

Memo of Review For Correctness and Completion

The attached FEMA Elevation Certificate has been reviewed by this office. The items noted below are not correct on the attached form and should read as entered on this page.

BUILDING ADDRESS MUST BE ENTERED

SECTION A - PROPERTY INFORMATION					For Insurance Company Use:		
A1. Building Owner's Name Greg Smith					Policy Number		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 134 East Cedar Drive					Company NAIC Number		
City State Gulfport MS	ZIP Code 39503						
A3. Property Description (L				ejecinni Tav Par	rcel 1011D-01-049 000		
Lot 9, Lakeland Subdivision, Section 6-8-10, City of Gulfport, Harrison County, Mississippi. Tax Parcel 1011D-01-049.000 A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential							
45 1 W 1 W 1 1 1 20 20 FO 4 W 1							
A5. Latitude/Longitude: Lat. 30 22 59.1 N Long. 89 01 43.5 Horizontal Datum: NAD 1927 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 5							
A8. For a building with a cra			NIA				
 a) Square footage of 			NA sq ft				
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent gradeNA							
 c) Total net area of flo 		NA NA	sq in				
d) Engineered flood openings?							
A9. For a building with an al		NA	-				
a) Square footage of a			sq ft	. NA			
			ge within 1.0 foot above adjacent g	rade — T			
c) Total net area of flo			sq in				
d) Engineered flood or		☐ Yes ☐X No			The second secon		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
				in, nu orani, trio			
B1. NFIP Community Name City of Gulfport		umber B	2. County Name Harrison		3. State MS		
	& Community No	umber B	2. County Name		3. State MS		
City of Gulfport B4. Map/Panel Number 28047C0269	& Community No 285253 B5. Suffix G	B6. FIRM Index Date 12-21-2017	2. County Name Harrison B7. FIRM Panel Effective/Revised Date 06-16-2009	B8. Flood Zone(s) AE	3. State		
City of Gulfport B4. Map/Panel Number 28047C0269 B10. Indicate the source of	& Community No 285253 B5. Suffix G the Base Flood	B6. FIRM Index Date 12-21-2017 Elevation (BFE) data of	2. County Name Harrison B7. FIRM Panel Effective/Revised Date 06-16-2009 r base flood depth entered in Item	B8. Flood Zone(s) AE	3. State MS B9. Base Flood Elevation(s) (Zone AO, use base flood depth)		
City of Gulfport B4. Map/Panel Number 28047C0269 B10. Indicate the source of FIS Profile	& Community No 285253 B5. Suffix G the Base Flood	B6. FIRM Index Date 12-21-2017 Elevation (BFE) data or	2. County Name Harrison B7. FIRM Panel Effective/Revised Date 06-16-2009 r base flood depth entered in Item Determined	B8. Flood Zone(s) AE B9: Durce:	3. State MS B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 20.0		
City of Gulfport B4. Map/Panel Number 28047C0269 B10. Indicate the source of ☐ FIS Profile B11. Indicate elevation datu	& Community No. 285253 B5. Suffix G the Base Flood I FIRM m used for BFE	B6. FIRM Index Date 12-21-2017 Elevation (BFE) data or Community in Item B9:	2. County Name Harrison B7. FIRM Panel Effective/Revised Date 06-16-2009 r base flood depth entered in Item Determined	B8. Flood Zone(s) AE B9: burce: D88	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 20.0		
City of Gulfport B4. Map/Panel Number 28047C0269 B10. Indicate the source of ☐ FIS Profile B11. Indicate elevation datu	& Community No. 285253 B5. Suffix G the Base Flood I FIRM m used for BFE	B6. FIRM Index Date 12-21-2017 Elevation (BFE) data or Community in Item B9: rrier Resources System	2. County Name Harrison B7. FIRM Panel Effective/Revised Date 06-16-2009 r base flood depth entered in Item Determined	B8. Flood Zone(s) AE B9: burce: D88	3. State MS B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 20.0		
City of Gulfport B4. Map/Panel Number 28047C0269 B10. Indicate the source of ☐ FIS Profile B11. Indicate elevation datu B12. Is the building located	& Community No. 285253 B5. Suffix G the Base Flood I	B6. FIRM Index Date 12-21-2017 Elevation (BFE) data or Community in Item B9: rrier Resources System	2. County Name Harrison B7. FIRM Panel Effective/Revised Date 06-16-2009 r base flood depth entered in Item Determined	B8. Flood Zone(s) AE B9: Durce: 188	3. State MS B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 20.0 Durce: Yes IX No		
