

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. 1680-0008
Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name: Susan L. and Jon Baker		Policy Number:
A2. Building Street Address (Including Apt., Unit, Suite, and/or Wing No.) or PO, Route and Box No. 1814A North Ocean Boulevard		Company NAL Number:
City: Surfside Beach State: SC		ZIP Code: 29575
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 3A Block 23B Lakewood Section Tax No 191-16-31-003		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential		
A5. Latitude/Longitude: Lat. 33-36-57.8 , Long. 79-57-46.3		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input 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 3		
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) N/A 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 N/A		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 N/A sq ft		c) Total net area of flood openings in A9.b N/A sq ft
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 430211	B2. County Name Horry County		B3. State SC		
B4. Map/Panel Number 45051C07B2	B5. Suffix H	B6. FIRM Index Date 09/17/2003	B7. FIRM Flood Effective/Revised Date 09/23/1999	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone No. 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 Otherwise 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) #21941	
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/AE, AR/AE, AR/A1-A30, AR/AN, AR/AD. Complete items C2.a-h below according to the building diagram specified in item A7. In Puerto Rico only, enter meters. Benchmark Utilized: SCURS Vertical Datum: NAVD 08	
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)	<u>10.7</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>N/A</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment inside the building (Specify the type of equipment and location in Comments)	<u>10.4</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent finished grade next to building (IAG)	<u>10.0</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent finished grade next to building (HAG)	<u>10.1</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>N/A</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters


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 checked="" type="checkbox"/> Check here if comments are provided on back of form. <input type="checkbox"/> Check here if attachments.	
Where latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature: W.A. Hurdley III Title: RLS Address: 7760 Fallen Timber Dr. City: Myrtle Beach State: SC Zip Code: 29588 Telephone: (843) 238-8745 Date: 07/24/2015	License Number: 6809 Company Name: Hurdley and Associates, Inc. City: Myrtle Beach State: SC Zip Code: 29588 Telephone: (843) 238-8745

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IMPORTANT: In those areas, 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. 1414A North Ocean Boulevard		Policy Number:	
City Surfside Beach	State SC	ZIP Code 29675	Company NAIC Number:

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) #21941

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.
Comments: Machinery servicing building in Item C.2.a is air conditioning.

Signature:  Date: 07/24/2015

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 LOMRF request, complete Sections A, B, and C. For Items E2-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 B-1 with permanent flood openings provided in Section A items B and/or C (see pages 3-5 of instructions), the next higher floor (elevation G2.6 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 ordinances? 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 owners' 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 Item F 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 (for Z), and G of this Elevation Certificate. Complete the applicable items and sign below. Check the measurement used in Items G6-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-G10) is provided for community floodplain management purposes.

G4. Permit Number _____	G6. Date Permit Issued _____	G5. Date Certificate of Compliance/Occupancy Issued _____
G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of finished lowest floor (including basement) of the building: _____	<input type="checkbox"/> feet <input type="checkbox"/> meters	Date: _____
G9. BFE or (in Zone AO) depth of flooding at the building site: _____	<input type="checkbox"/> feet <input type="checkbox"/> meters	Date: _____
G10. Community's design flood elevation: _____	<input type="checkbox"/> feet <input type="checkbox"/> meters	Date: _____
Local Official's Name _____	Title _____	
Community Name _____	Telephone _____	
Signature _____	Date _____	
Comments _____		

Check Item G attachments.

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BUILDING PHOTOGRAPHS

See instructions for Item A6.

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. 14 14A North Ocean Boulevard			Policy Number:
City Surfside Beach	State SC	FIP Code 29575	Company NMC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 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." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



7-23-15

