

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name <u>Joe Tuggle</u>	Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>1458 Magnolia Street</u>	Company NAIC Number	
City <u>Gulfport</u> State <u>MS</u> ZIP Code <u>39507</u>		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Parcel # <u>1010F-01-020.000</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Non-Residential</u>		
A5. Latitude/Longitude: Lat. <u>30-23-43.5</u> Long. <u>89-01-26.2</u>		Horizontal Datum: <input checked="" type="checkbox"/> NAD 1927 <input 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>5</u>		
A8. For a building with a crawl space or enclosure(s), provide:		A9. For a building with an attached garage, provide:
a) Square footage of crawl space or enclosure(s) <u>na</u> sq ft	a) Square footage of attached garage <u>na</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>na</u>	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>na</u>	
c) Total net area of flood openings in A8.b <u>na</u> sq in	c) Total net area of flood openings in A9.b <u>na</u> sq in	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <u>City of Gulfport 285253</u>		B2. County Name <u>Harrison</u>			B3. State <u>MS</u>
B4. Map/Panel Number <u>285253-0044</u>	B5. Suffix <u>D</u>	B6. FIRM Index Date <u>10/04/2002</u>	B7. FIRM Panel Effective/Revised Date <u>10/04/2002</u>	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>11.0</u>

- 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. 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 yes Vertical Datum 29
 Conversion/Comments _____
- Check the measurement used.
- a) Top of bottom floor (including basement, crawl space, or enclosure floor) 24.85 feet meters (Puerto Rico only)
- b) Top of the next higher floor NA feet meters (Puerto Rico only)
- c) Bottom of the lowest horizontal structural member (V Zones only) NA feet meters (Puerto Rico only)
- d) Attached garage (top of slab) NA feet meters (Puerto Rico only)
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) 24.8575 feet meters (Puerto Rico only)
- f) Lowest adjacent (finished) grade (LAG) 6.0 feet meters (Puerto Rico only)
- g) Highest adjacent (finished) grade (HAG) 14.8 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 <u>T.E.PETERMANN</u>		License Number <u>PE 3285</u>	
Title <u>Professional Engineer</u>	Company Name <u>T.E.PETERMANN-CIVIL ENGINEER</u>		
Address <u>210 S. Seashore Avenue</u>	City <u>Long</u>	State <u>MS</u>	ZIP Code <u>39560</u>
Signature <u>[Signature]</u>	Date <u>06-28-2007</u>	Telephone <u>228-363-1980</u>	