City of Gulfport B4. Map/Panel Number 28047C0269 B10. Indicate the source of	& Community No. 285253 B5. Suffix G the Base Flood In FIRM mused for BFE in a Coastal Bar SECTION based on:	B6. FIRM Index Date 12-21-2017 Elevation (BFE) data of Community in Item B9: rrier Resources System	2. County Name Harrison B7. FIRM Panel Effective/Revised Date 06-16-2009 r base flood depth entered in Item Determined	B8. Flood Zone(s) AE B9: Durce: 188	3. State MS B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 20.0 Durce: Yes IX No		
City of Gulfport B4. Map/Panel Number 28047C0269 B10. Indicate the source of	& Community No. 285253 B5. Suffix G the Base Flood In FIRM mused for BFE in a Coastal Bar SECTION based on:	B6. FIRM Index Date 12-21-2017 Elevation (BFE) data of Community in Item B9: rrier Resources System	2. County Name Harrison B7. FIRM Panel Effective/Revised Date 06-16-2009 r base flood depth entered in Item Determined Other/Sc NGVD 1929 NAVD 19 n (CBRS) area or Otherwise Prote CBRS OPA LEVATION INFORMATION Drawings* Building Und	B8. Flood Zone(s) AE B9: burce: 088	3. State MS B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 20.0 Durce: Yes X No		
City of Gulfport B4. Map/Panel Number 28047C0269 B10. Indicate the source of	& Community No. 285253 B5. Suffix G the Base Flood In FIRM In used for BFE in a Coastal Bare SECTION based on: icate will be required.	B6. FIRM Index Date 12-21-2017 Elevation (BFE) data of Community in Item B9: rrier Resources System	2. County Name Harrison B7. FIRM Panel Effective/Revised Date 06-16-2009 r base flood depth entered in Item Determined Other/So NGVD 1929 NAVD 19 n (CBRS) area or Otherwise Prote CBRS OPA LEVATION INFORMATION (D Drawings* Building Under the building is complete.	B8. Flood Zone(s) AE B9: Durce: D88	3. State MS B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 20.0 Durce: Yes X No		
City of Gulfport B4. Map/Panel Number 28047C0269 B10. Indicate the source of	& Community No. 285253 B5. Suffix G the Base Flood In FIRM mused for BFE in a Coastal Bar SECTION based on:	B6. FIRM Index Date 12-21-2017 Elevation (BFE) data of Community in Item B9: rrier Resources System	2. County Name Harrison B7. FIRM Panel Effective/Revised Date 06-16-2009 r base flood depth entered in Item Determined Other/Sc NGVD 1929 NAVD 19 n (CBRS) area or Otherwise Prote CBRS OPA LEVATION INFORMATION Drawings* Building Und	B8. Flood Zone(s) AE B9: Durce: D88	3. State MS B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 20.0 Durce: Yes X No		
City of Gulfport B4. Map/Panel Number 28047C0269 B10. Indicate the source of	& Community No. 285253 B5. Suffix G the Base Flood In FIRM m used for BFE in a Coastal Bar SECTION based on: icate will be required.	B6. FIRM Index Date 12-21-2017 Elevation (BFE) data of Community in Item B9: rrier Resources System	2. County Name Harrison B7. FIRM Panel Effective/Revised Date 06-16-2009 r base flood depth entered in Item Determined Other/So NGVD 1929 NAVD 19 n (CBRS) area or Otherwise Prote CBRS OPA LEVATION INFORMATION (D Drawings* Building Under the building is complete.	B8. Flood Zone(s) AE B9: Durce: 188	3. State MS B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 20.0 Durce: Yes X No		
City of Gulfport B4. Map/Panel Number 28047C0269 B10. Indicate the source of	& Community No. 285253 B5. Suffix G the Base Flood In FIRM m used for BFE in a Coastal Bar SECTION based on: icate will be required.	B6. FIRM Index Date 12-21-2017 Elevation (BFE) data of Community in Item B9: rrier Resources System	2. County Name Harrison B7. FIRM Panel Effective/Revised Date 06-16-2009 r base flood depth entered in Item Determined Other/Sc NGVD 1929 NAVD 19 n (CBRS) area or Otherwise Prote CBRS OPA LEVATION INFORMATION (1) Drawings* Building Und n of the building is complete. Title CRS /CFN Telephone	B8. Flood Zone(s) AE B9: Durce: 188	3. State MS B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 20.0 Durce: Yes X No		

