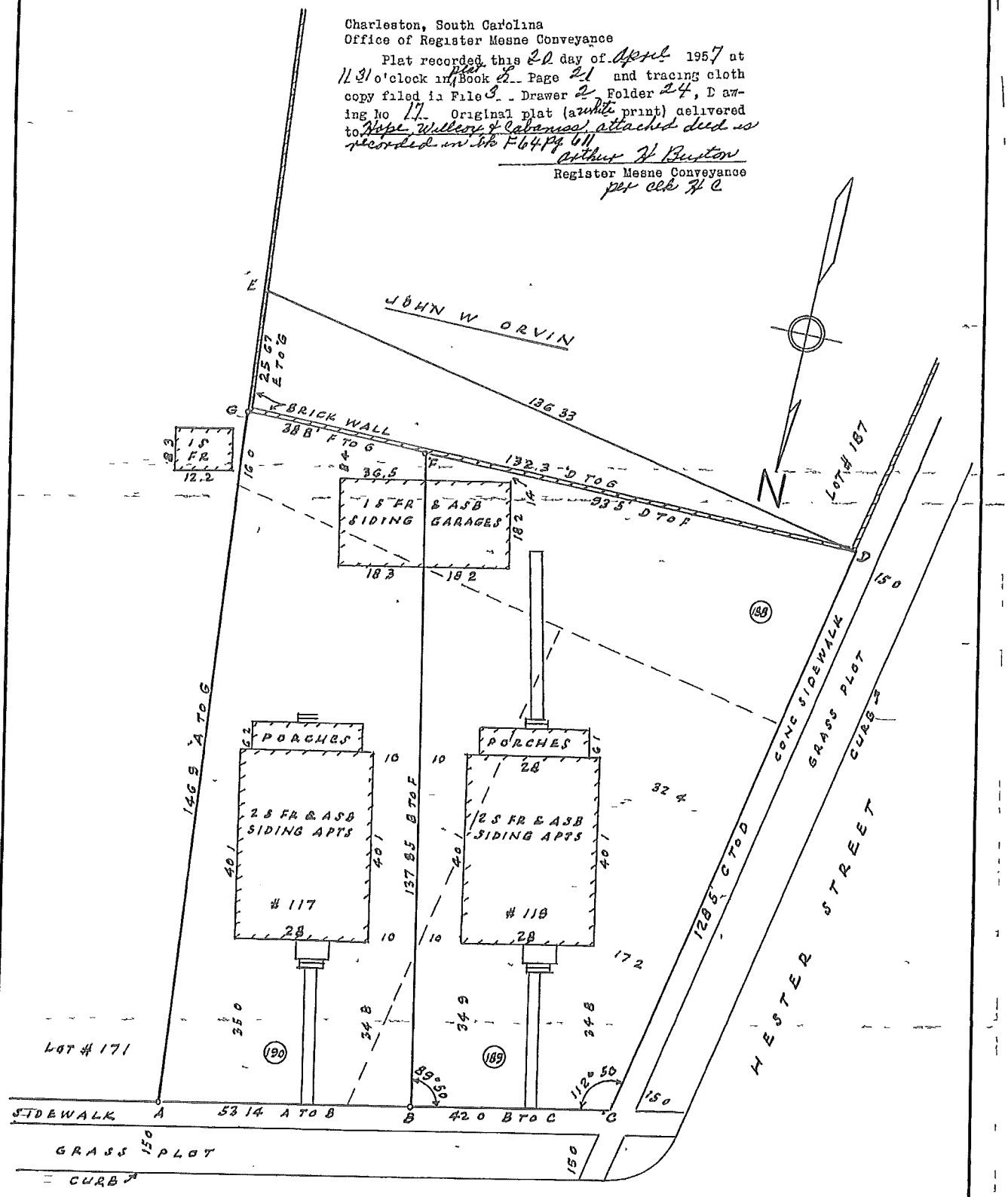
Charleston, South Carolina
Office of Register Mesne Conveyance

Plat recorded this 22 day of April 1957 at 11:31 o'clock in Book P 2 Page 21 and tracing cloth copy filed in File 3 Drawer 2 Folder 24, Drawing No 17 Original plat (a white print) delivered to Hope, Willcox & Cabaniss, attached deed is recorded in Bk F64 Pg 611

Arthur H Buxton
Register Mesne Conveyance
per clk H C

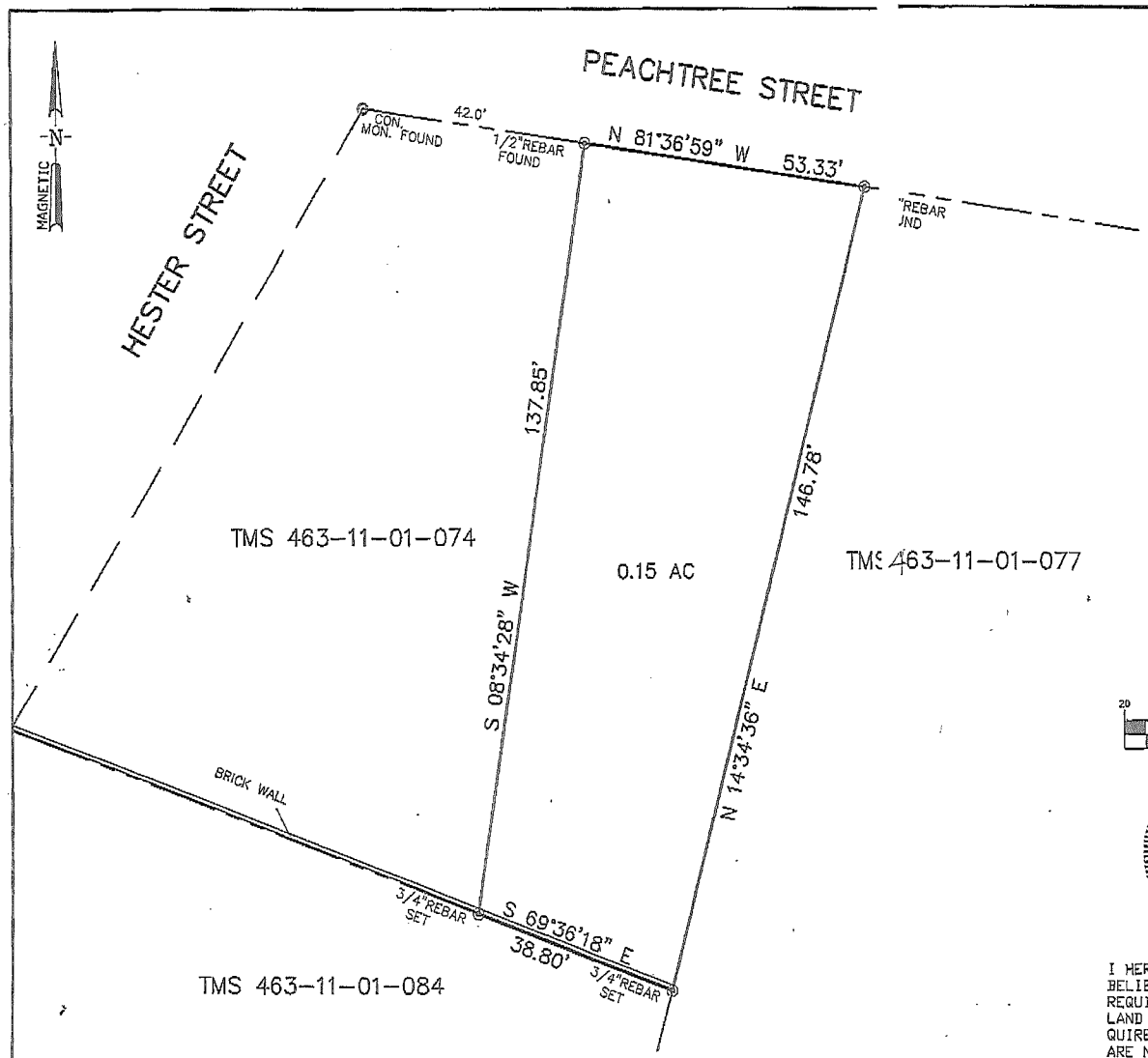



PLAT SHOWING PROPOSED SUBDIVISION OF LOTS 188 189 & 190 RIVERSIDE PARK SITUATED AT THE SOUTHEAST CORNER OF HESTER AND PEACHTREE STREETS, IN CHARLESTON S C INTO LOTS LETTERED A B F, G B C D F AND D E G

SCALE 1" - 20

SURVEYED 4 / 57.

Willard B Good
REG ENGR & LS S C # 868




NOTES & REFERENCES:

REFERENCE PLAT BY HILLARD B. GOOD RECORDED IN THE CHARLESTON CO. R.M.C. OFFICE IN PLAT BOOK L AT PAGE 021.

THIS SURVEY DOES NOT REFLECT A TITLE SEARCH AND IS BASED ENTIRELY ON THE ABOVE REFERENCED DOCUMENT(S).

# BOUNDARY SURVEY

## 117 PEACHTREE STREET
## TMS 463-11-01-075
## LOTS 188, 189, 190 BLOCK L

PREPARED FOR
JUSTIN PIERCE
CHARLESTON
CHARLESTON COUNTY, SC
DATE: OCTOBER 7, 2004 SCALE: 1" = 20'


ABSOLUTE SURVEYING, INC.
4 CARRIAGE LANE
P.O. BOX 30604
CHARLESTON, SOUTH CAROLINA 29417
PHONE (843)763-6669 FAX (843)763-6632


GRAPHIC SCALE

20 0 10 20 40 80

( IN FEET )
1 inch = 20 ft.

SOUTH CAROLINA REGISTERED LAND SURVEYOR 9758 JAMES KELLY DAVIS

SOUTH CAROLINA ABSOLUTE SURVEYING, INC. No. C01968 CERTIFICATE OF AUTHORIZATION

I HEREBY STATE THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF, THE SURVEY SHOWN HEREON WAS MADE IN ACCORDANCE WITH THE REQUIREMENTS OF THE MINIMUM STANDARDS MANUAL FOR THE PRACTICE OF LAND SURVEYING IN SOUTH CAROLINA, AND MEETS OR EXCEEDS THE REQUIREMENTS FOR A CLASS A SURVEY AS SPECIFIED THEREIN; ALSO THERE ARE NO VISIBLE ENCROACHMENTS OR PROJECTIONS OTHER THAN SHOWN.

JAMES KELLY DAVIS, R.L.S. No. 9758

JOB #04-9045

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.

## SECTION A – PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name
CATHERINE C. PEASE & JAMES N. PEASE, IV.

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
117 PEACHTREE STREET

Company NAIC Number:

| City | State | ZIP Code |
|---|---|---|
| CHARLESTON | South Carolina | 29403 |

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
TMS: 463-11-01-075

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 32 48.517N Long. 79 57.485W 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 8

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) 1,336 sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 13,062

c) Total net area of flood openings in A8.b 16 sq in

d) Engineered flood openings? ☐ Yes ☒ No

A9. For a building with an attached garage:

a) Square footage of attached garage 0 sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0

c) Total net area of flood openings in A9.b 0 sq in

d) Engineered flood openings? ☐ Yes ☒ No

## SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| B1. NFIP Community Name & Community Number | B2. County Name | B3. State |
|---|---|---|
| CITY OF CHARLESTON 455412 | CHARLESTON | South Carolina |

| 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 AO, use Base Flood Depth) |
|---|---|---|---|---|---|
| 45019C0512J | J | 11/17/2004 | 11/17/2004 | AE | 13' |

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: ☐ CBRS ☐ OPA

# 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 |
|---|---|---|---|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>117 PEACHTREE STREET | | | Policy Number: |
| City<br>CHARLESTON | State<br>South Carolina | ZIP Code<br>29403 | Company NAIC Number |

## 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. 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: BM04/02/07 Vertical Datum: NGVD'29

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) | 8.5 | ☒ feet | ☐ meters |
| b) Top of the next higher floor | 11.2 | ☒ feet | ☐ meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | ☒ feet | ☐ meters |
| d) Attached garage (top of slab) | N/A | ☒ feet | ☐ meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | 10.9 | ☒ feet | ☐ meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 8.4 | ☒ feet | ☐ meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 9.0 | ☒ feet | ☐ meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | 8.2 | ☒ feet | ☐ 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.*

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☒ Check here if attachments.

| Certifier's Name<br>ALEXANDER C. PEABODY | License Number<br>SC PLS# 20194 | |
|---|---|---|
| Title<br>PROFESSIONAL LAND SURVEYOR | | |
| Company Name<br>PEABODY & ASSOCIATES, INC | | |
| Address<br>P.O. BOX 22646 | | |
| City<br>CHARLESTON | State<br>South Carolina | ZIP Code<br>29413 |
| Signature | Date<br>3/28/17 | Telephone<br>(843) 723-5225 |

3/28/17 Place Seal Here SC PLS #20194

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

Comments (including type of equipment and location, per C2(e), if applicable)
A5 DETERMINED BY GOOGLE EARTH.
C2(e) REFERS TO AN AC UNIT.

# 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 |
|---|---|---|---|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>117 PEACHTREE STREET | | | Policy Number: |
| City<br>CHARLESTON | State<br>South Carolina | ZIP Code<br>29403 | Company NAIC Number |

## SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is _____ . _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is _____ . _____ ☐ feet ☐ meters ☐ 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 accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

## SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

| Property Owner or Owner's Authorized Representative's Name | | | |
|---|---|---|---|
| Address | City | State<br>South Carolina | ZIP Code |
| Signature | Date | Telephone | |

Comments

☐ Check here if attachments.

# 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 |
|---|---|---|---|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>117 PEACHTREE STREET | | | Policy Number: |
| City<br>CHARLESTON | State<br>South Carolina | ZIP Code<br>29403 | Company NAIC Number |

## SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

| G4. Permit Number | G5. Date Permit Issued | G6. Date Certificate of Compliance/Occupancy Issued |
|---|---|---|
| | | |

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____.____ ☐ feet ☐ meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____.____ ☐ feet ☐ meters Datum _____

G10. Community's design flood elevation: _____.____ ☐ feet ☐ meters Datum _____

| Local Official's Name | Title |
|---|---|
| | |
| Community Name | Telephone |
| | |
| Signature | Date |
| | |

Comments (including type of equipment and location, per C2(e), if applicable)

☐ Check here if attachments.

# ELEVATION CERTIFICATE

## BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

| 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.<br>117 PEACHTREE STREET | | | Policy Number: |
| City<br>CHARLESTON | State<br>South Carolina | ZIP Code<br>29403 | 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.

Photo One

Photo One Caption FRONT(03/28/2017)

