



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.

SECTION A - PROPERTY INFORMATION				FOR INSUI	RANCE COMPANY USE		
<u> </u>					Policy Num	ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 704 2ND STREET				Company N	IAIC Number:		
City State ZIP Code GULFPORT Mississippi 39507							
A3. Property Descript PARCEL NO. 0911E-		nd Block Numbers, Tax)	Parce	l Number, Legal De	scription, etc.)		
A4. Building Use (e.g	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longitud	le: Lat. <u>30</u>	22'34.6"	_ong8	39 03'45.9"	Horizontal Datun	ı: NAD 1	1927 🔀 NAD 1983
A6. Attach at least 2	photograph	ns of the building if the	Certific	ate is being used to	obtain flood insur	ance.	
A7. Building Diagram	Number	1B					
A8. For a building with	h a crawlsp	pace or enclosure(s):					
a) Square footag	e of crawls	pace or enclosure(s)		0 sq.ft			
b) Number of per	rmanent fio	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 0
c) Total net area	of flood op	enings in A8.b 0	s	q in			
d) Engineered flood openings?							
A9. For a building with an attached garage:							
a) Square footage of attached garage 0 sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0							
	c) Total net area of flood openings in A9.b 0 sq in						
	•						
d) Engineered flood openings? Yes No							
	SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community I CITY OF GULFPORT,		ommunity Number		B2. County Name HARRISON			B3. State Mississippi
B4. Map/Panel B Number	5. Suffix	B6. FIRM Index Date	<u> </u>	I IRM Panel fective/	B8, Flood Zone(s	(<u>Z</u> o	se Flood Elevation(s) ne AO, use Base
28047C0264 G	.	06/16/2009	06/16	evised Date /2009	AE	18	od Depth)
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

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/o704 2ND STREET	Policy Number:				
No. 1 de la constantina della		Code 507	Company NAIC Number		
SECTION C - BUILDING E	LEVATION INFORMA	TION (SURVEY R	EQUIRED)		
	_	ilding Under Constru	uction* X 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: GPS RTK NETWORK Vertical Datum: NAVD88, GEOID 2009					
Indicate elevation datum used for the elevations in					
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other	8 27 17				
Datum used for building elevations must be the sai		BFE.	Charly the managerement used		
a) Top of bottom floor (including basement, crawls	space, or enclosure floo	r) 19 _. 5	Check the measurement used.		
b) Top of the next higher floor	pace, or choiceare nec	N/A.	X feet meters		
c) Bottom of the lowest horizontal structural memb	er (V Zones only)	N/A			
d) Attached garage (top of slab)	(,,	N/A.			
e) Lowest elevation of machinery or equipment se (Describe type of equipment and location in Core		19. 4	X feet		
f) Lowest adjacent (finished) grade next to buildin	g (LAG)	<u>16</u> . 7	🔀 feet 🗌 meters		
g) Highest adjacent (finished) grade next to building	ng (HAG)	<u>16</u> . 9	X feet meters		
h) Lowest adjacent grade at lowest elevation of de structural support	eck or stairs, including	N/A _.	x feet 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 CLIFFORD A. CROSBY, P.L.S.	License Number MS 2539				
Title			— 500 A. C.		
OWNER					
Company Name CROSBY SURVEYING			Ripce Seal		
Address 716 LIVE OAK DRIVE		The product of the production	Heress		
City	State	ZIP Code			
BILOXI	Mississippi	39532			
Signature / / / / / /	Date 06/14/2017	Telephone (228) 234-1649			
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) LOWEST MACHINERY IS THE BOTTOM OF THE AIR CONDITIONING UNITS ON RAISED PLATFORM.					
LOWEST MACHINERY IS THE BOTTOM OF THE AIR	CONDITIONING UNIT	5 ON KAISED PLA	I FORM.		
1)					

