(FAX)

P.001/006

#160429

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

S	ECTION A - PROPERTY	INFOR	NOITAMS	• • • • • • • • • • • • • • • • • • • •	FOR INSU	RANCE COMPANY USI
A1. Building Owner's Name ANDREW CORRIVEAU					Policy Number:	
A2. Building Street Address Box No. 606 NEW STREET (RESIDI			or Bldg. No.) or P.O	. Route and	Company I	NAIC Number:
City			State		ZIP Code	
BEAUFORT			South Carolin		29902	
A3. Property Description (Lo	·	x Parce	el Number, Legal De	escription, etc.)		
A4. Building Use (e.g., Resid	dential, Non-Residential, A	Addition	n, Accessory, etc.)	RESIDENTIAL GL	JEST HOU	SE
A5. Latitude/Longitude: Lat	N32°26'03.89"	Long. V	√80°40'08.13"	Horizontal Datum:	☐ NAD	1927 X NAD 1983
A6. Attach at least 2 photogr	aphs of the building if the	Certific	cate is being used t	o obtain flood insura	nce.	
A7. Building Diagram Numbe	or <u>7</u>					
A8. For a building with a crav	vispace or enclosure(s):					
 a) Square footage of cra 	wispace or enclosure(s)		825 sq ft			
b) Number of permanen	t flood openings in the cra	wispac	æ or enclosure(s) w	vithin 1.0 foot above a	adjacent gr	ade6
c) Total net area of flood	openings in A8.b1,6	i10 s	sq in			
d) Engineered flood ope	nings? 🗀 Yes 🗵 N	0				
A9. For a building with an att	ached garage:					
a) Square footage of atta			sq ft			
b) Number of permanent			,	ot shove adjacent or	ade	0
c) Total net area of flood		_	sq in	ot above dejabont gr		<u> </u>
			_ 34 111			
d) Engineered flood ope	nings? ☐ Yes 🔀 N	0				
· · · · · · · · · · · · · · · · · · ·	SECTION B - FLOOD IN	NSURA	NCE RATE MAP	(FIRM) INFORMAT	ION	
B1. NFIP Community Name 8 CITY OF BEAUFORT 450028	-		B2. County Name BEAUFORT	1		B3. State South Carolina
B4. Map/Panel B5. Suffi Number B5. Suffi	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zoi	se Flood Elevation(s) ne AO, use Base od Depth)
450026 0005 D	09/29/1986	09/29	/1986	A-11	13.00	
B10. Indicate the source of the	e Base Flood Elevation (BFE) da	ata or base flood de	epth entered in Item I	39:	
☐ FIS Profile 🔀 FIRM	Community Determ	iined [Other/Source:			
B11. Indicate elevation datum	used for BFE in Item B9	: 🔀 N	GVD 1929 🔲 NA	NVD 1988 🔲 Othe	er/Source:	<u></u>
B12. Is the building located in	a Coastal Barrier Resou	rces Sy	/stern (CBRS) area	or Otherwise Protec	ted Area (C	DPA)? ☐ Yes ⊠ No
Designation Date:		CBRS	☐ OPA			

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding Information from	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O 606 NEW STREET (RESIDENTIAL GUEST HOUSE)	Policy Number:		
City State	ZIP Code	Company NAIC Number	
BEAUFORT South Caroline	29902		
SECTION C - BUILDING ELEVATION INFOR	MATION (SURVEY R	EQUIRED)	
C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of the based on:	Building Under Construction	uction* X Finished Construction	
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (w Complete Items C2.ah below according to the building diagram spec	ith BFE), AR, AR/A, AR lifled in Item A7. In Puerl	/AE, AR/A1-A30, AR/AH, AR/AO, to Rico only, enter meters.	
Benchmark Utilized: 7-131 Vertical Da	itum: <u>1929</u>		
Indicate elevation datum used for the elevations in items a) through h)	below.		
NGVD 1929 NAVD 1988 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) 8, 87	🔀 feet 🔲 meters	
b) Top of the next higher floor	<u>19</u> . jj/)	🔀 feet 🗌 meters	
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A.	x feet meters	
d) Attached garage (top of slab)	N/A	X feet meters	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	13 _. 37 [%]	✓ feet	
f) Lowest adjacent (finished) grade next to building (LAG)	<u> </u>	X feet meters	
g) Highest adjacent (finished) grade next to building (HAG)	8, 46	X feet meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, includir structural support	ng <u>N/A</u> .	⊠ feet ☐ meters	
SECTION D - SURVEYOR, ENGINEER, OR	ARCHITECT CERTIFI	CATION	
This certification is to be signed and sealed by a land surveyor, engineer, or I certify that the information on this Certificate represents my best efforts to statement may be punishable by fine or imprisonment under 18 U.S. Code,	interpret the data availa	law to certify elevation information. ble. I understand that any false	
Were latitude and longitude in Section A provided by a (icensed land survey		Check here if attachments.	
Certifier's Name License Number David E. Gasque 10506		************	
	H CAHOLA SO	CA TONGO	
Title Land Surveyor	H ONNOT WAR	SIONAL SI	
Company Name	GASQUE	- 「 「 」	
Gasque & Associates, Inc.	ASSOCIATES S		
Address 28 Professional Village Circle	No. C00192		
City State South Carolina South Carolina	E OF XIP Comb	16/6-16-16	
Signature Date 12/15/2016	Telephone (843) 522-1798	- (1)	
Copy all pages of this Elevation Certificate and all attachments for (1) communi	ty official, (2) insurance a	agent/company, and (3) building owner.	
Comments (Including type of equipment and location, per C2(e), if applicable JOB # 45686 *A/C UNIT CERTIFICATIONS ABOUNDED TRANSFERABLE TO ADDITIONAL INSTITUT	e)		

