U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

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

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.

	SEC	TION A - PROPERTY	INFOF	RMATION		FOR INSUR	RANCE COMPANY USE
A1. Building Owner's Name CRISTIANO HOMES LLC				Policy Num	ber:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2082 BEACH DRIVE				Company N	IAIC Number:		
City State GULFPORT Mississippi				·	ZIP Code 39507		
		nd Block Numbers, Ta: # 1010P-03-015.000	x Parce	el Number, Legal De	escription, etc.)		
A4. Building Use (e.g., Resider	ntial, Non-Residential, A	Additior	, Accessory, etc.)	Residential		
A5. Latitude/Longi	tude: Lat. <u>3</u>	0°23'15.26"	Long. 8	9°00'21.00"	Horizontal Datun	n: NAD 1	1927 × NAD 1983
A6. Attach at least	: 2 photograp	hs of the building if the	Certific	cate is being used to	o obtain flood insura	ance.	
A7. Building Diagra	am Number	1b					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)		0 sq ft			
b) Number of	permanent flo	ood openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 0
c) Total net ar	ea of flood op	penings in A8.b0		sq in			
d) Engineered	flood openin	gs? Yes No)				
A9. For a building v	vith an attach	ned garage:					
a) Square footage of attached garage1,060 sq ft							
b) Number of	permanent flo	ood openings in the atta	ached (garage within 1.0 fo	ot above adjacent o	rade	6
c) Total net area of flood openings in A9.b 1,200 sq in							
d) Engineered							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Communi			ISURA			TION	Do. Old
B1. NFIP Community Name & Community Number GULFPORT - 285253			B2. County Name HARRISON		B3. State Mississippi		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Et	IRM Panel fective/	B8. Flood Zone(s)	(Zor	se Flood Elevation(s) ne AO, use Base
28047C0269	G	06/16/2009	06/16	evised Date /2009	AE	18	od Depth)
		Base Flood Elevation (B			pth entered in Item	B9:	
B11. Indicate eleva	tion datum us	sed for BFE in Item B9:	□ N	GVD 1929 🔀 NA	VD 1988 🔲 Oth	ner/Source:	
B12. Is the building	located in a	Coastal Barrier Resoui	rces Sy	stem (CBRS) area	or Otherwise Prote	cted Area (C	DPA)? ☐ Yes ☒ No
Designation Date: CBRS OPA							

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IMPORTANT: In these spaces, copy the correspondir	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/2082 BEACH DRIVE	Policy Number:		
0.0 55055		ZIP Code 39507	Company NAIC Number
SECTION C – BUILDING E	LEVATION INFORM	MATION (SURVEY R	EQUIRED)
*A new Elevations are based on: Construct *A new Elevation Certificate will be required when C2. Elevations – Zones A1–A30, AE, AH, A (with BFE) Complete Items C2.a–h below according to the bu Benchmark Utilized: GPS (TRIMBLE RTK NETWO Indicate elevation datum used for the elevations in NGVD 1929 NAVD 1988 Other Datum used for building elevations must be the sair a) Top of bottom floor (including basement, crawls b) Top of the next higher floor c) Bottom of the lowest horizontal structural member d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment se (Describe type of equipment and location in Confileration of the lowest adjacent (finished) grade next to buildin g) Highest adjacent (finished) grade next to buildin h) Lowest adjacent grade at lowest elevation of de	ion Drawings* construction of the but, VE, V1–V30, V (with ilding diagram specifications as through h) but items a) through h) but items a) through h) but items as that used for the pace, or enclosure flater (V Zones only) rivicing the building ments) g (LAG) ng (HAG)	Building Under Construction Building is complete. Building is comp	Check the measurement used. X Feet meters
structural support			
SECTION D – SURVEYOR This certification is to be signed and sealed by a land su I certify that the information on this Certificate represent statement may be punishable by fine or imprisonment u Were latitude and longitude in Section A provided by a I	irveyor, engineer, or s my best efforts to in nder 18 U.S. Code, S	architect authorized by nterpret the data availa Section 1001.	Llow to cortifu playation information
Certifier's Name LARRY SMITH Title OWNER Company Name LARRY SMITH LAND SURVEYING Address 105 N. KERN DRIVE City GULFPORT Signature	State Mississippi	ZIP Code 39503	LAND SHIRLE VOR PROBLEM PROBLE
Copy all pages of this Elevation Certificate and all attachments (including type of equipment and location, per THIS STRUCTURE IS AN ELEVATED SLAB WITH A CITHE GARAGES (PARTICULARLY THE GARAGE DOOR	r C2(e), if applicable)) MPACTED FILL (IN ZO)NF AF-18)