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route 704 2ND STREET	Policy Number:				
City State ZIP Co GULFPORT Mississippi 39507	¥	Company NAIC Number			
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)					
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is Intercomplete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Chenter meters.	nded to support a leck the measurer	LOMA or LOMR-F request, nent used. In Puerto Rico only,			
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).					
a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement,	☐ feet ☐ meters	s above or below the HAG.			
crawlspace, or enclosure) is	feetmeter	<u> </u>			
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section the next higher floor (elevation C2.b in the diagrams) of the building is	A Items 8 and/or				
E3. Attached garage (top of slab) is	feet ☐ meter	s above or below the HAG.			
E4. Top of platform of machinery and/or equipment servicing the building is	feetmeter	s above or below the HAG.			
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.					
SECTION F - PROPERTY OWNER (OR OWNER'S REPRE	SENTATIVE) CE	RTIFICATION			
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.					
The property owner or owner's authorized representative who completes Sections A community-issued BFE) or Zone AO must sign here. The statements in Sections A,	A, B, and E for Zor B, and E are corr	rect to the best of my knowledge.			
The property owner or owner's authorized representative who completes Sections A community-issued BFE) or Zone AO must sign here. The statements in Sections A, Property Owner or Owner's Authorized Representative's Name	A, B, and E for Zor B, and E are corr	rect to the best of my knowledge.			
community-issued BFE) or Zone AO must sign here. The statements in Sections A,	A, B, and E for Zo B, and E are corr	ect to the best of my knowledge.			
community-issued BFE) or Zone AO must sign here. The statements in Sections A, Property Owner or Owner's Authorized Representative's Name	B, and E are corr	ect to the best of my knowledge.			
Community-issued BFE) or Zone AO must sign here. The statements in Sections A, Property Owner or Owner's Authorized Representative's Name Address City	B, and E are corr	ect to the best of my knowledge. ste ZIP Code			
Property Owner or Owner's Authorized Representative's Name Address City Signature Date	B, and E are corr	ect to the best of my knowledge. ste ZIP Code			
Property Owner or Owner's Authorized Representative's Name Address City Signature Date	B, and E are corr	ect to the best of my knowledge. ste ZIP Code			
Property Owner or Owner's Authorized Representative's Name Address City Signature Date	B, and E are corr	ect to the best of my knowledge. ste ZIP Code			
Property Owner or Owner's Authorized Representative's Name Address City Signature Date	B, and E are corr	ect to the best of my knowledge. ste ZIP Code			
Property Owner or Owner's Authorized Representative's Name Address City Signature Date	B, and E are corr	ect to the best of my knowledge. ste ZIP Code			
Property Owner or Owner's Authorized Representative's Name Address City Signature Date	B, and E are corr	ect to the best of my knowledge. ste ZIP Code			
Property Owner or Owner's Authorized Representative's Name Address City Signature Date	B, and E are corr	ect to the best of my knowledge. ste ZIP Code			
Property Owner or Owner's Authorized Representative's Name Address City Signature Date	B, and E are corr	ect to the best of my knowledge. ste ZIP Code			

ELEVATION CERTIFICATE

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

IMPORTANT: in these spaces, copy the corr	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, S 704 2ND STREET		
City GULFPORT	State ZIP Code Mississippi 39507	Company NAIC Number
SECTION	ON G COMMUNITY INFORMATION (OPTIC	NAL)
The local official who is authorized by law or o Sections A, B, C (or E), and G of this Elevatior used in Items G8–G10. In Puerto Rico only, er	n Certificate. Complete the applicable item(s) a	lain management ordinance can complete and sign below. Check the measurement
G1. The information in Section C was takengineer, or architect who is authorized that in the Comments area below.)	ken from other documentation that has been sized by law to certify elevation information. (Ind	gned and sealed by a licensed surveyor, icate the source and date of the elevation
G2. A community official completed Sect or Zone AO.	tion E for a building located in Zone A (without	a FEMA-issued or community-issued BFE)
G3. The following information (Items G4-	-G10) is provided for community floodplain ma	nagement purposes.
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction Substantial Improvem	ent
G8. Elevation of as-built lowest floor (including of the building:	g basement)	feet meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:	☐ feet ☐ meters Datum
G10. Community's design flood elevation:		☐ feet ☐ meters Datum
Local Official's Name	Title	
Community Name	Telephone	
Signature	Date	
Comments (including type of equipment and loc	cation, per C2(e), if applicable)	
		Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

ELEVATION CERTIFICATE Expiration Date: November 30, 2018

IMPORTANT: In these spaces, c	opy the corresponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including 704 2ND STREET	Apt., Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
GULFPORT	Mississippi	39507	The state of the s

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 Caption FRONT VIEW 06/14/2017



Photo Two

Photo Two Caption REAR VIEW 06/14/2017

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including 704 2ND STREET	Apt., Unit, Suite, and/or Bldg. No.) or	r P.O. Route and Box No.	Policy Number:
City GUI FPORT	State	ZIP Code	Company NAIC Number
GULFPURI	Mississippi	39507	

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 RIGHT SIDE VIEW 06/14/2017

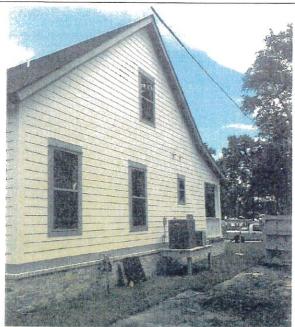


Photo Two