

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.

1	SEC	TION A - PROPERTY	INFOF	RMATION		FOR INSU	RANCE COMPANY USE
A1. Building Owner's Name ELLIOTT HOMES, LLC					Policy Num		
<ul> <li>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</li> <li>160 PHILLLIPS DRIVE</li> </ul>					Company N	NAIC Number:	
City GULFPORT	. Otale						
A3. Property Desc PARCEL NO. 101		nd Block Numbers, Ta: 07	x Parce	l Number, Legal De	escription, etc.)	otania in province de la constitución de la constit	
A4. Building Use (	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longi	tude: Lat. 30	) 22'57.9"	Long	89 01'57.0"	Horizontal Datun	n: NAD	1927 🔀 NAD 1983
A6. Attach at least	t 2 photograp	hs of the building if the	Certific	cate is being used to	o obtain flood insura	ance.	<del></del>
A7. Building Diagra	am Number	1B					
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	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 0
c) Total net ar	ea of flood or	penings in A8,b 0	)s	sq in			The second secon
d) Engineered	flood openin	gs? ☐ Yes ☒ No	0				
A9. For a building v	vith an attach	ed garage:					
a) Square foot	age of attach	ed garage 507	***************************************	sq ft			
b) Number of p	permanent flo	ood openings in the atta	ached g	jarage within 1.0 fo	ot above adjacent g	rade	3
c) Total net are			00	sq in	1.392	***************************************	
d) Engineered		(35.00.000.000.000.000.000.000.000.000.00		,			
		, 6					
		CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Community Name & Community Number B2. County Name CITY OF GULFPORT, 285253 HARRISON			6		B3. State		
CITY OF GULFFOR	(1, 200200	1		HARRISON			Mississippi
B4, Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Ef	RM Panel fective/	B8. Flood Zone(s)	(Zor	se Flood Elevation(s) ne AO, use Base
28047C0268	G	06/16/2009	06/16/	evised Date /2009	AE	18	od Depth)
B10. Indicate the so	ource of the E	Base Flood Elevation (E	BFE) de	ata or base flood de	epth entered in Item	B9:	3,000
☐ 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 Resour	rces Sy	stem (CBRS) area	or Otherwise Proter	cted Area (C	PA)? ☐ Yes ☒ No
B12 Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date:							
	*						

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IMPORTANT: In these spaces, copy the co	responding information from S	Section A.	FOR INSURANCE COMPANY USE
Building Street Address (Including Apt., Unit, 1 160 PHILLLIPS DRIVE	Suite, and/or Bldg. No.) or P.O. R	oute and Box No.	Policy Number:
City GULFPORT	医环状腺素 医多种结合 经自己的 医二甲二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	IP Gode 9507	Company NAIC Number
SECTION C - BU	ILDING ELEVATION INFORMA	ATION (SURVEY R	EQUIRED)
C1. Building elevations are based on:  *A new Elevation Certificate will be requ C2. Elevations – Zones A1–A30, AE, AH, A Complete Items C2.a–h below according Benchmark Utilized: GPS RTK NETWO Indicate elevation datum used for the ele  NGVD 1929 NAVD 1988 Datum used for building elevations must a) Top of bottom floor (including basement) b) Top of the next higher floor c) Bottom of the lowest horizontal struct d) Attached garage (top of slab) e) Lowest elevation of machinery or equ (Describe type of equipment and local f) Lowest adjacent (finished) grade next g) Highest adjacent (finished) grade next	Construction Drawings* Bired when construction of the building with BFE), VE, V1–V30, V (with g to the building diagram specifical Dature evations in Items a) through h) be Dither/Source:  be the same as that used for the ent, crawispace, or enclosure floorural member (V Zones only)  supment servicing the building stion in Comments)  t to building (LAG)	uilding Under Construiding is complete.: BFE), AR, AR/A, AR/ d in Item A7, In Puertin: NAVD88, GEOID 2 low.	Check the measurement used.  Check the meters  X feet
structural support			X  feet     meters
SECTION D - SU	IRVEYOR, ENGINEER, OR AR	CHITECT CERTIFIC	CATION
This certification is to be signed and sealed by i certify that the information on this Certificate statement may be punishable by fine or imprision. Were latitude and longitude in Section A provi	ided by a licensed land surveyor?	chilect authorized by incident the data availated circle 1001.  Yes No	law to certify elevation information. ble. I understand that any false . Check here if attachments.
Certifier's Name CLIFFORD A. CROSBY, P.L.S.	License Number MS 2539	The second secon	A STATE AND A STATE OF THE STAT
Title OWNER Company Name CROSBY SURVEYING Address			APlince / to see all / there is
716 LIVE OAK DRIVE	e Maria e e e e e e e e e e e e e e e e e e e		1 197
City BILOXI	State Mississippi	ZIP Code 39532	च्या विकास स्थापित स्थाप । विकास स्थाप व विकास स्थाप स्थाप । विकास
Signature	Date 07/21/2017	Telephone (228) 234-1649	
Copy all pages of this Elevation Certificate and a	Il attachments for (1) community o	Ificial, (2) insurance a	gent/company, and (3) building owner,
Comments (including ∜pe of equipment and lo LOWEST MACHINERY IS THE BOTTOM OF ROAD AT ELEVATION 17.33, NO MACHINER	THE AIR CONDITIONING UNIT.	BENCHMARK IS A	VIAG, NAIL SET IN ASPHALT

