

U.S. DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
 National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

| SECTION A - PROPERTY INFORMATION | | FOR INSURANCE COMPANY USE | | | |
|---|---|---------------------------|-------|----------|-------|
| A1. Building Owner's Name | DEBRA HAMBY | Policy Number: | | | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or R.O. Route and Box No. | 119A 9TH AVENUE NORTH | Company NAIC Number: | | | |
| City | SURFSIDE BEACH | State | SC | ZIP Code | 29575 |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 7-A, BLOCK 19-B, LAKEWOOD SECTION TMS 191-16-16-007 | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL | | | | | |
| A5. Latitude/Longitude: Lat. 33°38'44.7018" N Long. 78°58'02.0030" W Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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): | | | | | |
| a) Square footage of crawlspace or enclosure(s) | 212 | sq ft | | | |
| b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade | 3 | | | | |
| c) Total net area of flood openings in A8.b | 140 | sq in | | | |
| d) Engineered flood openings? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| A9. For a building with an attached garage: | | | | | |
| a) Square footage of attached garage | N/A | | sq ft | | |
| 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 A9.b | N/A | | sq in | | |
| d) Engineered flood openings? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |

| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
|---|-----------------|-----------------------------------|---|-------------------------|---|
| B1. NFIP Community Name & Community Number TOWN OF SURFSIDE BEACH 450111 | | | B2. County Name HORRY | | B3. State SC |
| B4. Map/Panel Number 45051C0752 | B5. Suffix H | B6. FIRM Index Date 09/17/2003 | B7. FIRM Panel Effective/Revised Date 08/23/1999 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 16 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Outstanding Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ / _____ / _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | |

| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | |
|---|-----------|
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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: GPS Vertical Datum: NGVD 29 Indicate elevation datum used for the elevations in Items a) through h) below. <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ Datum used for building elevations must be the same as that used for the BFE. | |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 12.2 feet |
| b) Top of the next higher floor | 21.4 feet |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A |
| d) Attached garage (top of slab) | N/A |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | 19.8 feet |
| f) Lowest adjacent (finished) grade next to building (LAG) | 10.6 feet |
| g) Highest adjacent (finished) grade next to building (HAG) | 12.3 feet |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | N/A |

| SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION | | | |
|--|---|-----------------------------|-------------------|
| This certification is to be signed and sealed by the surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this form represents my best efforts to interpret the data available. I understand that any false statements may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. | | | |
| <input checked="" type="checkbox"/> Check here if comments are provided on back of form. <input type="checkbox"/> Check here if attachments. | | | |
| Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Certifier's Name MICHAEL S CULLER, III | CULLER LAND SURVEYING III, INC. NO. 4590 | License Number 29114 | |
| Title PRESIDENT | Company Name CULLER LAND SURVEYING III, INC. | | |
| Address 1010 5th AVE. NW EXT | City SURFSIDE BEACH | State SC | ZIP Code 29575 |
| Signature <i>Michael S. Culler, III</i> | Date 04/10/2015 | Telephone (843) 238-2333 | |

Michael S. Culler, III
 SEAL
 HERE

ELEVATION CERTIFICATE, page 2

| | | | | |
|--|-------------|-------------------|----------------------------------|--|
| 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. 119A 9TH AVENUE NORTH | | | Policy Number: | |
| City SURFSIDE BEACH | State SC | ZIP Code 29575 | Company NAIC Number: | |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments ITEM C2-A REFERS TO ENCLOSURE BELOW. ITEM C2-E REFERS TO HVAC UNIT.

Signature *Muchal F. Calera* Date 04/10/2015

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 meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters above or 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? Yes No 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 _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments.

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.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. 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-G9) is provided for community floodplain management purposes.

| | | |
|-------------------------|------------------------------|---|
| G4. Permit Number _____ | G5. Date Permit Issued _____ | G6. Date Certificate Of Compliance/Occupancy Issued _____ |
|-------------------------|------------------------------|---|

- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____
- G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments.