number:
				Company NAIC 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

Photo One Caption: Right Front View: 07/24/2023

Clear Photo One



Photo Two

Photo Two Caption: Left Front View: 07/24/2023

Clear Photo Two

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

	Continuat	ion Page	
Building Street Address (including A 235 AVERYVILLE DRIVE	pt., Unit, Suite, and/or Bldg. No.) or F	P.O. Route and Box No.:	FOR INSURANCE COMPANY USE
City: CONWAY	State: SC 2	ZIP Code: 29526	Policy Number: Company NAIC Number:
Insert the third and fourth photogra View," or "Left Side View." When fl vents, as indicated in Sections A8		with the date taken and "Fron at least one close-up photogra	It View," "Rear View," "Right Side iph of representative flood openings or
	Photo	Three	
Photo Three Caption: Rear View	07/24/2023		Clear Photo Three
	Photo	Four	
Photo Four Caption:			Clear Photo Four