

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	INFO	RMATION		FOR INSU	RANCE COMPANY USE
A1. Building Owner's Name CODY WAITE					Policy Num	nber:	
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 11200 REICHOLD ROAD 					Company I	NAIC Number:	
City GULFPORT				State Mississippi		ZIP Code 39503	
		nd Block Numbers, Ta NTING REICHOLD RO				009J-01-00	1.005
A4. Building Use	(e.g., Resider	ntial, Non-Residential,	Additio	n, Accessory, etc.)	COMMERCIAL		The state of the s
A5. Latitude/Long	itude: Lat. 3	0-25'38.5"	Long. 8	39-01'01.9"	Horizontal Datum	n: NAD	1927 🔀 NAD 1983
A6. Attach at leas	t 2 photograp	hs of the building if the	Certifi	cate is being used t	o obtain flood insur	ance.	
A7. Building Diagr	am Number	1A					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)		0 sqft			
b) Number of	permanent flo	ood openings in the cra	awlspa	ce or enclosure(s) w	vithin 1.0 foot above	adiacent or	ade 0
				sq in		g.	
d) Engineered	flood opening	gs? Yes N	0	est. ₹ Onesten			
A9. For a building			0				
a) Square footage of attached garage 0 sq ft							
		ood openings in the att			-t -l		
					ot above adjacent g	rade	0
d) Engineered			0	sq in			
	SE	CTION R - EL OOD IN	ISLIDA	NOT DATE MAD	/=:===		
B1. NFIP Communi	ity Name & C	Ommunity Number	ANDORA			TION	
CITY OF GULFPOR	RT 285253	ommunity Number		B2. County Name HARRISON	•		B3. State Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zor	e Flood Elevation(s) ne AO, use Base
28047C-0267	G	12/21/2017	06/16		"AE"	15.0	od Depth)
B10. Indicate the so	ource of the E	ase Flood Elevation (E	BFE) da	ata or base flood de	pth entered in Item	L B9:	
☐ FIS Profile	⊠ FIRM [Community Determ	ined [Other/Source:			1
B11. Indicate eleva	tion datum us	ed for BFE in Item B9:		GVD 1929 🗵 NA	VD 1988 Oth	er/Source:	
B12. Is the building	located in a (Coastal Barrier Resour	ces Sv	stem (CBRS) area	or Othonuina Day	-	
Designation Da	ate:	C		OPA	or Otherwise Protec	ted Area (O	PA)? Yes X No
MA Form 086-0-33 (7/15)	-				2000-00-00	

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/o 11200 REICHOLD ROAD	Policy Number:				
City Ste GULFPORT Mis	Company NAIC Number				
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
*A new Elevation Certificate will be required when o	onstruction of the buildi	•	Barborel		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the buil Benchmark Utilized: GPS USM NETWORK	ding diagram specified i	re), AR, AR/A, AR/ n Item A7. In Puert NAVD88 GEOID09	o Rico only, enter meters.		
Indicate elevation datum used for the elevations in i ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/	Source:				
Datum used for building elevations must be the sam	ne as that used for the B	FE.	Check the measurement used.		
a) Top of bottom floor (including basement, crawis	pace, or enclosure floor)	16.86	🔀 feet 🗌 meters		
b) Top of the next higher floor		<u>N/A</u> .	🗵 feet 🔲 meters		
c) Bottom of the lowest horizontal structural member	er (V Zones only)	<u>N/A</u> .	🔀 feet 🗌 meters		
d) Attached garage (top of slab)		<u>N/A</u> .	🔀 feet 🗌 meters		
 e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Con 	vicing the building nments)	N/A.	☑ feet ☐ meters		
f) Lowest adjacent (finished) grade next to building	(LAG)	<u>16</u> . <u>10</u>	x feet meters		
g) Highest adjacent (finished) grade next to building	g (HAG)	<u>16</u> , <u>90</u>	🗵 feet 🔲 meters		
 h) Lowest adjacent grade at lowest elevation of dec structural support 	ck or stairs, including	<u>N/A</u> .	X feet meters		
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION					
This certification is to be signed and sealed by a land su I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment ur	emy hest efforts to inter-	nret the data ovalla	law to certify elevation information. ble. I understand that any false		
Were latitude and longitude in Section A provided by a li			Check here if attachments.		
Certifier's Name GARY A. DURBIN	License Number		A Comment of the Comm		
Title	MS-PLS-2401		- Bioriois Poly		
SURVEYOR			Surveyor of		
Company Name	Place				
GARY A. DURBIN, P.L.S.			Seal Q		
Address 2081 TRAILWOOD DRIVE	PHereon OF MICHES				
BILOXI A	State Mississippi	ZIP Code 39532	MAN INIO		
Signature AAA	Date 10/24/2018	Telephone (228) 365-3632			
Copy all pages of this Elevation Certificate and all attachmen	nts for (1) community offi		gent/company and /2) hallif		
Comments (including type of equipment and location, per	C2(e), if applicable)		gontoompany, and (3) building owner.		
SITE BENCHMARK PK NAIL IN ASPHALT ELEV=15.64	•				
			1		

