

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

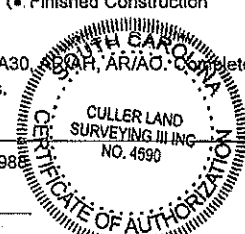
ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

OMB Control Number: 1650-0008
Expiration: 11/30/2018

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

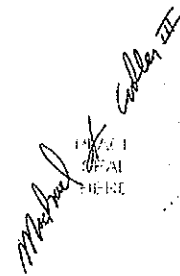
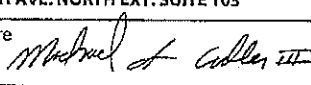
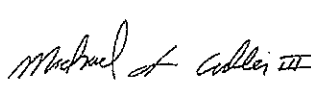
SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name COLLUMS TIMBER INVESTMENTS, LLC				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 611-A NORTH OCEAN BLVD				Company NAIC Number:	
City SURFSIDE BEACH		State SC		Zip Code 29575	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 1-A, BLOCK 17-A, LAKEWOOD SECTION (TMS: 191-16-07-004)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat. <u>33°36'35.99"N</u> Long. <u>78°58'03.89E</u> Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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 <u>5</u>					
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) <u>N/A</u> sq ft		a) Square footage of attached garage <u>N/A</u> sq ft			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>			
c) Total net area of flood openings in A8.b <u>N/A</u> sq in		c) Total net area of flood openings in A9.b <u>N/A</u> 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 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) 17
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> 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: <u>SCVRS</u> Vertical Datum: <u>NGVD 29</u>					
Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> 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)	<u>18.2</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
b) Top of the next higher floor	<u>28.2</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A.</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
d) Attached garage (top of slab)	<u>N/A.</u>	<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)	<u>18.1</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
f) Lowest adjacent (finished) grade next to building (LAG)	<u>8.3</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
g) Highest adjacent (finished) grade next to building (HAG)	<u>8.9</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>N/A.</u>	<input type="radio"/> feet	<input type="radio"/> meters		



Michael J. Culler III

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. 611-A NORTH OCEAN BLVD			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 checked="" 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 MICHAEL S. CULLER, III		License Number 29114				
Title PRESIDENT		Company Name CULLER LAND SURVEYING III				
Address 1010 5TH AVE. NORTH EXT. SUITE 103		City SURFSIDE BEACH	State SC			Zip Code 29575
Signature 		Date 06/06/2016	Telephone (843) 238-2333			
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) ITEM C2-E REFERS TO THE HVAC UNIT. 						
Signature			Date 06/06/2016			
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 _____ . _____ <input type="radio"/> 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 _____ . _____ <input type="radio"/> 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 _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.						
E3. Attached garage (top of slab) is _____ . _____ <input type="radio"/> 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 _____ . _____ <input type="radio"/> 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	ZIP Code		
Signature		Date	Telephone			
Comments						
<input type="checkbox"/> Check here if attachments.						