

FEDERAL AGENCY MANAGEMENT SERVICE
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
 Expires DECEMBER 31, 2005

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:		
BUILDING OWNER'S NAME CAL REALTY			Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 900 PARKVIEW PLACE			Company NAIC Number		
CITY GULFPORT	STATE MS	ZIP CODE 39507			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 4, SWITZER PLACE SUBDIVISION, CITY OF GULFPORT, HARRISON COUNTY, MISSISSIPPI.					
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential					
LATITUDE/LONGITUDE (OPTIONAL) 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

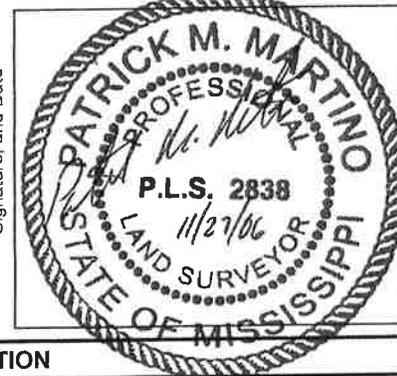
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER CITY OF GULFPORT 285253		B2. COUNTY NAME HARRISON		B3. STATE MS	
B4. MAP AND PANEL NUMBER 2852530044	B5. SUFFIX D	B6. FIRM INDEX DATE OCTOBER 4, 2002	B7. FIRM PANEL EFFECTIVE/REVISED DATE OCTOBER 4, 2002	B8. FLOOD ZONE(S) "X"	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) N/A

- B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____
- B11. Indicate the elevation datum used for the BFE in 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 N/A

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 C3a-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 n/a Conversion/Comments n/a
 Elevation reference mark used GCBM#793 Does the elevation reference mark used appear on the FIRM? Yes No
- o a) Top of bottom floor (including basement or enclosure) 27.7 ft.(m)
 - o b) Top of next higher floor n/a ft.(m)
 - o c) Bottom of lowest horizontal structural member (V zones only) n/a 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 comments area.) 26.3 ft.(m)
 - o f) Lowest adjacent (finished) grade (LAG) 15.7 ft.(m)
 - o g) Highest adjacent (finished) grade (HAG) 16.3 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 C3h n/a 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 Patrick M. Martino	LICENSE NUMBER PLS 02838		
TITLE Professional Land Surveyor	COMPANY NAME Patrick M. Martino, P.L.S.		
ADDRESS 13061 HIGHWAY 67, SUITE "A"	CITY Biloxi	STATE MS	ZIP CODE 39532
SIGNATURE <i>Patrick M. Martino</i>	DATE 11/27/06	TELEPHONE 228-396-2283	

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. 900 PARKVIEW PLACE			Policy Number
CITY GULFPORT	STATE MS	ZIP CODE 39507	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

EXISTING STRUCTURE ON PROPERTY IS A DUPLEX. LOWEST MACHINERY IS AN AIR CONDITIONER UNIT ELEVATION=26.3'
THIS BUILDING LIES WITHIN A ZONE "X" WHICH IS AN AREA OF 0.2% FLOOD CHANCE AS PER F.E.M.A. MAPS SHOWN HEREON, WITH
NO ESTABLISHED BASE FLOOD ELEVATION. CONTACT CITY OF GULFPORT OFFICIALS FOR BASE FLOOD ELEVATION.

Check here if attachments (P6692 LOT 4 FINAL)

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 form.
- E4. 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, and 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