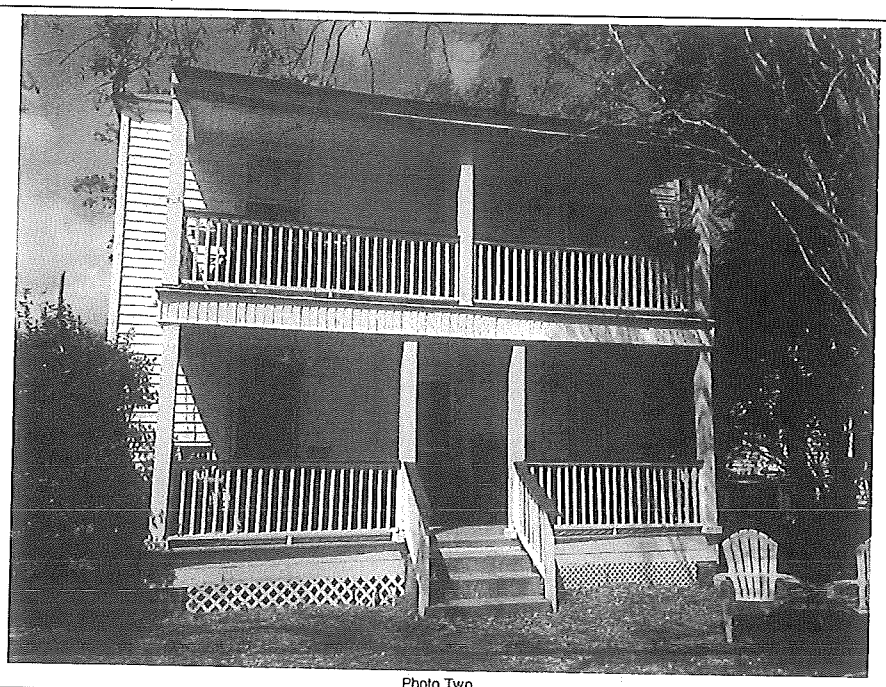


Photo Two

Photo Two Caption REAR (03/27/2017)

# ELEVATION CERTIFICATE

## BUILDING PHOTOGRAPHS
Continuation Page

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

| 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.<br>117 PEACHTREE STREET | | | Policy Number: |
| City<br>CHARLESTON | State<br>South Carolina | ZIP Code<br>29403 | 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.

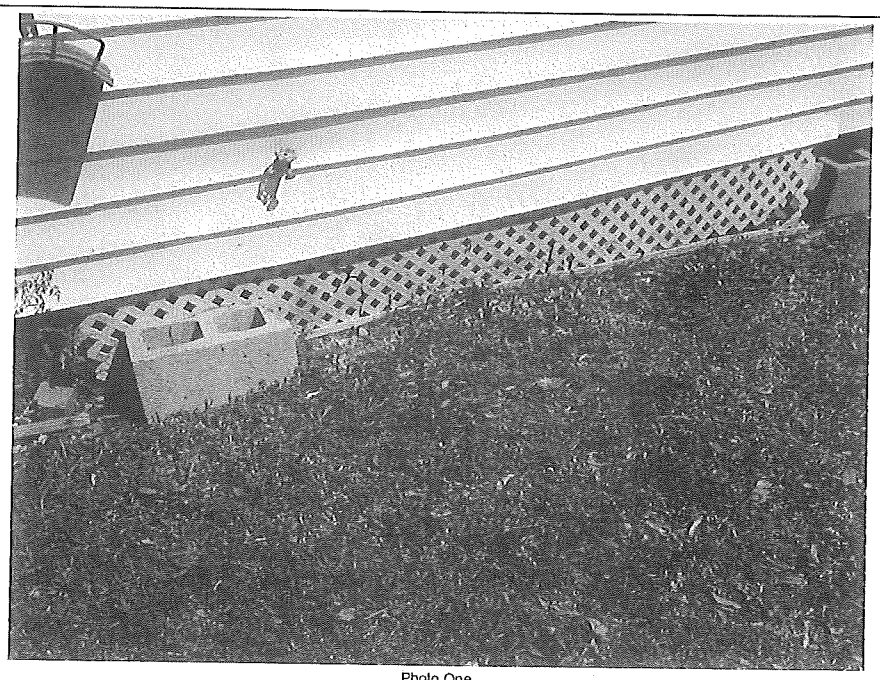


Photo One

Photo One Caption FLOOD OPENING (03/27/2017)

Photo Two

Photo Two Caption FLOOD OPENING (03/27/2017)