Survey Carlot

### **ELEVATION CERTIFICATE**

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		on from Section A.			ICE COMPANY USE
Building Street Address (including Apt., Unit, Suite, a 160 PHILLLIPS DRIVE	ind/or Bidg. No.)	or P <sub>v</sub> O. Route and E	ox No.	Policy Number:	
City	State	ZIP Code		Company NAIC	: Number
GULFPORT	Mississippi	39507		The state of the second second second	
SECTION E - BUILDING E FOR ZO	LEVATION IN NE AO AND ZO	FORMATION (SUR ONE A (WITHOUT)	VEY NOT BFE)	REQUIRED)	ر مورد در د
For Zones AO and A (without BFE), complete items I complete Sections A, B, and C. For Items E1–E4, use enter meters.  E1. Provide elevation information for the following are the highest adjacent grade (HAG) and the lowes a) Top of bottom floor (including basement, crawispace, or enclosure) is  b) Top of bottom floor (including basement, crawispace, or enclosure) is  E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2,b in the diagrams) of the building is	natural grade, ind check the application of the application of the adjacent grade	f available. Check the propriete boxes to she (LAG).    feet	e measurer ow whether meters meters s 8 and/or meters	the elevation is  above or  above or  s above or  (see pages 1—  above or	ento Rico only, above or below  below the HAG. below the LAG. of Instructions), below the HAG.
E3. Attached garage (top of slab) is	<del></del>	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 availa floodplain management ordinance? Yes	ble, is the top of ☐ No ☐ Unk	the bottom floor electrown. The local of	vated in acc icial must c	ordance with the ertify this inform	e community's ation in Section G.
SECTION F - PROPERTY OV	VNER (OR OW	NER'S REPRESENT	ATIVE) CE	RTIFICATION	
The property owner or owner's authorized representa	tive who comple	tes Sections A <u>.</u> B. a	nd E for Zor	ne A (without a F	EMA-Issued or
community-issued BFE) or Zone AO must sign here.		in Sections A, B, and	l E are com	ect to the best o	f my knowledge,
Property Owner or Owner's Authorized Representativ	e's Name				
Address		City	Sta	te	ZIP Code
Signature	2004-00-00	Date	Tel	ephone	3
Cignataro	e. 1	rous.	101	opriona	
Comments		A Company of the Comp	AND REAL PROPERTY.		distance and the first of the same of the
					3

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IMPORTANT: In these spaces, copy the	corresponding information	n from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., U 160 PHILLLIPS DRIVE	nit, Suite, and/or Bidg. No.)	ог P <sub>.</sub> O. Route and Bo	x No. Policy Number:
City GULFPORT	State Mississippi	ZIP Code 39507	Company NAIC Number
SI	CTION G → COMMUNITÝ I	NFORMATION (OPT	ionál)
Sections A, B, C (or E), and G of this Elevused in Items G8-G10. In Puerto Riccion	/atlon Certificate. Complete ly, enter meters.	the applicable item(s)	Iplain management ordinance can complete and sign below. Check the measurement
engineer, or architect who is au data in the Comments area beld	thorized by law to certify ele- ow.)	vation information. (In	signed and sealed by a licensed surveyor, idicate the source and date of the elevation
or Zone AO.		er e e e	ut a FEMA-issued or community-issued BFE)
G3. The following information (Items	s G4-G10) is provided for co	mmunity fioodplain n	nanagement purposes.
G4, Permit Number	G5. Date Permit Issu	led	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction ☐	Substantial improve	ment
G8, Elevation of as-built lowest floor (incl of the building:	uding basement)		☐ feet ☐ meters Datum
G9. BFE or (in Zone AO) depth of flooding	ng at the building site:		☐ feet ☐ meters Datum
G10. Community's design flood elevation:	1 September of the Control of the Co	And the second s	☐ feet ☐ meters Datum
Local Official's Name	The state of the s	Title	The process of the second of t
Community Name	an en alman ann an marrann ann an t-aireann an t-aireann an t-aireann an t-aireann an t-aireann ann ann ann an	Telephone	Marini (Mira (Mira Marini da Gara (Marini Marini Marini Marini Marini Marini Marini Marini Marini Marini Marini Marini (Mira (Mira (Mira Marini Ma
Signature	entering and the College of the State Office of the Office of the State Office of the Office of	Date	and the state of t
Comments (including type of equipment ar	nd location, per C2(e), if app	licable)	
	·	· ·	
			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 Caption FRONT VIEW 07/21/2017



Photo Two Caption REAR VIEW 07/21/2017

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

Continuation Page

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Building Street Address (including A 160 PHILLLIPS DRIVE	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.

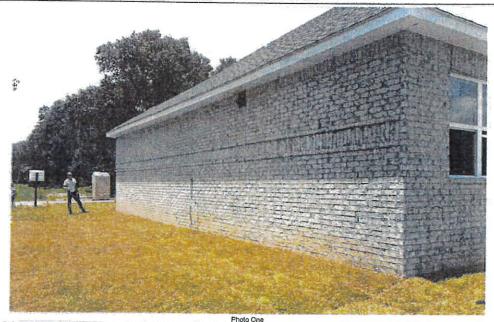


Photo One Caption RIGHT SIDE VIEW 07/21/2017

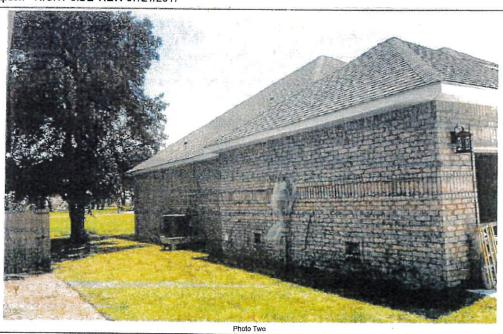


Photo Two Caption LEFT SIDE VIEW 07/21/2017