

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

OMB No. 1660-0008 Expiration Date: November 30, 2022

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					RANCE COMPANY USE			
A1. Building Owner's Name OLSEN Policy Number:					ber:			
A2. Building Stree Box No. 10346 RIVER RO.		ncluding Apt., Unit, Sui	ite, and/c	or Bldg. No.) o	ж Р.О.	Route and	Company N	IAIC Number:
City State Z GULFPORT Mississippi 33				ZIP Code 39503				
A3. Property Des LOT 147, RETRE	oription (Lot a AT VILLAGE	and Block Numbers, To SUBDIVISION, PARC	ax Parce EL 1008	Number, Le G-02-018.00	gal Des 2	scription, etc	5.)	Named Humania S van Hanning Stocked der deck Novel (und so migration deck and so dispute despeta
A4. Building Use	(e.g., Reside	ntial, Non-Residential,	Addition	, Accessory,	etc.)	RESIDENT	TIAL	
A5. Latitude/Long	itude: Lat. 3	30-27'47.3"	Long. 8	9-00'46.3"		Horizontal	Datum: NAD 1	1927 X NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.								
A7. Building Diagr	am Number	5						
A8. For a building	with a crawls	space or enclosure(s):						
a) Square foo	tage of craw	Ispace or enclosure(s)			0.00	sq ft		
b) Number of	permanent fl	ood openings in the cr	awispac	e or enclosur	e(s) with	- hin 1.0 foot :	above adjacent gra	ade 0
c) Total net ar	ea of flood o	penings in A8.b		0.00 sq ir	1			And the second s
d) Engineered	d) Engineered flood openings?							
A9. For a building	with an attact	ned garage:						
a) Square fool	age of attach	ned garage		0.00 sq ft				
b) Number of	permanent flo	ood openings in the at	tached g	arage within	1.0 foot	above adja	cent grade 0	
		penings in A9.b					And the second desired to the second desired	
d) Engineered	d) Engineered flood openings? Yes No					General Annual A		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
B1. NFIP Commun CITY OF GULFPO	ity Name & C	Community Number	And the state of t	B2. County HARRISON	Name			B3. State Mississippi
B4. Map/Panel Number	ber Date Effe		M Panel ective/ rised Date	B8. FI Zone(B9. Base Flood Elevation(s) (Zone AO, use Base Flood December 1)		
28047C-0260	H	12-21-2017	12-21-2		"AE"		16.8'	THE PROPERTY OF THE PROPERTY O
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 [Name of the Control o			☐ OPA		· · · · · · · · · · · · · · · · · · ·	. , subside A od (c	[] 169 [X] 140
								1

