## 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.

		TION A - PROPERTY	INFOR	MATION		FOR INSUI	RANCE COMPANY USE
A1. Building Own KENNETH LANAH	IAN					Policy Num	ber:
A2. Bullding Stree Box No. 1810 BURTON AV	1000	cluding Apt., Unit, Suit	e, and/c	or Bldg. No.) or P.O	. Route and	Company N	IAIC Number:
City GULFPORT				State Mississippi		ZIP Code 39501	
A3. Property Desc PARCEL NO. 091	ription (Lot a IC-02-003.00	nd Block Numbers, Ta 3 LOT 5, 2ND STRI	x Parce ET CO	l Number, Legal De VE SUBDIVISION	escription, etc.)		Value and C
A4. Building Use (	e.g., Resider	itial, Non-Residential,	Addition	, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longi	tude: Lat 30	0 22 43.1"	Long.	089 03'22.1"	Horizontal Datur	n. 🔲 NAD 1	927 🗵 NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	Certific	ate is being used t	o obtain flood insur	ance,	
A7. Building Diagra	am Number	6					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)		226 sq ft	to the constant to the	\$	y distribu
b) Number of	permanent flo	ood openings in the cr	awlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 2
c) Total net ar	ea of flood or	penings in A8.b 40	)Ö ş	sg in			
d) Engineered	flood openin	gs? ⊠Yes □ N	<u></u>				
A9. For a building v	with an attack			a Tueswie a	of South Control		• • • • • • • • • • • • • • • • • • • •
			·				
		ed garage 0					
The second second		ood openings in the att	ached o	garage within 1.0 fo	ot above adjacent	grade	.0
c) Total net are	ea of flood op	enings in A9.b	0	sq in	-		e to the
d) Engineered	flood openin	gs? ☐ Yes ☒ N	la 				AMO LEGICAL
		CTION B - FLOOD II	VSURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Communi CITY OF GULFPOR		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 nd Depth)
28047C0268	G	12/27/2017	06/16		AE	18	
		Base Flood Elevation ( Community Determ			epth entered in Item	n B9:	
B11. Indicate eleva	tion datum us	sed for BFE in Item B9	). 🔲 N	GVD 1929 🛭 NA	VD 1988 ☐ Ot	her/Source:	:
B12. Is the building	located in a	Coastal Barrier Resou	rces Sy	rstem (CBRS) area	or Otherwise Prote	ected Area (C	PPA)? ∐ Yes ⊠ No
Designation D				□ ОРА		•	· Managed Liferaged · · · · · ·
	· · · · · · · · · · · · · · · · · · ·						

#### **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/or 1810 BURTON AVENUE	Policy Number:			
City Sta GULFPORT Mis	te ZIP sissippi 395	Code 501	Company NAIC Number	
SECTION C - BUILDING EL	EVATION INFORMA	TION (SURVEY RI	EQUIRED)	
C1. Building elevations are based on: Construction	on Drawings*	Iding Under Constru	uction* X Finished Construction	
*A new Elevation Certificate will be required when c				
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the build Benchmark Utilized: GPS RTK NETWORK	ding diagram specified	BFE), AR, AR/A, AR/ in Item A7. In Puert : NAVD88, GEOID 2	o Rico only, enter meters.	
Indicate elevation datum used for the elevations in it		DW.		
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/s  Datum used for building elevations must be the sam		REC	<del>a adamana and a adamana a adamana a</del>	
880 C.			Check the measurement used.	
a) Top of bottom floor (including basement, crawlsp   Top of the position of the control of the con	pace, or enclosure floor		feet   meters	
b) Top of the next higher floor		<u>26</u> . <u>5</u>	x feet meters	
bottom of the lowest horizontal structural member     Attached garage (top of slab)	er (V Zones only)	N/A N/A	X feet meters	
' ' ' '	vicing the building	19 6	X feet meters	
e) Lowest elevation of machinery or equipment ser     (Describe type of equipment and location in Corr		2 8 8	X feet  meters	
f) Lowest adjacent (finished) grade next to building	18 18 18 18 18 18 18 18 18 18 18 18 18 1	<u> </u>	x feet  meters	
g) Highest adjacent (finished) grade next to building	0.00	14. 6	X feet  meters	
h) Lowest adjacent grade at lowest elevation of dec structural support	ck or stairs, including	14. 2	X feet  meters	
SECTION D – SURVEYOR,				
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 lie	censed land surveyor?	⊠Yes □No	Check here if attachments.	
Certifier's Name CLIFFORD A. CROSBY, P.L.S.	License Number MS 2539			
Title			SOLO A CO	
OWNER	Uno 2			
CROSBY SURVEYING	Company Name CROSBY SURVEYING			
Address 716 LIVE OAK DRIVE	H3 7539			
City BILOXI	State Mississippi	ZIP Code 39532	MISS	
Signature (1/4)	Date 05/22/2019	Telephone (228) 234-1649		
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) LOWEST MACHINERY IS THE BOTTOM OF THE AIR CONDITIONING UNIT ON RAISED PLATFORM. BENCHMARK IS A MAG. NAIL SET IN ASPHALT ROAD TO SOUTH OF PROPOSED RESIDENCE AT ELEVATION 11.07				

