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

F' EVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

						FOR INS	NSURANCE COMPANY USE		
A1. Building Owner's Name Sara G. Moore						Policy Nu	ımber:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Comparison of the							y NAIC Number:		
City Pawleys Island State SC ZIP Code 29585									
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 20, Birds Nest, TMS 42-0175-010-00-00									
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential A5. Latitude/Longitude: Lat. N 33-24-35.6 Long. W 079-07-58.8 Horizontal Datum: NAD 1927 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): A9. For a building with an attached garage: a) Square footage of crawlspace or enclosure(s) 276 sq ft b) Number of permanent flood openings in the crawlspace b) Number of permanent flood openings in the attached garage									
or enclosure(s) with c) Total net area of flo d) Engineered flood o	ood openings in A		<u>0</u> <u>0</u> s		within 1.0 foot above Total net area of flood Engineered flood ope	d openings			
			INSURAN		FIRM) INFORMATION				
B1. NFIP Community Name Town of Pawleys Island 450		Number	B2. Count Georgetov			B3. State	;		
B4. Map/Panel Number 450255 0001	B5. Suffix D	B6. FIRM Index I 3/1/84		B7. FIRM Panel Effective/Revised Dat 3/16/89	B8. Flood Zone(s) VE		tase Flood Elevation(s) (Zone IO, use base flood depth) 15,16		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. ☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other/Source: B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☐ No Designation Date: ☐ OPA									
		N C – BUILDING			ON (SURVEY REQUI	IRED)			
C1. Building elevations are *A new Elevation Certific C2. Elevations – Zones A1– below according to the leaves the leaves are seen as the leaves are seen are seen as the leaves are seen as the leaves are seen are seen as the leaves are seen as the leav	SECTION based on: cate will be required. A30, AE, AH, A (building diagram	Construction Dired when construction (with BFE), VE, V1-	rawings* tion of the bu -V30, V (with 7. In Puerto	Building Uuilding is complete. th BFE), AR, AR/A, A	Under Construction* AR/AE, AR/A1-A30, AR ters.	⊠ Fin	nished Construction O. Complete Items C2.a-h		
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MPORTANT: In these spaces, copy the co	or vonding information fro	om Section A.	F	OR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite 334 Springs Avenue	e, anu/or Bldg. No.) or P.O. Route	and Box No.	P	Policy Number:
City Pawleys Island	State SC	ZIP Code 295	585 C	Company NAIC Number:
SECTION D - SUR	VEYOR, ENGINEER, OR ARC	HITECT CERTI	FICATION (CO	NTINUED)
Copy both sides of this Elevation Certificate for (1)) community official, (2) insurance	agent/company, a	and (3) building ow	vner.
Comments A8. a) ground floor has 2 separate er C2. e) Top of HVAC Pad.	nclosures (storage room and enclo	sed garage) equa	ling 276 square fe	eet total.
DEI				
Signature)	Da	ate 9/6/13		
SECTION E - BUILDING ELEVATION II	NFORMATION (SURVEY NO	required) F	OR ZONE AO	AND ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), complete Iter and C. For Items E1–E4, use natural grade, if ava	ailable. Check the measurement us	sed. In Puerto Ric	o only, enter mete	ers.
 Provide elevation information for the following grade (HAG) and the lowest adjacent grade 		es to show whethe	er the elevation is	above or below the highest adjacen
a) Top of bottom floor (including basement,	crawlspace, or enclosure) is	🔲 fe		
b) Top of bottom floor (including basement,E2. For Building Diagrams 6–9 with permanent			777	above or below the LAG.
(elevation C2.b in the diagrams) of the build	ling is feet [meters above	ve or Delow the	e HAG.
E3. Attached garage (top of slab) is				
E4. Top of platform of machinery and/or equipmE5. Zone AO only: If no flood depth number is a	E) 15 (1510)			
ordinance? ☐ Yes ☐ No ☐ Unknown				o ochimatiky o noodplain managem
	DEDTY OWNED OF OWNED	O DEDDESEN	TATIVE) CERTI	FICATION
SECTION F - PROI	PERTI OWNER (OR OWNER	3 KEPKESEN	.,,	
SECTION F - PROI The property owner or owner's authorized represe or Zone AO must sign here. The statements in Se	entative who completes Sections A	A, B, and E for Zor	ne A (without a FE	
The property owner or owner's authorized represe	entative who completes Sections A ections A, B, and E are correct to the	A, B, and E for Zor	ne A (without a FE	
The property owner or owner's authorized represe or Zone AO must sign here. The statements in Se	entative who completes Sections A ections A, B, and E are correct to the	A, B, and E for Zor	ne A (without a FE	
The property owner or owner's authorized repressor Zone AO must sign here. The statements in Se Property Owner's or Owner's Authorized Represe	entative who completes Sections A ections A, B, and E are correct to the ntative's Name	A, B, and E for Zor ne best of my kno	ne A (without a FE wledge.	MA-issued or community-issued BF
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The property owner or owner's authorized represe or Zone AO must sign here. The statements in Se Property Owner's or Owner's Authorized Represe Address Signature Comments	entative who completes Sections A citions A, B, and E are correct to the ntative's Name City Date CTION G – COMMUNITY INFO	A, B, and E for Zor ne best of my known ORMATION (O	ne A (without a FE wledge. State Telepho	MA-issued or community-issued BF ZIP Code one Check here if attachn
The property owner or owner's authorized representation Zone AO must sign here. The statements in Selection Zone AO must sign here. The statements in Selection Zone Address Address Signature Comments SElection Control Select	cantative who completes Sections A cations A, B, and E are correct to the ntative's Name City Date CTION G – COMMUNITY INFo ce to administer the community's flo item(s) and sign below. Check the	ORMATION (Oloodplain managen	PTIONAL) nent ordinance cared in Items G8–G1	ZIP Code Check here if attachn complete Sections A, B, C (or E), an In Duerto Rico only, enter meters.
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The property owner or owner's authorized represe or Zone AO must sign here. The statements in Se Property Owner's or Owner's Authorized Represe Address Signature Comments SEC The local official who is authorized by law or ordinance in this Elevation Certificate. Complete the applicable 1. The information in Section C was taken for the section C was taken for the section C and the section C are section C and the sectio	cantative who completes Sections A citions A, B, and E are correct to the intative's Name City Date CTION G — COMMUNITY INFormation and sign below. Check the rom other documentation that has afformation. (Indicate the source are	ORMATION (Oleophala measurement use been signed and nd date of the elev	State Telepho PTIONAL) nent ordinance care of in Items G8–G1 sealed by a licens vation data in the 0	ZIP Code Check here if attachm complete Sections A, B, C (or E), at 0. In Puerto Rico only, enter meters. Sed surveyor, engineer, or architect Comments area below.)
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ELEVATION CERTIFICATE, page 3

