

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name John and Susan Watts		For Insurance Company Use: Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. #66 Bayou Circle City Gulfport State MS ZIP Code 39507		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 13, Gillis Add. Part 2		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>residential</u>		
A5. Latitude/Longitude: Lat. <u>30-25'27.6"</u> Long. <u>89-02'40.5"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>6</u>		
A8. For a building with a crawl space or enclosure(s), provide		
a) Square footage of crawl space or enclosure(s)	<u>176</u> sq ft	
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	<u>2</u>	
c) Total net area of flood openings in A8.b	<u>235</u> sq in	
A9. For a building with an attached garage, provide:		
a) Square footage of attached garage	<u>n/a</u> sq ft	
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade	<u>n/a</u>	
c) Total net area of flood openings in A9.b	<u>n/a</u> 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 285253-0041	B5. Suffix D	B6. FIRM Index Date 10/04/2002	B7. FIRM Panel Effective/Revised Date 10/04/2002	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 11'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe)					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe)					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date _____ <input checked="" type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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 yes Vertical Datum 29
Conversion/Comments -29

a) Top of bottom floor (including basement, crawl space, or enclosure floor) 5.8 feet meters (Puerto Rico only)

b) Top of the next higher floor 18.1 feet meters (Puerto Rico only)

c) Bottom of the lowest horizontal structural member (V Zones only) n/a feet meters (Puerto Rico only)

d) Attached garage (top of slab) n/a feet meters (Puerto Rico only)

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) 18.0 feet meters (Puerto Rico only)

f) Lowest adjacent (finished) grade (LAG) 4.9 feet meters (Puerto Rico only)

g) Highest adjacent (finished) grade (HAG) 5.3 feet 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 Kenny L. Alston	License Number PS-2529
Title Professional Land Surveyor	Company Name Kenny L. Alston Land Surveyor Inc.
Address 4602 Kendall Avenue	City Gulfport State MS ZIP Code 39507
Signature <i>[Signature]</i>	Date 04/18/2008 Telephone 228-864-2645