# **ELEVATION CERTIFICATE**

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IMPORTANT: In these spaces, copy the correspon				NCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, at 1810 BURTON AVENUE	nd/or Bldg. No.)	or P.O. Route and Box No.	Policy Number	ers.
City GULFPORT	State Mississippi	ZIP Code 39501	Company NA	IC Number
SECTION E - BUILDING E FOR ZON	LEVATION INF NE AO AND ZO	ORMATION (SURVEY N NE A (WITHOUT BFE)	OT REQUIRED)	
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 Cer natural grade, if	tificate is intended to suppo available, Check the meas	ort a LOMA or LOM ourement used. In I	IR-F request, Puerto Rico only,
E1. Provide elevation information for the following an the highest adjacent grade (HAG) and the lowest a) Top of bottom floor (including basement,	d check the appr t adjacent grade	(LAG).	ther the elevation	is above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is			[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	or below the HAG.
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provide	ed in Section A Items 8 and		I–2 of Instructions), or ☐ below the HAG.
E3. Attached garage (top of slab) is	* 39	[feet ] m	··	or Delow the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	· .	feet me	eters 🔲 above o	or Delow the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	ole, is the top of I	the bottom floor elevated in nown. The local official mu	accordance with l ast certify this infor	he community's mation in Section G.
SECTION F - PROPERTY OW	NER (OR OWN	ER'S REPRESENTATIVE	CERTIFICATION	
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here.	live who complet The statements in	es Sections A, B, and E for n Sections A, B, and E are	Zone A (without a correct to the best	FEMA-issued or of my knowledge.
Property Owner or Owner's Authorized Representative	e's Name	·	<del>are de la constitución de la cons</del> titución de la constitución de la c	
Address		City	State	ZIP Code
Signature		Date	Telephone	
Comments				A STATE OF THE STA
			٠	

### **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the co	responding information fr	om Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, 1810 BURTON AVENUE  City			Policy Number
City GULFPORT	State Mississippi	ZIP Code - 39501	Company NAIC Number
de talle a service de la companya de	ION G COMMUNITY INFO	A. A.	
The local official who is sufficitived by law or		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon
The local official who is authorized by law or of Sections A, B, C (or E); and G of this Elevation used in Items G8–G10. In Puerto Rico only, e		applicable item(s) and sig	anagement ordinance can complete in below. Check the measurement
G1. The information in Section C was ta engineer, or architect who is author data in the Comments area below.)	ken from other documentati zed by law to certify elevation	on that has been signed and information. (Indicate t	he source and date of the elevation
G2. A community official completed Sec or Zone AO.	tion E for a building located	in Zone A (without a FEN	MA-Issued or community-issued BFE)
G3: The following information (Items G4	-G10) is provided for comm		nent purposes.
64. Permit Number	G5. Date Permit Issued	G6.	Date Certificate of Compliance/Occupancy Issued
And halo		The second secon	The state of the s
G7. This permit has been issued for.	☐ New Construction ☐ Sul	ostantial Improvement	。 ○表:海的集化的: :
G8. Elevation of as built lowest floor (including of the building:	g basement)	fee	t ∏ meters matrim
· · · · · · · · · · · · · · · · · · ·	THE PROPERTY OF THE PARTY OF THE		L Interes Datúm
G9. BFE or (in Zone AO) depth of flooding at	the building site:	fee	t ☐ meters Datum
G10. Community's design flood elevation:		fee	t ☐ meters
Local Official's Name	Tit		36
A STORY			200 (1994)
Community Name	Ţe	lephone	
Signature	Da	to:	
	Da	16	• • • • • • • • • • • • • • • • • • •
Comments (including type of equipment and lo	offine mar COISE If Augustuan	fus	-
Secretaria de Santa Secretaria de Cara	sairon, per oż(e), n applicac	ie)	
		•	
			:
			: . :
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			:
			Check here if attachments.

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

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Building Street Address (including 1810 BURTON AVENUE	Apt., Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City	State	ZIP Code	Company NAIC Number
GULFPORT	Mississippi	39501	

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 FRONT VIEW 05/22/2019



Photo Two

Photo Two Caption REAR VIEW 05/22/2019

### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

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	<u> </u>	Expiration Date. November 30, 2018	
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.  1810 BURTON AVENUE			
	., Unit, Suite, and/or Bldg. No.) o	State ZIP Code	

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 RIGHT SIDE VIEW 05/22/2019



Photo Two

Photo Two Caption LEFT SIDE VIEW 05/22/2019