FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires December 31, 2005

Important: Read the instructions on pages 1 - 7.

		SECTION A	- PROPERTY	OWNER INFORMA	TION	Fo	or Insurance Company Use:
BUILDING OWNER'S NAME			***************************************		Windows .	Р	olicy Number
CAROLINE ALDAY				F			
BUILDING STREET ADDRE 303 ATLANTIC AVENUE	SS (Including)	Apt., Unit, Suite, and/or I					ompany NAIC Number
CITY PAWLEYS ISLAND				STATE SC	ZIP (2944	CODE 10	
PROPERTY DESCRIPTION	(Lot and Block	Numbers, Tax Parcel N	lumber, Legal D	escription, etc.)			
BUILDING USE (e.g., Reside	ntial Non-resid	lential Addition Accesso	orveto Usea (Comments area if nec	essary)		
RESIDENTIAL		ionidal, ricalism, ricocci	,,, 0.0.	on morno	,,,,		
LATITUDE/LONGITUDE (OF (##° - ##' - ##.##" or ##.###	PTIONAL) ###°)		NTAL DATUM: ☐ NAD 198		OURCE: GPS (1 USGS		ap Other:
	SE	ECTION B - FLOOD IN	ISURANCE R	ATE MAP (FIRM) IN	FORMATION	~~~	
B1. NFIP COMMUNITY NAME & C	OMMUNITY NUI	MBER B	2. COUNTY NAME			B3. STA	TE
TOWN OF PAWLEYS ISLAND	450255	G	EORGETOWN			SC	
B4. MAP AND PANEL NUMBER 450255 0001	B5. SUFFIX D	B6. FIRM INDEX DATE 3-16-89	EFFECTIV	FIRM PANEL /E/REVISED DATE 3-16-89	B8. FLOOD ZONE(S		BASE FLOOD ELEVATION(S) one AO, use depth of flooding) 15
B10. Indicate the source of the B				ed in B9.			
	FIRM	Community Dete		Other (Descri			
B11. Indicate the elevation datum B12. Is the building located in a C					Other (Describe)		nation Data
b 12. Is the building located in a C	The state of the s	TION C - BUILDING E	107		THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER,	o Desigi	Idilon Date
C4 Duilding aloyations are based						5-5	
C1. Building elevations are based *A new Elevation Certificate v	manufactured to the second of the second		Building Under		Finished Construction	1	
C2. Building Diagram Number 5 (a haina camplatad a	oo bogoo	6 and 7. If no diagram
accurately represents the bui			io the bullding for	which this certificate i	s being completed - s	ee payes	o anu 7. Il no diagram
C3. Elevations – Zones A1-A30,			ith RFF) AR AF	R/A AR/AF AR/A1-A3	N ARIAH ARIAN		
Complete Items C3a-i belov						nt from the	e datum used for the RFF in
Section B, convert the datum	11.75						
Section D or Section G, as a							
Datum NGVD 29 Convers							
Elevation reference mark use	ed <u>4280 C</u> Doe	es the elevation reference	mark used appe	ear on the FIRM?	Yes No	Γ	
o a) Top of bottom floor (incl	uding basemen	nt or enclosure)	<u>15</u> . <u>5</u>	_ft.(m)	'a		
 b) Top of next higher floor 			N/A.	ft.(m)	bossed Seal,	1	
o c) Bottom of lowest horizo	ntal structural m	nember (V zones only)	<u>14</u> .3	<u>s_</u> ft.(m)	osse		100
o d) Attached garage (top of s			<u>N/A</u> ff	:.(m)	9 2	1	5-06-04
o e) Lowest elevation of mad	The state of the s	-0.000000000000000000000000000000000000			Э. В.	0	- 01-04
servicing the building (I		omments area)		_ft.(m)	License Number, Eml Signature, and	0.	3-00
 f) Lowest adjacent (finished 			<u>8</u> . <u>9</u> ft.(m)		Sign		
o g) Highest adjacent (finishe		•		Lft.(m)	ense	1	
o h) No. of permanent openi		5			Ęį		
o i) Total area of all permane	ent openings (flo	ood vents) in C3.h <u>0</u> sq	. in. (sq. cm)				
	SEC	TION D - SURVEYOR	R, ENGINEER,	OR ARCHITECT	ERTIFICATION		
This certification is to be signed							on.
I certify that the information in						able.	
i understand that any false sta			ımprisonment ı			AFFA	
CERTIFIER'S NAME J. LU	ICKEY SANDE	170			LICENSE NUMBER	4554	
TITLE LAND SURVEYOR	***************************************			COMPANY NAME	SANDERS SURVE	YORS	
ADDRESS				CITY	STAT	ΓE	ZIP CODE
210 CLELAND STREET				GEORGETOWN	SC		29440
SIGNATURE				DATE 05-06-04		PHONE 527-2300	

