

# 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.

<b>SECTION A - PROPERTY INFORMATION</b>		<b>FOR INSURANCE COMPANY USE</b>
A1. Building Owner's Name OAK SHADOWS-MLLC & SHADOWS A LLC		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5070 WEST BEACH BLVD.		Company NAIC Number:
City GULFPORT	State Mississippi	ZIP Code 39501

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
 Harrison County Tax Parcel # 0711N-04-105.000 (Lot 9 Oak Shadows Subd.)

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

A5. Latitude/Longitude: Lat. 30°21' 21.0" Long. 89°07'22.9" 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 1b

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

a) Square footage of crawlspace or enclosure(s) 0 sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0

c) Total net area of flood openings in A8.b 0 sq in

d) Engineered flood openings?  Yes  No

A9. For a building with an attached garage:

a) Square footage of attached garage 516 sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 3

c) Total net area of flood openings in A9.b 600 sq in

d) Engineered flood openings?  Yes  No

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

B1. NFIP Community Name & Community Number GULFPORT - 285253			B2. County Name HARRISON		B3. State Mississippi
B4. Map/Panel Number 28047C0376	B5. Suffix G	B6. FIRM Index Date 06/16/2009	B7. FIRM Panel Effective/ Revised Date 06/16/2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 20

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5070 WEST BEACH BLVD.			Policy Number:
City GULFPORT	State Mississippi	ZIP Code 39501	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/AQ. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: CITY GPT BM# S-297-07 (18.42) Vertical Datum: NAVD 1988

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)   | 21.30 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | 34.80 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | N/A   | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | 16.50 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | 21.15 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | 14.9  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | 15.9  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | N/A   | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> 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 LARRY SMITH	License Number MS- 02695	
Title OWNER		
Company Name LARRY SMITH LAND SURVEYING		
Address 105 N. KERN DRIVE		
City GULFPORT	State Mississippi	

Signature 	Date 06/08/2017	Telephone (228) 832-9643
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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)  
THIS STRUCTURE IS AN ELEVATED SLAB WITH A CHAIN WALL ON COMPACTED FILL (IN ZONE AE-20).  
THE BENCHMARK USED FOR THIS SURVEY IS A CITY OF GULFPORT BM # S-297-07 @ ELEVATION 18.42 , NAVD 88

# BUILDING PHOTOGRAPHS

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See Instructions for Item A6.

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City GULFPORT	State Mississippi	ZIP Code 39501	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 VIEW



Photo Two

Photo Two Caption REAR VIEW