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 INSU	ANCE COMPANY USE		
A1. Building Owner's Name DENNIS CHAVERS Policy Number:				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Company	IAIC Number		
1510 BEACH BOULEVARD	Company WAIC Number.			
City State GULFPORT Mississippi	ZIP Code 39507			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PART OF LOT 7, URIEL WRIGHT SURVEY, DB 837 PG 517, SECTION 6, T 8 S, R 10 W, PARCEL 1011C-01-006.000				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL				
A5 otitude// operitude 1 -1 20 22/00 0/1	*	927 × NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insi		Z. 214.0 1000		
A7. Building Diagram Number1B				
A8. For a building with a crawlspace or enclosure(s):				
a) Square footage of crawlspace or enclosure(s) 0.00 sq ft				
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above	e adjacent gra	de 0		
c) Total net area of flood openings in A8.b sq in				
d) Engineered flood openings?				
A9. For a building with an attached garage:				
a) Square footage of attached garage 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 0.00 sq in				
d) Engineered flood openings?	d) Engineered flood openings?			
SECTION R EL OOD INCLIDANCE DATE MAD (ELDAN) INCORN	ATION			
B1. NFIP Community Name & Community Number B2. County Name	ATION	P.O. O. I.		
CITY OF GULFPORT 285253 HARRISON		B3. State Mississippi		
Date Effective/ Zone(s)	Base Flood Ele (Zone AO, use	evation(s) Base Flood Depth)		
28047C-0269 G 12-21-2017 Revised Date 06-16-2009 "AE" 20.0				
P10. Indicate the source of the Day Election				
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				

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rou 1510 BEACH BOULEVARD	Policy Number:		
City State ZIP GULFPORT Mississippi 3950	Code 07	Company NAIC Number	
SECTION C - BUILDING ELEVATION INFORMAT	TON (SURVEY RI	EQUIRED)	A STATE OF THE STA
C1. Building elevations are based on: Construction Drawings* Building elevation Certificate will be required when construction of the building construction of the building complete Items C2.a—h below according to the building diagram specified in Benchmark Utilized: GPS USM NETWORK MS EAST Vertical Datum: 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 Benchmark of the Indicate elevation floor (including basement, crawlspace, or enclosure floor) b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	ding Under Construng is complete. FE), AR, AR/A, AR/ In Item A7. In Puert NAVD 88 GEOID (Inv.)	Check the measurer N/A feet m N/A feet m N/A feet m	AR/AO.
f) Lowest adjacent (finished) grade next to building (LAG)	· · · · · · · · · · · · · · · · · · ·	14.6 🛛 feet 🗌 m	eters
g) Highest adjacent (finished) grade next to building (HAG)			eters
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 		the second secon	eters
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?			
Certifier's Name License Number GARY A DURBIN MS P.L.S. 2401			
Title PROFESSIONAL LAND SURVEYOR Company Name GARY A DURBIN P.L.S. Address 2081 TRAILWOOD DRIVE City BILOXI State Mississippi	ZIP Code 39532	Seat Ps. 240 Pre	AND
Signature Date 09-17-2020 Copy all pages of this Elevation Certificate and all attachments for (1) community off	Telephone (228) 365-3632 icial. (2) insurance a	Ext.	ilding owner
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) SITE BENCHMARK TOP OF FIRE HYDRANT STEM ELEV=16.75 C2e AIR CONDITIONER ON PLATFORM NORTH SIDE OF BUILDING CONSULT WITH THE CITY FLOODPLAIN MANAGER BEFORE BEGINNING CONSTRUCTION PLANS NOT PROVIDED SURVEYOR THE CITY OF REQUIRES 1.0 FOOT OF FREEBOARD IN ADDITION TO THE BASE FLOOD ELEVATION			

ELEVATION CERTIFICATE

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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: 1510 BEACH BOULEVARD City State ZIP Code Company NAIC Number **GULFPORT** Mississippi 39507 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 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 meters 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 ☐ feet ☐ meters ☐ 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 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 Address City State ZIP Code Signature Date Telephone Comments Check here If attachments.

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1510 BEACH BOULEVARD			Policy Number:	
City GULFPORT	State Mississippi	ZIP Code 39507	Company NAIC Number	
SECTION	N G - COMMUNITY IN	FORMATION (OPTION/	AL)	
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete 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.				
engineer, or architect who is authoriz data in the Comments area below.)	ed by law to certify eleve	ation information. (Indica	ed and sealed by a licensed surveyor, te the source and date of the elevation	
or Zone AO.	,		FEMA-issued or community-issued BFE)	
G3. The following information (Items G4-	G10) is provided for con	nmunity floodplain mana	gement purposes.	
G4. Permit Number	G5. Date Permit Issue	od G	66. Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for:	New Construction	Substantial Improvement	t	
G8. Elevation of as-built lowest floor (including of the building:	j basement).		feet meters Datum	
G9. BFE or (in Zone AO) depth of flooding at t	G9. BFE or (in Zone AO) depth of flooding at the building site: feet meters			
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	ation, per C2(e), if appli	cable)	**************************************	
- The second of				
			;	
	•			
			Check here if attachments.	

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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City GULFPORT	State Mississippi	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 09/17/2020 FRONT

Clear Photo One



Photo Two Caption FRONT

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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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. 1510 BEACH BOULEVARD		Policy Number:	
City GULFPORT	State Mississippi	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 Three

Photo Three Caption REAR

Clear Photo Three



Photo Four Caption REAR

Clear Photo Four

Photo Four