

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME DAVID SAVULA		Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 241 MYRTLE AVENUE		Company NAIC Number	
CITY PAWLEYS ISLAND	STATE SC	ZIP CODE 29585	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 52 42-0163-013-00-00			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###.###" or ###.####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER TOWN OF PAWLEYS ISLAND 450255	B2. COUNTY NAME GEORGETOWN	B3. STATE SC

B4. MAP AND PANEL NUMBER 450255 0002	B5. SUFFIX D	B6. FIRM INDEX DATE 3-16-89	B7. FIRM PANEL EFFECTIVE/REVISED DATE 3-16-89	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 14
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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 _____

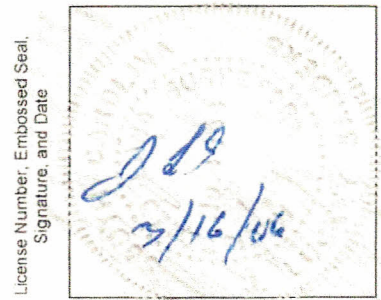
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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 _ (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, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
 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 29 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) 6.45 ft.(m)
- b) Top of next higher floor 16.5 ft.(m)
- c) Bottom of lowest horizontal structural member (V zones only) N/A ft.(m)
- d) Attached garage (top of slab) NA ft.(m)
- e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 15.9 ft.(m)
- f) Lowest adjacent (finished) grade (LAG) 5.7 ft.(m)
- g) Highest adjacent (finished) grade (HAG) 5.7 ft.(m)
- h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 3
- i) Total area of all permanent openings (flood vents) in C3.h 648 sq. in. (sq. cm)



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 J. LUCKEY SANDERS	LICENSE NUMBER 4554		
TITLE LAND SURVEYOR	COMPANY NAME SANDERS SURVEYORS LLC		
ADDRESS 210 CLELAND STREET	CITY GEORGETOWN	STATE SC	ZIP CODE 29440
SIGNATURE <i>J. Luckey Sanders</i>	DATE 3-16-06	TELEPHONE 843-527-2300	