

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM  
**ELEVATION CERTIFICATE**

O.M.B. No. 3067-0077  
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

**SECTION A - PROPERTY OWNER INFORMATION**

BUILDING OWNER'S NAME <b>HAMP AVANT</b>		For Insurance Company Use: Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <b>711 SOUTH DOGWOOD</b>		Company NAIC Number
CITY <b>SURFSIDE BEACH</b>	STATE <b>SC</b>	ZIP CODE <b>29575</b>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>LOT 9 BLOCK 9 N. GARDEN CITY SECTION</b>		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <b>RES</b>		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.#####")	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <b>SURFSIDE BEACH 450111</b>		B2. COUNTY NAME <b>HORRY</b>	B3. STATE <b>SC</b>
B4. MAP AND PANEL NUMBER <b>45051C0751</b>	B6. SUFFIX <b>H</b>	B6. FIRM INDEX DATE <b>8-23-99</b>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <b>8-23-99</b>
B8. FLOOD ZONE(S) <b>AE</b>		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <b>15</b>	

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe): \_\_\_\_\_

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe): \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No Designation Date \_\_\_\_\_

**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. Building Diagram Number **1** (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIAE, ARIA1-A30, ARIA, ARIA0  
 Complete items C3-a-i below according to the building diagram specified in item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
 Datum **NGVD 1929** Conversion/Comments \_\_\_\_\_

Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM?  Yes  No

a) Top of bottom floor (including basement or enclosure) **10.8 ft.**

b) Top of next higher floor **19.3 ft.**

c) Bottom of lowest horizontal structural member (V zones only) **N/A ft.**

d) Attached garage (top of slab) **N/A ft.**

e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) **10.8 ft.**

f) Lowest adjacent (finished) grade (LAG) **10.1 ft.**

g) Highest adjacent (finished) grade (HAG) **10.2 ft.**

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade **NONE**

i) Total area of all permanent openings (flood vents) in C3.h **NONE** sq. in.

License Number, Embossed Seal, Signature, and Date

**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 in Sections A, B, and C 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.

CERTIFIER'S NAME <b>MICHAEL S. CULLER, JR.</b>	LICENSE NUMBER <b>#5210</b>	CULLER LAND SURVEYING CO., INC. No. C00411	
TITLE <b>R. L. S.</b>	COMPANY NAME <b>CULLER LAND SURVEYING CO., INC.</b>	CITY <b>SURFSIDE BEACH</b>	STATE <b>SC</b>
ADDRESS <b>P. O. BOX 14327</b>	CITY <b>SURFSIDE BEACH</b>	STATE <b>SC</b>	ZIP CODE <b>29587</b>
SIGNATURE 	DATE	TELEPHONE <b>843-238-2333</b>	

**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.		For Insurance Company Use:	
CITY		Policy Number	
STATE	ZIP CODE	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

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

Check here if attachments

For Zone AO and Zone A (without BFE), complete items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number \_\_\_ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_\_ ft.(m) \_\_\_ in.(cm)  above or  below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_\_ ft.(m) \_\_\_ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. For 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, C (Items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DATE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

Check here if attachments

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 as applicable item(s) and sign below.  
Information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local government to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)  
Community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.  
Following information (Items G4-G8) is provided for community floodplain management purposes.

MEMBER _____	G5. DATE PERMIT ISSUED _____	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED _____
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has been issued for:  New Construction  Substantial Improvement  
built lowest floor (including basement) of the building is: \_\_\_\_\_ ft.(m)  
AO) depth of flooding at the building site is: \_\_\_\_\_ ft.(m)

Datum: \_\_\_\_\_  
Datum: \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

DATE \_\_\_\_\_

Check here if attachments