

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME NEIL RESH			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 10264 RIVERROAD DRIVE			Company NAIC Number
CITY GULFPORT	STATE MS	ZIP CODE 39503	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 136, RETREAT VILLAGE S/D, PLAT BOOK 27, PAGE 12. TAX PARCEL NUMBER 1008G-02-002.000			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ###.####") N/A		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	
SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____			

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER CITY OF GULFPORT 285253		B2. COUNTY NAME HARRISON COUNTY		B3. STATE MS	
B4. MAP AND PANEL NUMBER 285253-0035	B5. SUFFIX D	B6. FIRM INDEX DATE 10/04/02	B7. FIRM PANEL EFFECTIVE/REVISED DATE 10/04/02	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 15.5

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

FIS Profile XXX FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: _____ NGVD 1929

NAVD 1988 XXX Other (Describe): 1984 PUBLISHED DATUM

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 5 (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

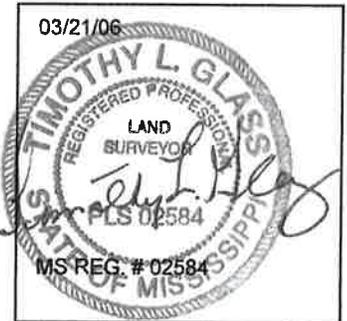
Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum 1984 DATUM Conversion/Comments +0.26'

Elevation reference mark used "GCBM#2411 Does the elevation reference mark used appear on the FIRM? Yes No

- o a) Top of bottom floor (including basement or enclosure) 23. 1 ft.(m)
- o b) Top of next higher floor N/A. ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) NA. ft.(m)
- o d) Attached garage (top of slab) N/A. ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)(AC UNIT) 22. 9 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 4. 6 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 5. 5 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade N/A
- o i) Total area of all permanent openings (flood vents) in C3.h NONE sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



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 : TIMOTHY L. GLASS P.L.S.

LICENSE NUMBER : 02584

TITLE: PROFESSIONAL LAND SURVEYOR

COMPANY NAME : GLASS LAND SURVEYING, INC.

ADDRESS
10453 PIN OAK DRIVE

CITY
BILOXI

STATE
MS

ZIP CODE
39532

SIGNATURE

Timothy L. Glass

DATE
03/21/06

TELEPHONE
228-392-9004



IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
10264 RIVERROAD DRIVE			Policy Number
CITY GULFPORT	STATE MS	ZIP CODE 39503	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

COMMENTS

FOR ADDITIONAL INFORMATION REGARDING CITY BENCHMARKS SEE CITY OF GULFPORT BENCHMARK NETWORK SYSTEM, DATED 1997 AND PREPARED BY GARNER RUSSELL AND ASSOCIATES, INC. CONSULTING ENGINEERS, HEWES AVE. AT 33RD STREET, GULFPORT, MS 39501

THIS IS TO CERTIFY THAT THE PREEXISTING RESIDENCE HAS BEEN RAISED TO THE ELEVATION SHOWN ON PAGE ONE C3-a AND IS ATOP OF CINDER BLOCK COLUMNS. THIS CERTIFICATE DOES **NOT** CERTIFY TO ANY NEW OR ON GOING CONSTRUCTION SUCH AS ADDITION OR ENCLOSURES ON ABOVE MENTIONED PARCEL OF LAND, IF ANY.

Check here if attachments

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

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. 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.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).
- E5. For 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, C (Items C3.h and C3.i only), 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, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____ TELEPHONE _____

COMMENTS _____

Check here if attachments

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.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME _____ TITLE _____

COMMUNITY NAME _____ TELEPHONE _____

SIGNATURE _____ DATE _____

COMMENTS _____

Check here if attachments