

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

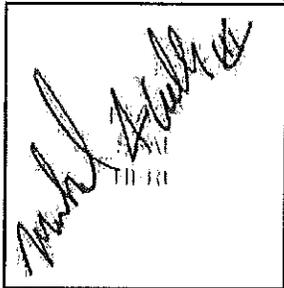
OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE			
A1. Building Owner's Name	PETER N. & CYNTHIA J. STAROSTA	Policy Number:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	213 17TH AVE NORTH	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 16 BLOCK 27-C LAKEWOOD EXTENSION TMS 191-12-02-011				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	RESIDENTIAL				
A5. Latitude/Longitude: Lat. <u>33°37'07.0433" N</u> Long. <u>78°57'44.4331" W</u>	Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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>B</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>1240</u> sq ft	a) Square footage of attached garage	<u>N/A</u> sq ft		
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade	<u>9</u>	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	<u>0</u>		
c) Total net area of flood openings in A8.b	<u>1240</u> sq in	c) Total net area of flood openings in A9.b	<u>0</u> sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. FIRM Community Name & Community Number		B2. County Name		B3. State	
TOWN OF SURFSIDE BEACH 450111		Horry		S.C.	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone A0, use base flood depth)
45051C0752	H	09/17/2003	08/23/1999	AE	16
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: ____/____/____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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>GPS</u> Vertical Datum: <u>NGVD 29</u>	
Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> 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>14.0</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>16.3</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>N/A</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>14.0</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>13.8</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>14.2</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters

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 comments are provided on back of form. <input type="checkbox"/> Check here if attachments.			
Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Certifier's Name	MICHAEL S CULLER, III		
Title	PRESIDENT		
Address	1010 5th AVE. NW EXT		
Signature	<i>Michael S. Culler III</i>		
Company Name	CULLER LAND SURVEYING III, INC.		
City	State	ZIP Code	
SURFSIDE BEACH	SC	29575	
Date	Telephone		
08/20/2013 REV.	(843) 238-2333		



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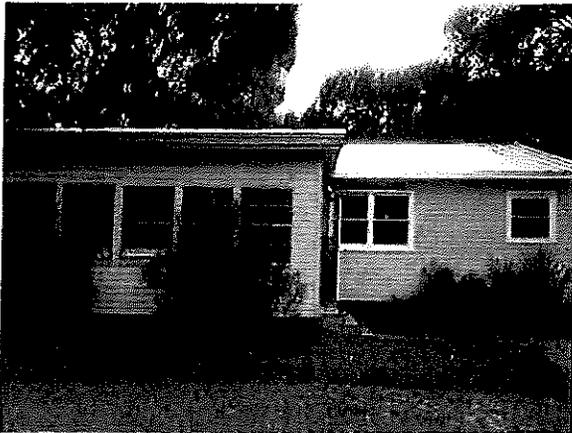
BUILDING PHOTOGRAPHS
See Instructions for Item A6.

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 PO, Route and Box No. 213 17TH AVE NORTH			Policy Number:
City SURFSIDE BEACH	State SC	ZIP Code 29575	Company NAIC Number:

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.

PHOTOGRAPHS TAKEN ON 8/20/13

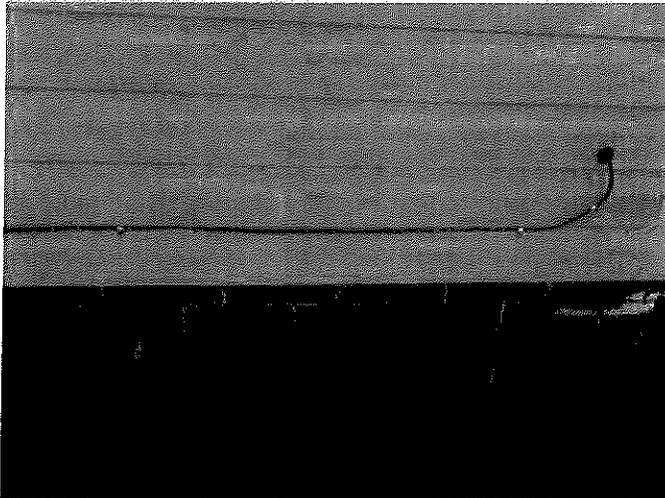
FRONT VIEW



RIGHT SIDE VIEW



VENT VIEW



LEFT SIDE VIEW

