

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.

| SECTION A - PROPERTY INFORMATION | | | | FOR INSURANCE COMPANY USE | |
|---|-----------------|-----------------------------------|---|---------------------------|---|
| A1. Building Owner's Name Tim & Donna Hoffman | | | Job no. 18-02-413 | | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. #511 Oak Shadows Drive | | | | Policy Number: | |
| City Gulfport | | | | State Mississippi | |
| | | | | ZIP Code 39501 | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 1, OAK SHADOWS SUBDIVISION / Parcel no. 0711N-04-105.001 | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u> | | | | | |
| A5. Latitude/Longitude: Lat. <u>30°21'24.4" N</u> Long. <u>89°07'24.2" W</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>1B</u> | | | | | |
| A8. For a building with a crawlspace or enclosure(s): | | | | | |
| a) Square footage of crawlspace or enclosure(s) <u>0.00</u> sq ft | | | | | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u> | | | | | |
| c) Total net area of flood openings in A8.b <u>0.00</u> sq in | | | | | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| A9. For a building with an attached garage: | | | | | |
| a) Square footage of attached garage <u>633.60</u> sq ft | | | | | |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>5</u> | | | | | |
| c) Total net area of flood openings in A9.b <u>1000.00</u> sq in | | | | | |
| d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
| B1. NFIP Community Name & Community Number City of Gulfport 285253 | | | B2. County Name Harrison | | B3. State Mississippi |
| B4. Map/Panel Number 28047C0376 | B5. Suffix G | B6. FIRM Index Date 12-21-2017 | 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) 19 |
| 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/Source: _____ | | | | | |
| 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/Source: _____ | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | |

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

| | | | | |
|---|----------------------|-------------------|----------------------------------|--|
| 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. #511 Oak Shadows Drive | | | 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/AO
 Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
 Benchmark Utilized: GCGC Real-time Network Vertical Datum: Geoid12b

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.

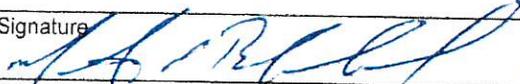
| | | | Check the measurement used. |
|---|------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____ | 20.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor _____ | 33.5 | <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) _____ | 16.7 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____ | 20.1 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) _____ | 15.7 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) _____ | 16.8 | <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 Michael P. Blanchard | License Number 2834 |  |
| Title Professional Land Surveyor | | |
| Company Name Cassady-Acadia Land Surveying, LLC | | |
| Address 1714 22nd Avenue | | |
| City Gulfport | State Mississippi | |

| | | | |
|--|--------------------|-----------------------------|-------------|
| Signature  | Date 02/09/2018 | Telephone (228) 896-7155 | Ext. N/A |
|--|--------------------|-----------------------------|-------------|

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)
 Confirm B8, B9, and C2a with local code office before any construction begins. The City of Gulfport requires an additional freeboard 12" above the BFE; therefore, the minimum base flood elevation is 19' + 12" = 20'. The Property Described listed on this certificate is for information purposes only. It is not intended to insure that the building is located on a particular legal parcel. The specific reference is according to municipal address only. All openings in A9b are Smart Vents located in the attached garage. Elevation listed in C2e is an A/C unit on a platform in the rear of the building. Benchmark is a 60d nail set in a power pole along the north line of the property. Elevation of 60d nail = 19.39'

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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| | | | |
|---|----------------------|-------------------|----------------------------------|
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| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. #511 Oak Shadows Drive | | | Policy Number: |
| 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 07/02/2018

Clear Photo One



Photo Two

Photo Two Caption Rear View 07/02/2018

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2018

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.
#511 Oak Shadows Drive

Policy Number:

City
Gulfport

State
Mississippi

ZIP Code
39501

Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.



Photo Three

Photo Three Caption Right Side View 07/02/2018

Clear Photo Three



Photo Four

Photo Four Caption Left Side View 07/02/2018

Clear Photo Four