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ELEVATION CERTIFICATE

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OMB No. 1660-0008

Expiration	Date:	Novem	ber	30,	201	8
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IMPORTANT: In these spaces, copy the corresponding information fa	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P 606 NEW STREET (RESIDENTIAL GUEST HOUSE)	O.O. Route and Box No.	Policy Number:
City State BEAUFORT South Carolina	ZIP Code 29902	Company NAIC Number
SECTION E – BUILDING ELEVATION INFOR FOR ZONE AO AND ZONE		REQUIRED)
For Zones AO and A (without BFE), complete Items E1–E5. If the Certifical complete Sections A, B, and C. For Items E1–E4, use natural grade, if averanter meters.	ate is intended to support a allable. Check the measure	LOMA or LOMR-F request, ment used. In Puerto Rico only,
E1. Provide elevation information for the following and check the appropr the highest adjacent grade (HAG) and the lowest adjacent grade (LA		r the elevation is above or below
a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement,	feet meter	s 🔲 above or 🔲 below the HAG.
crawispace, or enclosure) is		s above or below the LAG,
E2. For Building Diagrams 6–9 with permanent flood openings provided in the next higher floor (elevation C2.b in	<u>_</u>	
the diagrams) of the building is E3. Attached garage (top of slab) is	feet meter	
E4. Top of platform of machinery and/or equipment servicing the building is	feet meter	s ☐ above or ☐ below the HAG.
E5. Zone AO only: If no flood depth number is available, is the top of the	bottom floor elevated in acc	–
SECTION F - PROPERTY OWNER (OR OWNER'	S REPRESENTATIVE) CE	RTIFICATION
The property owner or owner's authorized representative who completes scommunity-issued BFE) or Zone AO must sign here. The statements in Sc	Sections A, B, and E for Zo actions A, B, and E are corr	ne A (without a FEMA-issued or ect to the best of my knowledge.
Property Owner or Owner's Authorized Representative's Name		" 1111
Address Cit	y Sta	te ZIP Code
Signature Da	te Tel	ephone
Comments	10.0	
•		
		Check here if attachments.

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ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Bullding Street Address (including Apt., Unit, 9 606 NEW STREET (RESIDENTIAL GUEST F	Policy Number:		
City BEAUFORT	State South Carolina	ZIP Code 29902	Company NAIC Number
SECTI	ON G - COMMUNITY INFO	RMATION (OPTIONAL)	<u> </u>
The local official who is authorized by law or of Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	n Certificate. Complete the a		
G1. The information in Section C was tal engineer, or architect who is authorized taken in the Comments area below.)	ken from other documentation zed by law to certify elevation	n that has been signed a n information. (Indicate th	nd sealed by a licensed surveyor, e source and date of the elevation
·G2. A community official completed Sector or Zone AO.	tion E for a building located in	n Zone A (without a FEM/	A-issued or community-issued BFE)
G3. The following information (Items G4-	-G10) is provided for commu	nity floodplain managem	ent purposes.
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction [Sub	stantial Improvement	
G8. Elevation of as-built lowest floor (including of the building:	g basement)		meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:	feet	meters Datum
G10. Community's design flood elevation:		_	meters Datum
Local Official's Name	Title	9	
Community Name	Tek	ephone	
Signature	Dat	е	
Comments (including type of equipment and loc	cation, per C2(e), if applicable	e)	
			;
			Check here if attachments.

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BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy the corres	FOR INSURANCE COMPANY USE		
Building Street Address (Including Apt., Unit, Suit 606 NEW STREET (RESIDENTIAL GUEST HOL	Policy Number:		
City BEAUFORT	State South Carolina	ZIP Code 29902	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 A6. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One Caption 45686 FRONT VIEW RESIDENTIAL GUEST HOUSE

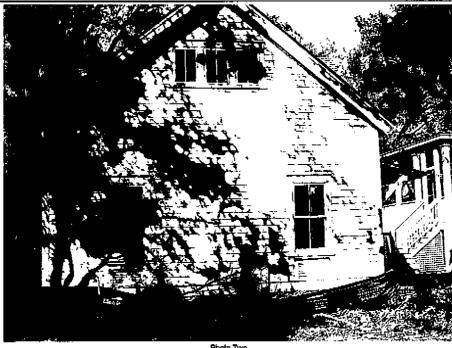


Photo Two

Photo Two Caption 45686 REAR VIEW RESIDENTIAL GUEST HOUSE

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BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt 606 NEW STREET (RESIDENTIAL C	o. Policy Number:		
City BEAUFORT	State South Carolina	ZIP Code 29902	Company NAIC Number

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.

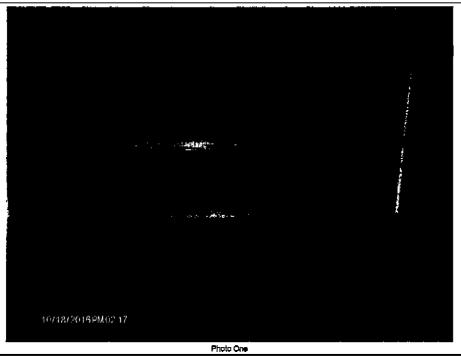


Photo One Caption 45686 TYPICAL VENT

Photo Two

Photo Two

Photo Two Caption

FEMA Form 086-0-33 (7/15)

Replaces all previous editions.

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