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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		AND THE RESERVE OF THE PROPERTY OF THE PROPERT	
IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 2082 BEACH DRIVE	Apt., Unit, Suite, and/or Bldg. No.) or	r P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
GULFPORT	Mississippi	39507	

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.

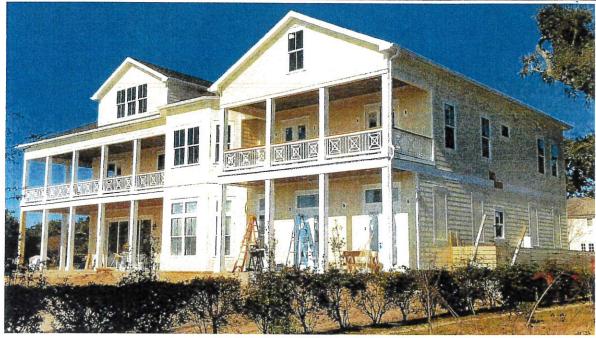


Photo One

Photo One Caption FRONT VIEW

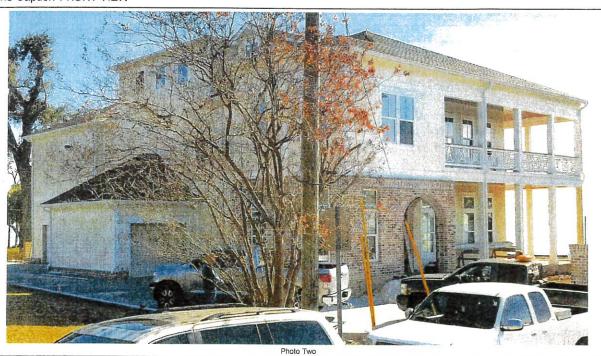


Photo Two Caption REAR VIEW

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including 2082 BEACH DRIVE	Apt., Unit, Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:
City GULFPORT	State Mississippi	ZIP Code 39507	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 One

Photo One Caption GARAGE(S) & A/C NORTH VIEW



Photo Two

Photo Two Caption

FEMA Form 086-0-33 (7/15)

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy the corresponding information from Section A.				
Apt., Unit, Suite, and/or Bldg. No.) or	r P.O. Route and Box No.	FOR INSURANCE COMPANY USE Policy Number:		
State Mississippi	ZIP Code 39507	Company NAIC Number		
	Apt., Unit, Suite, and/or Bldg. No.) of State	Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. State ZIP Code		

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 One Caption GARAGE(S) & A/C NORTH VIEW

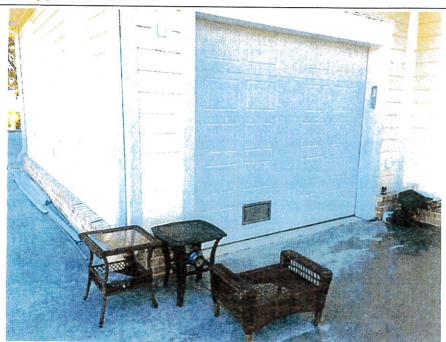
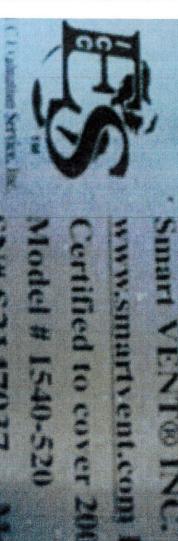


Photo Two



SIMM VENTONING. LANDERS WANTED THE TAX BELLEVILLE TO SEE STORY

N# S2147937 Model # 1540-520