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE				
Building Street Address (Including Apt., Unit, Suite, an 10346 RIVER ROAD DRIVE	Policy Number:				
City GULFPORT	State Mississippi	ZIP Code 39503	Company NAIC Number		
SECTION C - BUILDING	ELEVATION INFO	RMATION (SURVEY R	EQUIRED)		
C1. Building elevations are based on: Constru	uction Drawings* [Building Under Constr	uction* 🗵 Finished Construction		
*A new Elevation Certificate will be required whe					
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 MS EAST USM NETWORK Vertical Datum: NAVD 88					
Indicate elevation datum used for the elevations		i) below.			
☐ NGVD 1929 ☑ NAVD 1988 ☐ Oth Datum used for building elevations must be the		r the BEF			
			Check the measurement used.		
 Top of bottom floor (including basement, craw 	wispace, or enclosur	a floor)	19.1 X feet meters		
b) Top of the next higher floor			N/A Feet meters		
 Bottom of the lowest horizontal structural me 	mber (V Zones only)		N/A X feet meters		
d) Attached garage (top of slab)		with mile up to be the west full faithful being contained in beautiful	N/A ☑ feet ☐ meters		
 e) Lowest elevation of machinery or equipment (Describe type of equipment and location in 0 	servicing the buildin Comments)		18.9 🔀 feet 🗌 meters		
f) Lowest adjacent (finished) grade next to build	ding (LAG)	harmonia de la como de la como de la contra del la contra de la contra del l	3.0 🔀 feet 🗌 meters		
g) Highest adjacent (finished) grade next to built	ding (HAG)	skibe at successifie (due to be mode hat feed of meaning end-comm	3.1 X feet meters		
 h) Lowest adjacent grade at lowest elevation of structural support 	deck or stairs, includ	ling	3.0 🔀 feet 🗌 meters		
SECTION D - SURVEY	OR, ENGINEER, O	R ARCHITECT CERTII	FICATION		
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 surv	eyor? ⊠Yes □No	Check here if attachments.		
Certifier's Name GARY A DURBIN	License Numb MS P.L.S. 240		Baransh 100		
Title PROFESSIONAL LAND SURVEYOR		Annual processing of the state	A A Project		
Company Name	Surveyor				
GARY A DURBIN, P.L.S.	500121				
Address 2081 TRAILWOOD DRIVE	and the file of the foreign temperature to the second country of the file of the second	agenta ji ji a siyana ya musu ya mayin gunaya di kabay kibasa ya nda kiba di la Kimusud	PS-24010		
City	State	ZIP Code	OF MIESIS		
BILOXI A	Mississippi	39532	188000000000000000000000000000000000000		
Signature	Date 11-17-2020	Telephone (228) 365-3632	Ext.		
Copy all pages of this Elevation Certificate and all attac	hments for (1) comm	unity official, (2) insurance	agent/company, and (3) building owner.		
Comments (including type of equipment and location, SITE BENCHMARK PK NAIL IN ASPHALT ELEV=3. C2e AIR CONDITIONER ON WOOD PLATFORM WI	39				

ELEVATION GERTIFICATE

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MPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY L				
Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) 10346 RIVER ROAD DRIVE	or P.O. Route and Box No.	Policy Number:		
City State GULFPORT Mississippi	ZIP Code 39503	Company NAIC Number		
SECTION E – BUILDING ELEVATION INF FOR ZONE AO AND ZO	FORMATION (SURVEY NOT DNE A (WITHOUT BFE)	REQUIRED)		
For Zones AO and A (without BFE), complete Items E1-E5. If the Cel complete Sections A, B,and C. For Items E1-E4, use natural grade, if enter meters.	rtificate is intended to support f available. Check the measure	a LOMA or LOMR-F request, ement 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,				
crawispace, or enclosure) is b) Top of bottom floor (including basement, crawispace, or enclosure) is	[feet mete			
Serve facility of a party 122 met for serving	feet mete	PROPERTY TRANSPORT		
E2. For Building Diagrams 6–9 with permanent flood openings provide the next higher floor (elevation C2.b in the diagrams) of the building is	led in Section A Items 8 and/o			
E3. Attached garage (top of slab) is	[] feet [] mete	- Table		
E4. Top of platform of machinery and/or equipment servicing the building is	recovery and description	partired National		
E5. Zone AO only: If no flood depth number is available, is the top of	the bottom floor elevated in a	cordance with the community's		
floodplain management ordinance? [] Yes [] No [] Unk	mown. I ne local official must	certify this information in Section G.		
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION				
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.				
community-issued BFE) or Zone AO must sign here. The statements	In Sections A, B, and E are co	rrect to the best of my knowledge.		
community-issued BFE) or Zone AO must sign here. The statements Property Owner or Owner's Authorized Representative's Name	in Sections A, B, and E are co	rrect to the best of my knowledge.		
	Birkeldi (1488), di Ministria (1486), di mengili pengelapa dangan Adal di Spiritori, dan di Spiritori, dakama dangga di Birkeldi (1488), di Ministria (1488)	rrect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative's Name Address Signature	City s	elevatur yek ingenjarangan ingga magamba arang dalam sa dang dalam sa dalam pigan pada kapah agamba ga ga bangsa bangsa (ap.) da		
Property Owner or Owner's Authorized Representative's Name Address	City s	tate ZIP Code		
Property Owner or Owner's Authorized Representative's Name Address Signature	City s	tate ZIP Code		
Property Owner or Owner's Authorized Representative's Name Address Signature	City s	tate ZIP Code		
Property Owner or Owner's Authorized Representative's Name Address Signature	City s	tate ZIP Code		
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INPURIANT: In these spaces, copy the co	FOR INSURANCE COMPANY USE		
Building Street Address (Including Apt., Unit, 10346 RIVER ROAD DRIVE	Policy Number:		
City GULFPORT	State Mississippi	ZIP Code 39503	Company NAIC Number
	ION G - COMMUNITY IN	FORMATION (OPTIONAL	.)
The local official who is authorized by law or Sections A, B, C (or E), and G of this Elevati used in Items G8–G10. In Puerto Rico only,	on Centicata Complete th	e community's floodplain n le applicable Item(s) and si	nanagement ordinance can complete gn below. Check the measurement
data in the Comments area below.	rized by law to certify elevant	ation information. (Indicate	the source and date of the elevation
G2. A community official completed Se or Zone AO.	ction E for a building locate	ed in Zone A (without a FE	MA-issued or community-issued BFE)
G3. The following information (Items G	4-G10) is provided for con	nmunity floodplain manage	ment purposes.
G4. Permit Number	G5. Date Permit Issue	d G6.	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction []	Substantial Improvement	
G8. Elevation of as-built lowest floor (include of the building:	- ,	weer restriction of the first feet for the feet feet feet feet feet feet feet	et [] meters Datum
G9. BFE or (in Zone AO) depth of flooding a	t the building site:	Contribution of the Contri	et [] meters Datum
G10. Community's design flood elevation:	A PPARTITION STORMULY	fee	et [] meters Datum
Local Official's Name	очен от невы выполня в составля в СМД оборожения до продости в составля в составля в составля в составля в сос	TWE	
Community Name	rkanya, ke gasta proba-bahan kemakei, sipisa ya ina ina dia dakan erka, sipan pangan dikebunah sa sam	Telephone	gan yelen diginanda napun miliman digina kirin di keriman kirin di keriman kirin yang antan di keriman kirin di
Signature	STREET HERPOOR (OVERSION EFRICACE) HELLING WAS SELVINGUS SELVINGUS SELVINGUS SETTING HER CHARGES	Date	MOTORIUM KILLANDI, II-MINIMANIANI, PERIONIANI, II-MINIMANI, PERIONI MOTORIUM MOTORIUM INTERNATIONI MOTORIUM IN
Comments (including type of equipment and i	ocation, per C2(e), if applic	ragia argamente ragio antico a	ran hina daga salah kan munik ka da Sisana, sala dalam kin da Sisana, qang paga salah salah salah salah salah s
			Check here if attachments.