3uilding PhotographsSee Instructions for Item A6.

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. 634 Springs Avenue

Policy Number:

City Pawleys Island

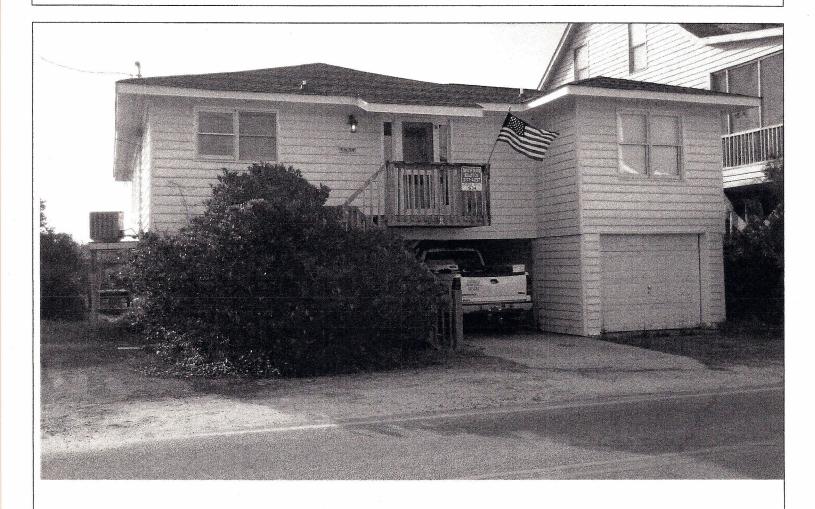
State SC

ZIP Code 29585

Company NAIC Number:

FOR INSURANCE COMPANY USE

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.



ELEVATION CERTIFICATE, page 4

3uilding PhotographsContinuation Page

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.	Policy Number:	
634 Springs Avenue	등 강기가 하는 것 같아 나는 것 같아.	

Company NAIC Number: City Pawleys Island State SC ZIP Code 29585

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.