Correction of street name.

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 baces 1-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 USE A1. Building Owner's Name Policy Number: Greg Smith A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 134 Cedar Drive (Lot 9, Lakeland Subdivision) State ZIP Code Gulfport Mississippi 39503 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 9, Lakeland Subdivision, Section 6-8-10, City of Gulfport, Harrison County, Mississippi A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential A5. Latitude/Longitude: Lat. 30°22'59.1" N Long. 89°01'43.5" W Horizontal Datum: ☐ NAD 1927 🔯 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 A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) N/A sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A8.b N/A sq in A9. For a building with an attached garage: a) Square footage of attached garage N/A sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A9.b N/A sq in d) Engineered flood openings? Yes X No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number B2. County Name B3. State 285253, City of Gulfport Harrison Mississippi B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood B9. Base Flood Elevation(s) Number Date Effective/ Zone(s) (Zone AO, use Base Flood Depth) Revised Date 28047C0269 G 12-21-2017 06-16-2009 AE 20.0 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, 2022 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 134 Cedar Drive (Lot 9, Lakeland Subdivision) City State ZIP Code Company NAIC Number Gulfport Mississippi 39503 SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: Construction Drawings* ☐ Building Under Construction* 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: City of Gulfport BM "S-082-07" Vertical Datum: NAVD88 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929

NAVD 1988

○ Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 22.6 |X | feet meters b) Top of the next higher floor N/A feet ☐ meters c) Bottom of the lowest horizontal structural member (V Zones only) N/A feet meters d) Attached garage (top of slab) N/A feet meters e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 22.4 × feet meters f) Lowest adjacent (finished) grade next to building (LAG) 11.6 X feet meters g) Highest adjacent (finished) grade next to building (HAG) 12.1 X feet meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 11.8 × 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? Check here if attachments. Certifier's Name License Number Gene Paul Stenum PLS #02752 Title Professional Land Surveyor Company Name Stenum Surveying, LLC. Address 24008 Success Road City State 9-21-20 ZIP Code Saucier Mississippi 39574 Signature Date Telephone Ext. 09-21-2020 (228) 392-5552 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) ***See Page 4 of this document for comments***

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or Bldg, No.) or P.O. Route and Box No.	Policy Number:					
134 Cedar Drive (Lot 9, Lakeland Subdivision) City State 7/D Code						
Gulfport State ZIP Code Mississippi 39503	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 intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.						
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 feet ms	eters above or below the HAG.					
crawlspace, or enclosure) is feet me						
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and the next higher floor (elevation C2.b in	l/or 9 (see pages 1–2 of Instructions),					
the diagrams) of the building is feet me	eters above or below the HAG.					
E3. Attached garage (top of slab) is	eters above or below the HAG.					
E4. Top of platform of machinery and/or equipment servicing the building is						
E5. Zone AO only: If no flood depth number is available, in the tea of the heaters floor in the						
floodplain management ordinance? Yes No Unknown. The local official mu	accordance with the community's st 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.						
Property Owner or Owner's Authorized Representative's Name	The state of the s					
Address						
City	State ZIP Code					
Signature Date	Telephone					
Comments						
	<u> </u>					
	To the state of th					
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ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box 134 Cedar Drive (Lot 9, Lakeland Subdivision)	No. Policy Number:					
City						
Gulfport State ZIP Code Mississippi 39503	Company NAIC Number					
SECTION G - COMMUNITY INFORMATION (OPTIC	DNAL					
The local official who is authorized by law or ordinance to administrative						
Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.						
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 located in Zone A (without or Zone AO,	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 basement) of the building:	feet metersDatum					
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 location, per C2(e), if applicable)						
1.) Basis of elevation datum is referenced as NAVD 88, Geoid12B, as needed to correspond with current 2009 FEMA flood maps. 2.) The residence falls within Flood Zone "AE," with a Base Flood Elevation of 20, as per attached FEMA flood map exhibit and survey plat. The residence also falls within the Limits of Moderate Wave Action region as per flood map. 3.) Vertical ties were made at time of this certificate to City of Gulfport Benchmark "S-082-07," to report elevations listed hereon. 4.) Elevation shown in section C.2(e) is the elevated a/c deck at time of certificate located on north side of residence. 5.) The elevation reported in C.2(a) is the top of the elevated living floor for the residence. The concrete slab below the living floor is at an elevation of 12.4. There are no enclosures below the elevated living floor at time of this certificate.						
	☐ Check here if attachments.					

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

ELEVATION CERTIFICATE Expiration Date: November 30, 2022 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 134 Cedar Drive (Lot 9, Lakeland Subdivision) City State ZIP Code Company NAIC Number Gulfport Mississippi 39503

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

West/front view of Lot 9, Lakeland Subdivision, looking southeast. 9/13/2020, with AC deck

Clear Photo One



Photo Two

Photo Two Caption

Southwest front view, Lot 9, Lakeland Subdivision, looking Northeast. 9/13/2020

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

ELEVATION CERTIFICATE Expiration Date: November 30, 2022 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. FOR INSURANCE COMPANY USE Policy Number: 134 Cedar Drive (Lot 9, Lakeland Subdivision) City State ZIP Code Gulfport Company NAIC Number 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 East view, Lot 9, Lakeland Subdivision, looking Southwest. 9/13/2020

Clear Photo Three



Photo Four

Photo Four Caption Rear East View, Lot 9, Lakeland Subdivision, looking Northwest. 9/13/2020

Clear Photo Four