ELEVATION CERTIFICATE

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

IMPÓRTANT: In these spaces, copy the correspon	F	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, ar 11200 REICHOLD ROAD	nd/or Bldg. Na.) or F	P.O. Route and Box I	No. F	Policy Number:
City GULFPORT	State Mississippi	ZIP Code 39503	C	Company NAIC Number
SECTION E - BUILDING E			Y NOT R	EQUIRED)
FOR ZON	IE AO AND ZONE	A (WITHOUT BFE	Ξ)	
For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1-E4, use enter meters.	1–E5. If the Certific natural grade, if av	ate is intended to su allable. Check the mo	ipport a L easureme	OMA or LOMR-F request, ent used. In Puerto Rico only,
E1. Provide elevation information for the following an the highest adjacent grade (HAG) and the lowest	d check the approp adjacent grade (LA	riate boxes to show \ \G).	whether t	he elevation is above or below
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is 	-	[] feet [] meters	above or below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 		[] feet [meters	above or below the LAG.
E2. For Building Diagrams 6–9 with permanent flood	openings provided	in Section A Items 8	and/or 9	(see pages 1–2 of Instructions).
the next higher floor (elevation C2.b in the diagrams) of the building is		[] feet [above or below the HAG.
E3. Attached garage (top of slab) is		[] feet [_] meters	above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	Majori kalabathan an' an' an' an' an' an' an' an' an' a	[] feet [meters	above or below the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	ole, is the top of the	bottom floor elevate vn. The local official	ed in acco I must ce	rdance with the community's
SECTION F - PROPERTY OW	NER (OR OWNER	'S REPRESENTATI	VE) CER	TIFICATION
The property owner or owner or theread seems	Asa suba annulatan	Sections A. B. and E	for Zone	A (without a FEMA issued or
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here.	he statements in S	ections A, B, and E	are corre	ct to the best of my knowledge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative	he statements in S	ections A, B, and E	are corre	ct to the best of my knowledge.
community-issued BFE) or Zone AO must sign here.	he statements in S	ections A, B, and E a	are correct	ct to the best of my knowledge.
Property Owner or Owner's Authorized Representative	The statements in S	ections A, B, and E a	are correc	ct to the best of my knowledge.
Property Owner or Owner's Authorized Representative Address	The statements in S	ections A, B, and E a	are correc	et to the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in S	ections A, B, and E a	are correc	et to the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in S	ections A, B, and E a	are correc	et to the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in S	ections A, B, and E a	are correc	et to the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in S	ections A, B, and E a	are correc	et to the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in S	ections A, B, and E a	are correc	et to the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in S	ections A, B, and E a	are correc	et to the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in S	ections A, B, and E a	are correc	et to the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in S	ections A, B, and E a	are correc	et to the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in S	ections A, B, and E a	are correc	et to the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in S	ections A, B, and E a	are correc	et to the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in S	ections A, B, and E a	are correc	et to the best of my knowledge.
Property Owner or Owner's Authorized Representative Address Signature	The statements in S	ections A, B, and E a	are correc	et to the best of my knowledge.

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding inform	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or Bldg. 11200 REICHOLD ROAD	Policy Number;					
City State GULFPORT Mississipp	ZIP Code i 39503	Company NAIC Number				
SECTION G - COMMUN	ITY INFORMATION (OPTIONA	L)				
The local official who is authorized by law or ordinance to admin Sections A, B, C (or E), and G of this Elevation Certificate. Compused in Items G8–G10. In Puerto Rico only, enter meters.	plete the applicable item(s) and	sign below. Check the measurement				
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)						
G2, A community official completed Section E for a building or Zone AO.	g located in Zone A (without a F	EMA-issued or community-issued BFE)				
G3. The following information (Items G4–G10) is provided	for community floodplain manag	ement purposes.				
G4. Permit Number G5. Date Permi	t Issued G	Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for: New Construction Substantial Improvement						
G8. Elevation of as-built lowest floor (including basement) of the building: [feet [meters Datum						
G9. BFE or (in Zone AO) depth of flooding at the building site:		eet meters Datum				
G10. Community's design flood elevation:		eet				
Local Official's Name Title						
Community Name Telephone						
Signature	Date					
Comments (including type of equipment and location, per C2(e), i	Comments (including type of equipment and location, per C2(e), if applicable)					
		☐ Check here if attachments.				

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPÓRTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, St 11200 REICHOLD ROAD	Policy Number:		
City GULFPORT	State Mississippi	ZIP Code 39503	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.

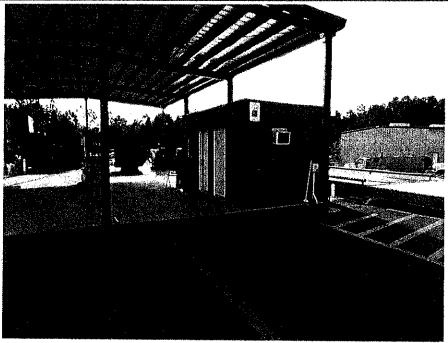


Photo One

Photo One Caption 10/24/2018 FRONT

Photo Two

Photo Two Caption

Photo Two

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

Replaces all previous editions.

Form Page 5 of 6