## U.S. DEPARTMENT OF HOMELAND SECURITY

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expires February 28, 2009

Federal Emergency Management Agency National Flood Insurance Program

Important: Read the instructions on pages 1-8.

Traditional Floor modification regions			
SECTION A - PROPERTY INFORMATION	For Insurance Company Use:		
A1. Building Owner's Name ANN B. LOVE	Policy Number		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  114-A SOUTH DOGWOOD	Company NAIC Number		
City State ZIP Code SURFSIDE BEACH, SOUTH CAROLINA 29587			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	4-08-081		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)  A5. Latitude/Longitude: Lat Long. N33.60501 W078.97443 Horizontal Date A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.  A7. Building Diagram Number 6 A8. For a building with a crawl space or enclosure(s), provide a) Square footage of crawl space or enclosure(s)  A8. For a building with a crawl space or enclosure(s) and Square footage of an Square foo	<b>~</b> • • • • • • • • • • • • • • • • • • •		
b) No. of permanent flood openings in the crawl space or b) No. of permanent flo	ood openings in the attached garage above adjacent grade		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATI			
B1. NFIP Community Name & Community Number B2. County Name	B3. State		
TOWN OF SURFSIDE BEACH 450111 HORRY	S.C.		
B4. Map/Panel Number         B5. Suffix         B6. FIRM Index Date         B7. FIRM Panel         B8. Flood Effective/Revised Date           45051C0751         H         8/23/99         8/23/99         AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)  16 ft.		
310. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.  ☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other (Describe)  311. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe)  312. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☐ No Designation Date ☐ CBRS ☐ OPA			
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQU	IRED)		
Building elevations are based on:  Construction Drawings* Building Under Construction*  Finished Construction  *A new Elevation Certificate will be required when construction of the building is complete.  Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.  Benchmark Utilized Vertical Datumnqvd 1929			
Conversion/Comments Check the measur	rement used.		
b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) f) Lowest adjacent (finished) grade (LAG)  [22.00] [7] [8] [9] [9] [10] [11.30] [7] [8] [9] [9] [11.30] [8] [9] [9] [9] [9] [9] [9] [9] [9] [9] [9	eters (Puerto Rico only)		
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICAT			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevinformation. I certify that the information on this Certificate represents my best efforts to interpret the data available. If understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.  Check here if comments are provided on back of form.	ation		
Certifier's Name License Number			
JAMES R. BLANTON P.L.S. 15511  Company Name BLANTON LAND SURVEYING, INC.  dress City State ZIP Code	for nath		
P.O. BOX 273 MYRTLE BEACH S.C. 29578  Signature 1/15/07 (843) 236-2803	1/15/07		
1013) 200-2003			

IMPORTANT: In these spaces, copy the corres		والمرابع والمرابع والمرابع والمرابع والمرابع المرابع والمرابع والم	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/o 114-A SOUTH DOGWOO	<u> </u>	ox No.	Policy Number
City State ZIP Code SURFSIDE BEACH, SOU	TH_CAROLINA 2	9587	Company NAIC Number
SECTION D - SURVEYO	R, ENGINEER, OR ARCHITEC	CT CERTIFICATION (CON	ITINUED)
Copy both sides of this Elevation Certificate for (1) comm	nunity official, (2) insurance agent/	company, and (3) building ow	ner.
C2 (e) - AC UNIT			
<del></del>			'
fun kthe	<u> </u>	15-07	
Signature	Date		Check here if attachments
SECTION E - BUILDING ELEVATION INFOR	MATION (SURVEY NOT REQ	UIRED) FOR ZONE AO A	ND ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), complete Items E1- and C. For Items E1-E4, use natural grade, if available. E1. Provide elevation information for the following and grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawl s b) Top of bottom floor (including basement, crawl s E2. For Building Diagrams 6-8 with permanent flood op (elevation C2.b in the diagrams) of the building is E3. Attached garage (top of slab) is E4. Top of platform of machinery and/or equipment ser E5. Zone AO only: If no flood depth number is availabl ordinance?	Check the measurement used. In check the appropriate boxes to shounce, or enclosure) is	n Puerto Rico only, enter meter ow whether the elevation is at feet meters a s 8 and/or 9 (see page 8 of Ingress above or below the I below the HAG feet meters above wated in accordance with the	ers.  bove or below the highest adjacent above or  below the HAG.  above or  below the LAG.  structions), the next higher floor HAG.
SECTION F - PROPERTY	OWNER (OR OWNER'S REF	PRESENTATIVE) CERTIF	ICATION
The property owner or owner's authorized representative	· · · · · · · · · · · · · · · · · · ·		
or Zone AO must sign here. <i>The statements in Sections</i> Property Owner's or Owner's Authorized Representative'	<u> </u>	of my knowledge.	
Address	City	State	ZIP Code
Signature	Date	Telephon	е
Comments			
			Check here if attachments
SECTION	G - COMMUNITY INFORMAT	TION (OPTIONAL)	
The local official who is authorized by law or ordinance to a nd G of this Elevation Certificate. Complete the applicable 1.   The information in Section C was taken from other is authorized by law to certify elevation information.	e item(s) and sign below. Check to er documentation that has been sign	he measurement used in Item gned and sealed by a licensed	s G8. and G9. d surveyor, engineer, or architect who
2. A community official completed Section E for a b			issued BFE) or Zone AO.
33. The following information (Items G4G9.) is prov	ided for community floodplain mar	nagement purposes.	
G4. Permit Number G5. Date Permit	: Issued C	G6. Date Certificate Of Compl	iance/Occupancy Issued
7. This permit has been issued for: New Constru	•		
8. Elevation of as-built lowest floor (including basement) o		eet 📋 meters (PR) Datum _	
<ol> <li>BFE or (in Zone AO) depth of flooding at the building si</li> </ol>	ite: f	eet	
Local Official's Name	Title		
Community Name	Teleph	one	
Signature	Date		
Comments			
		•	
	<del></del>		
			Check here if attachments

## Building Photographs See Instructions for Item A6.

Building	Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box I	For Insurance Company Use:  No. Policy Number
	114-A SOUTH DOGWOOD	
City	State ZIP Code SURFSIDE BEACH, SOUTH CAROLINA 29587	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.



FRONT 1-15-07

