



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	Ashley Gruich	Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	1407 Mill Road	Company NAIC Number
City	State	ZIP Code
Gulfport	MS	39507
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
Parcel #0910H-01-041.000, 002, 003, 004		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)		
Residential		
A5. Latitude/Longitude: Lat. <u>30.4056488</u> Long. <u>89.039461</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>5</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s) <u>0</u> sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>		
c) Total net area of flood openings in A8.b <u>0</u> sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
A9. For a building with an attached garage:		
a) Square footage of attached garage <u>0</u> sq ft		
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>		
c) Total net area of flood openings in A9.b <u>0</u> sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
City of Gulfport 285253		Harrison		MS	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
28047C 0268	G	12/21/2017	06/16/2009	AE	15.0
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:					
<input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Designation Date: <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:			
<input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction			
*A new Elevation Certificate will be required when construction of the building is complete.			
Local Official's Name		Title	
Michael Edwards		CRS /CFM	
Community Name		Telephone	
City of Gulfport			
Signature		Date	
<i>Michael Edwards</i>		6/4/2020	
Comments			

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 USE	
A1. Building Owner's Name Ashley Gruich			Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1407 Mill Road			Company NAIC Number:		
City Gulfport		State Mississippi		ZIP Code 39507	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Parcel #0910H-01-041,000, 002, 003, 004					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) residential					
A5. Latitude/Longitude: Lat. 30.4056488 Long. 89.039461 Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) 0 sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0					
c) Total net area of flood openings in A8.b 0 sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Gulfport 28047C			B2. County Name Harrison		B3. State Mississippi
B4. Map/Panel Number 0268	B5. Suffix G	B6. FIRM Index Date 06/16/2009	B7. FIRM Panel Effective/ Revised Date 06/16/2009	B8. Flood Zone(s) AE 15	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 15.0
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

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

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. 1407 Mill Road			Policy Number:
City Gulfport	State Mississippi	ZIP Code 39507	Company NAIC Number

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* 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 Vertical Datum: NVAD 1988

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) | <u>19.25</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N/A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | _____ | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>18.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>11.79</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>12.2</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>11.79</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> 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 Terrill J. Moran, Jr.	License Number MS 1779		
Title Surveyor			
Company Name Terry Moran & Associates, PLLC			
Address 370 Courthouse Road, Suite 104			
City Gulfport	State Mississippi		ZIP Code 39507
Signature 	Date 10/30/2018		Telephone (228) 896-4733

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)

City of Gulfport Benchmark S-218-07, Elevation 6.34
 Air Conditioning equipment is the same elevation as the house.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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. 1407 Mill Road			Policy Number:
City Gulfport	State MS	ZIP Code 39507	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.

