aure for inspecta OMB No. 1660 Federal Emergency Management Agency Expiration Date: November 30, 2018 National Flood Insurance Program 69345 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/comban SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPANY USE A1. Building Owner's Name Policy Number: A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: ZIP Code A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) NAD 1927 NAD 1983 Long. A5. Latitude/Longitude: Lat. Horizontal Datum: [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) b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b d) Engineered flood openings? Yes You A9. For a building with an attached garage: a) Square footage of attached garage b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade c) Total net area of flood openings in A9.b d) Engineered flood openings? Yes X No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. State B1. NFIP Community Name & Community Number B2. County Name FIRM Panel B9. Base Flood Elevation(s) B5. Suffix FIRM Index B8 Floo B4. Map/Panel (Zone AO, use Base Flood Depth) Effective/ Zone(s) Number Revised Date 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:

Designation Date:

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes

B11. Indicate elevation datum used for BFE in Item B9: V NGVD 1929 NAVD 1988 Other/Source

CBRS OPA

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

MPORTANT: 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 PO Route and Box No.	Policy Number:
City CONYLLY State ZIP Code 29327	Company NAIC Number
SÉCTION E – BUILDING ELEVATION INFORMATION (SURVEY NO FOR ZONE AO AND ZONE A (WITHOUT BFE)	OT REQUIRED)
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurenter meters.	t a LOMA or LOMR-F request, rement used. In Puerto Rico only,
 Provide elevation information for the following and check the appropriate boxes to show whether the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). 	her the elevation is above or below
a) Top of bottom floor (including basement, crawlspace, or enclosure) is	ters above or below the HAG
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	ters above or below the LAG
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/ the next higher floor (elevation C2.b in the diagrams) of the building is	
E3. Attached garage (top of slab) is	ters above or below the HAG.
4. Top of platform of machinery and/or equipment servicing the building is	ters above or below the HAG.
5. Zone AO only: If no flood depth number is available, is the top of the bottom floor levated in floodplain management ordinance? Yes No Unknown The local must	accordance with the community's st certify this information in Section G.
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE)	CERTIFICATION
The property owner or owner's authorized representative who completes Sections A, B, and E for community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are community-issued BFE)	Zone A (without a FEMA-issued or correct to the best of my knowledge.
Property Owner or Owner's Authorized Representative's Name	80 29577
ELOISE C. Prince VCONWAY	State ZIP Code
72 20 Pauley SWAMP Rd 4-26-17	843-397-2700
Signature Date	Telephone
Comments	
	Check here if attachments.