

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:

A1. Building Owner's Name **Em Nesheim** Job Number **5569806** Policy Number _____

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. **# 12477 Fisherman's Trail** Company NAIC Number _____

City **Gulfport** State **MS** ZIP Code **39503**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) **Lot 169 Retreat Village**

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

A5. Latitude/Longitude: Lat. **N 30-27-56.0** Long. **W 89-00-46.1** 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 **5**

A8. For a building with a crawl space or enclosure(s), provide:

a) Square footage of crawl space or enclosure(s) **N/A** sq ft

b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade **N/A**

c) Total net area of flood openings in A8.b **N/A** sq in

A9. For a building with an attached garage, provide:

a) Square footage of attached garage **N/A** sq ft

b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade **N/A**

c) Total net area of flood openings in A9.b **N/A** sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number **CITY OF GULFPORT 285253**

B2. County Name **HARRISON**

B3. State **MS**

B4. Map/Panel Number 285253 0035	B5. Suffix D	B6. FIRM Index Date 10/4/02	B7. FIRM Panel Effective/Revised Date 10/4/02	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 16.5
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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 (Describe) _____

B11. Indicate elevation datum used for BFE in Item 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 _____ CBRS OPA

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-g below according to the building diagram specified in Item A7.

Benchmark Utilized **County BM** Vertical Datum **NGVD 1929**

Conversion/Comments **N/A**

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>18.26</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>04.78</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>05.51</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

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.

Check here if comments are provided on back of form.

Certifier's Name **J. Michael Cassady** License Number **1629**

Title **Land Surveyor** Company Name **Cassady & Associates, Inc.**

Address **951 Vision Oaks Blvd. Suite 1** City **Gulfport** State **MS** ZIP Code **39507**

Signature *J. Michael Cassady* Date **June 16, 2006** Telephone **(228) 896-7155**