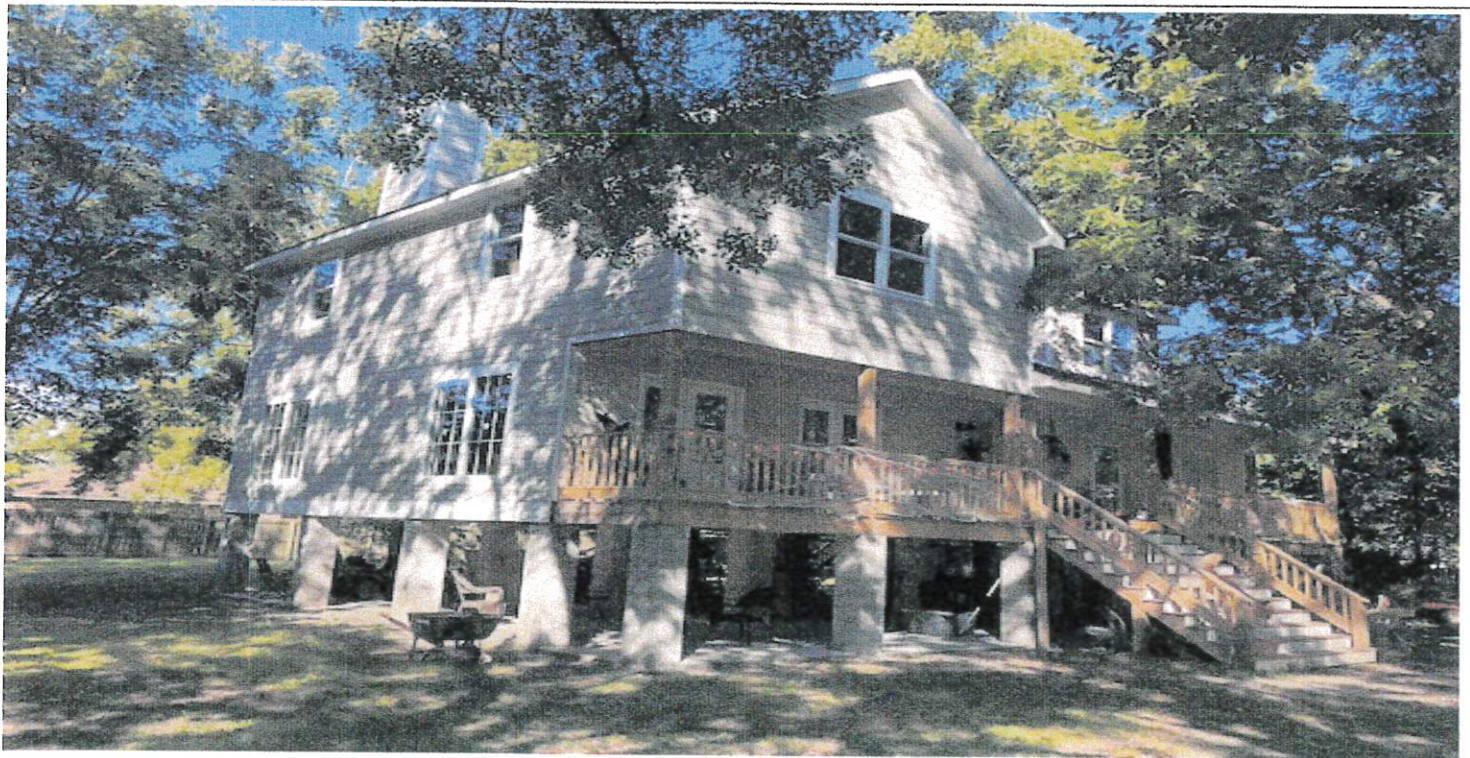


Photo One

Photo One Caption

BUILDING PHOTOGRAPHS

Continuation Page

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. 1407 Mill Road			Policy Number:
City Gulfport	State MS	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

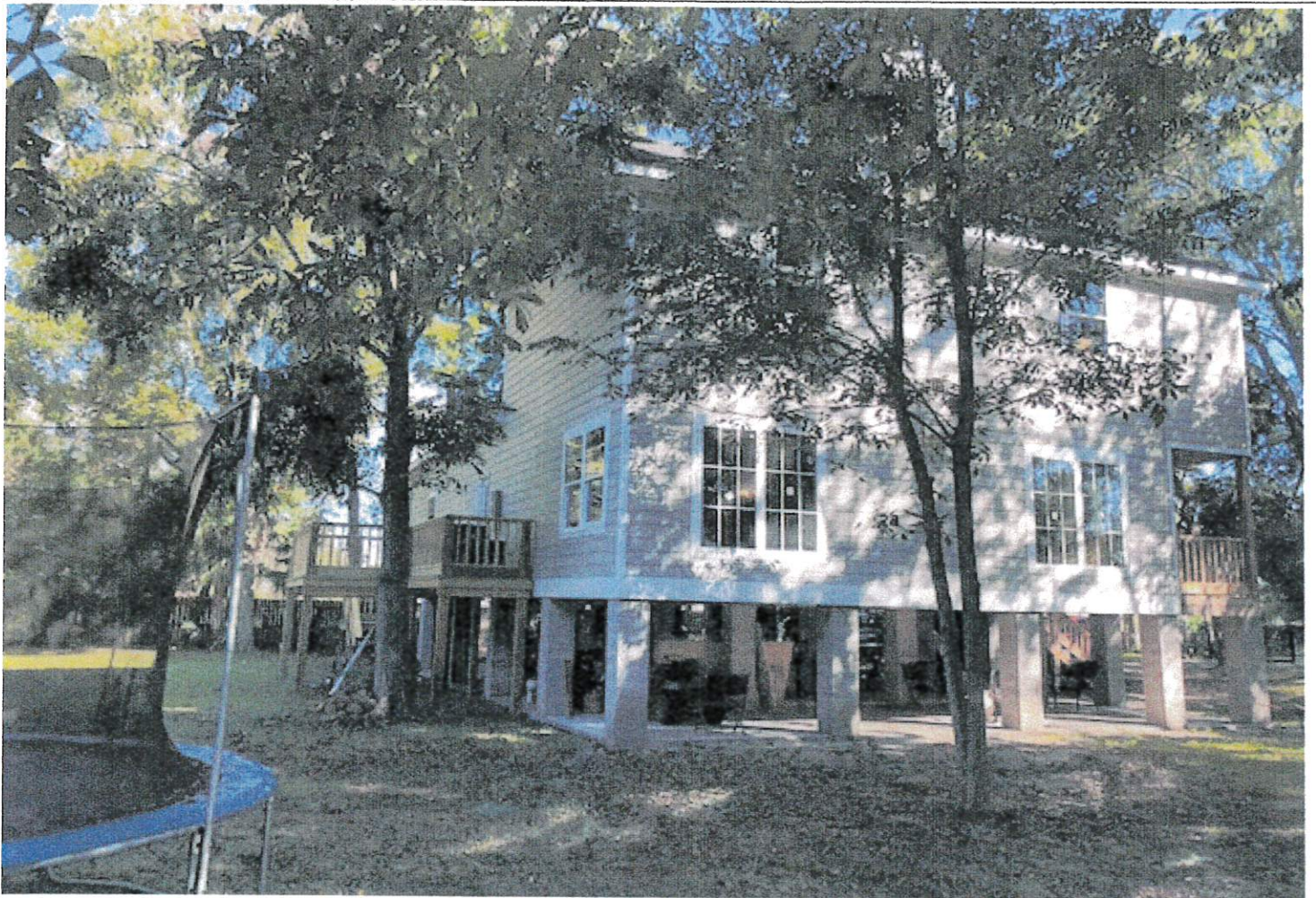


Photo Two

Photo Two Caption



Photo Two

Photo Two Caption