BUILDING PHOTOGRAPHS

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See Instructions for Item A6.

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IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

10346 RIVER ROAD DRIVE

City State ZIP Code
GULFPORT Mississippi 39503

FOR INSURANCE COMPANY USE

FOR INSURANCE COMPANY USE

FOR INSURANCE COMPANY USE

State 319 Code

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 A8. 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.

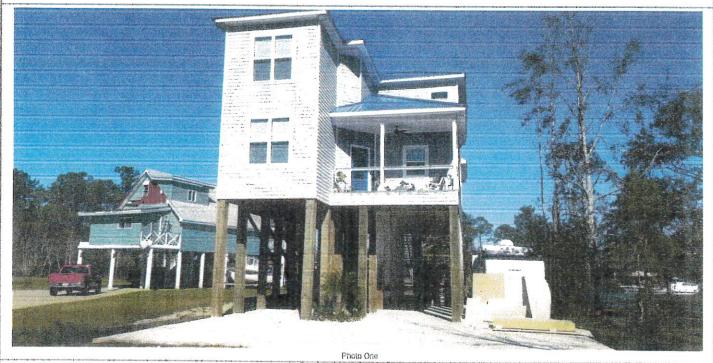


Photo One Caption 11/17/2020 FRONT

Clear Photo One



Photo Two Caption SIDE

Photo Two

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

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IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., I 10346 RIVER ROAD DRIVE	Policy Number:		
City	State	ZIP Code	Company NAIC Number
GULFPORT	Mississippi	39503	

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 REAR

Clear Photo Three



Photo Four

Photo Four Caption REAR

Clear Photo Four