	es, copy the corresponding informat			For Insurance Company Use:
BUILDING STREET ADDRESS (Incl. 303 ATLANTIC AVENUE	uding Apt., Unit, Suite, and/or Bldg. No.) OR P.O. R	ROUTE AND BOX NO.		Policy Number
CITY PAWLEYS ISLAND		STATE SC	ZIP CODE 29585	Company NAIC Number
	SECTION D - SURVEYOR, ENGINEER	R, OR ARCHITECT CE	RTIFICATION (CONTINU	(ED)
Copy both sides of this Elevation	Certificate for (1) community official, (2) insu	rance agent/company, and	(3) building owner.	
COMMENTS				
NO HVAC DUCT WORK UNDER	RHOUSE			
V				Check here if attachments
	ING ELEVATION INFORMATION (SU			
For Zone AO and Zone A (without E	BFE), complete Items E1 through E4. If the E	Elevation Certificate is inter	nded for use as supporting inf	ormation for a LOMA or LOMR-F,
Section C must be completed.	act the huilding diagram most similar to the h	ulding for which this cortifies	da ia haissa assaulata d	0 17 1/2
represents the building, provide	ect the building diagram most similar to the bu a sketch or photograph)	aliding for which this certifica	ate is being completed – see p	ages 6 and 7. If no diagram accurately
	uding basement or enclosure) of the building	isft.(m)in.(cm) [] at	pove or D below (check or	e) the highest adjacent grade (Use
natural grade, if available).				2007 2007
E3. For Building Diagrams 6-8 with	openings (see page 7), the next higher floor o	or elevated floor (elevation l	b) of the building is $ _$ ft.(m)	in.(cm) above the highest adjacent
grade. Complete items C3.h ar		io #/m) in/m.		A. H
natural grade, if available).	nery and/or equipment servicing the building	is_ ic.(m) _in.(cm) [_] ac	pove or below (check on	e) the highest adjacent grade. (Use
	epth number is available, is the top of the bo	ttom floor elevated in accor	dance with the community's	floodolain management ordinance?
Yes No Unknov	vn. The local official must certify this informa	ation in Section G.		81 V S 1
			MTATIVE) CERTIFICAT	ON
	SECTION F - PROPERTY OWNER (OF			
The property owner or owner's auth	norized representative who completes Sectio	ns A, B, C (Items C3.h and	C3.i only), and E for Zone A (
The property owner or owner's auth issued BFE) or Zone AO must sig	norized representative who completes Section nere. <i>The statements in Sections A, B, C,</i>	ns A, B, C (Items C3.h and and E are correct to the be	C3.i only), and E for Zone A (
The property owner or owner's auth issued BFE) or Zone AO must sig	norized representative who completes Sectio	ns A, B, C (Items C3.h and and E are correct to the be	C3.i only), and E for Zone A (
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The property owner or owner's auti issued BFE) or Zone AO must sign PROPERTY OWNER'S OR OWN ADDRESS	norized representative who completes Section nere. <i>The statements in Sections A, B, C,</i>	ns A, B, C (Items C3.h and and E are correct to the be 6 NAME	C3.i only), and E for Zone A (vest of my knowledge.	vithout a FEMA-issued or community-
The property owner or owner's auti issued BFE) or Zone AO must sign PROPERTY OWNER'S OR OWN ADDRESS SIGNATURE	norized representative who completes Section nere. <i>The statements in Sections A, B, C,</i>	ns A, B, C (Items C3.h and and E are correct to the be 6 NAME	C3.i only), and E for Zone A (vest of my knowledge.	vithout a FEMA-issued or community-
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The property owner or owner's autitissued BFE) or Zone AO must signed PROPERTY OWNER'S OR OWN ADDRESS SIGNATURE COMMENTS	norized representative who completes Section here. The statements in Sections A, B, C, IER'S AUTHORIZED REPRESENTATIVE'S SECTION G - COMMU	ns A, B, C (Items C3.h and and E are correct to the be B NAME CITY DATE	C3.i only), and E for Zone A (vest of my knowledge. STA TELE	vithout a FEMA-issued or community- E ZIP CODE PHONE Check here if attachments
The property owner or owner's autissued BFE) or Zone AO must signed PROPERTY OWNER'S OR OWN ADDRESS SIGNATURE COMMENTS The local official who is authorized by	norized representative who completes Section here. The statements in Sections A, B, C, IER'S AUTHORIZED REPRESENTATIVE'S SECTION G - COMMU y law or ordinance to administer the communi	ns A, B, C (Items C3.h and and E are correct to the be B NAME CITY DATE	C3.i only), and E for Zone A (vest of my knowledge. STA TELE	vithout a FEMA-issued or community- E ZIP CODE PHONE Check here if attachments
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