

ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

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

| | |
|---|---|
| A1. Building Owner's Name Fox Chase Builders LLC | FOR INSURANCE COMPANY USE Policy Number: _____ Company NAIC Number: _____ |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 119-A 14th Avenue North | Zip Code 29575 |
| City Surfside Beach | State SC |

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 7-A, Block 24-B, Lakewood Section TMS #191-16-20-007

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **Residential**

A5. Latitude/Longitude: Lat. **33.61587** Long. **-78.96391** Horizontal Datum: NAD 1927 NAD 1983

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 crawlspace or enclosure(s):

A9. For a building with an attached garage:

- | | | |
|---|--|--|
| a) Square footage of crawlspace or enclosure(s) 280 sq ft | a) Square footage of attached garage n/a sq ft | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 4 | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade n/a | |
| c) Total net area of flood openings in A8.b 864 sq in | c) Total net area of flood openings in A9.b n/a sq in | |
| d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No | d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No | |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number **450111** B2. County Name **Horry** B3. State **SC**
Town of Surfside Beach

B4. Map/Panel Number **45051c0752** B5. Suffix **H** B6. FIRM Index Date **09/17/2003** B7. FIRM Panel Effective/ Revised Date **8/23/1999** B8. Flood Zone(s) **AE** B9. Base Flood Elevation(s) (Zone AO, use base flood depth) **16ft.**

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: _____

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 Protected Area (OPA)? Yes No

Designation Date: CBRS OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. 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.

C2. 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-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: **5CC-5130** Vertical Datum: **1929**

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988

Other/Source: _____



Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | |
|--|--------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 13.35 | <input checked="" type="radio"/> feet <input type="radio"/> meters |
| b) Top of the next higher floor | 23.13 | <input type="radio"/> feet <input type="radio"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | n/a. | <input type="radio"/> feet <input type="radio"/> meters |
| d) Attached garage (top of slab) | n/a. | <input type="radio"/> feet <input type="radio"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | 23.13 | <input checked="" type="radio"/> feet <input type="radio"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 11.4 | <input type="radio"/> feet <input type="radio"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 13.1 | <input type="radio"/> feet <input type="radio"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | 13.15 | <input checked="" type="radio"/> feet <input type="radio"/> meters |

ELEVATION CERTIFICATE, page 2

OMB Control Number: 1660-0008
Expiration: 11/30/2018

| | | | |
|--|-----------------------------|----------------------------------|--------------------------|
| 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. 119-A 14th Avenue North | | Policy Number: | |
| City Surfside Beach | State SC | Zip Code 29575 | Company NAIC Number: |
| SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION | | | |
| This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by 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. | | | |
| <input type="checkbox"/> Check here if attachments. Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| Certifier's Name James R. Blanton | | License Number 15511 | |
| Title Land Surveyor | | | |
| Company Name Blanton Land Surveying Inc | | | |
| Address 2596 Riverside Drive | City Myrtle Beach | State SC | Zip Code 29579 |
| Signature  | Date 5/09/2016 | Telephone 843-236-2803 | |
| Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner. | | | |
| Comments (including type of equipment and location, per C2(e), if applicable) A8 (a-d) Storage Room & Garage C2 (a) Storage Room & Garage C2 (b) First Floor Finished floor C2 (e) Hot water Heater on first floor | | | |
| Signature  | | Date 5/9/16 | |
| SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) | | | |
| For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters. | | | |
| E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG. b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG. E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG. E3. Attached garage (top of slab) is _____ feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG. E4. Top of platform of machinery and /or equipment servicing the building is _____ feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG. E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown. The local official must 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 Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge. | | | |
| Property Owner or Owner's Authorized Representative's Name | | | |
| Address | | City | State |
| Signature | | Date | Telephone |
| Comments | | | |
| <input type="checkbox"/> Check here if attachments. | | | |

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BUILDING PHOTOGRAPHS
See instructions for Item A6.

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Expiration: 11/30/2018

| | |
|--|---------------------------|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 119-A 14th Avenue North | |
| City Surfside Beach | State SC |
| Zip Code 29575 | FOR INSURANCE COMPANY USE |
| | Policy Number: |
| | Company NAIC Number: |

If within the Florida State...

FRONT 5-7-16



REAR 5-7-16

