

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

A1. Building Owner's Name LADNER		FOR INSURANCE COMPANY USE	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 430 WOODWARD AVENUE		Policy Number:	
City GULFPORT		State Mississippi	ZIP Code 39501
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) SOUTH 54 FEET OF NORTH 116 FEET LOT 30, BLOCK 4, GASTON POINT BEACH ADDITION, 07110-03-100.001 (TRACT 11)			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>			
A5. Latitude/Longitude: Lat <u>30-21'28.3"</u> Long. <u>89-06'54.3"</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>0.00</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>0.00</u> sq in			
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
A9. For a building with an attached garage:			
a) Square footage of attached garage <u>0.00</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>0.00</u> sq in			
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number CITY OF GULFPORT 285253		B2. County Name HARRISON		B3. State Mississippi	
B4. Map/Panel Number 28047C-0376	B5. Suffix G	B6. FIRM Index Date 12-21-2017	B7. FIRM Panel Effective/ Revised Date 06-16-2009	B8. Flood Zone(s) "VE"	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 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. 430 WOODWARD AVENUE			Policy Number:
City GULFPORT	State Mississippi	ZIP Code 39501	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: GPS MS EAST USM NETWORK Vertical Datum: NAVD 88

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) | _____ 26.5 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | _____ N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | _____ 25.2 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | _____ N/A | <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) | _____ 25.8 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | _____ 11.6 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | _____ 13.4 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | _____ 12.8 | <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 GARY A DURBIN		License Number 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		
Signature 	Date 05-28-2020	Telephone (228) 365-3632	Ext.	

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 SEWER MANHOLE SW CORNER LOT 31 ELEV=11.41
C2e AIR CONDITIONER ON WOOD PLATFORM EAST OF BUILDING



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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 430 WOODWARD AVENUE			Policy Number:	
City GULFPORT	State Mississippi	ZIP Code 39501	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, crawlspace, 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.



BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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City GULFPORT	State Mississippi	ZIP Code 39501	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 05/28/2020 FRONT

Clear Photo One



Photo Two

Photo Two Caption SIDE

Clear Photo Two



ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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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.
430 WOODWARD AVENUE

FOR INSURANCE COMPANY USE

Policy Number:

City
GULFPORT

State
Mississippi

ZIP Code
39501

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 SIDE

Clear Photo Three



Photo Four

Photo Four Caption REAR

Clear Photo Four



**NATIONAL
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V-Zone and Breakaway Design Certificate

Pre-Construction X As Built

For New Construction, Substantial Improvements, and the repair of damage to buildings in Coastal Special Flood Hazard Area (Zone V)

Name of Property Owner: Wallace and Jeanette Ladner

Building Address: Woodward Ave.

City: Gulfport State: MS Zip Code: 39501

Parcel Number: 07110-03-100.001

Section 1: Flood Insurance Rate Map (FIRM) data

NOTE: This Certificate is NOT a substitute for an Elevation Certificate.

Community Name City of Gulfport Community ID Number 285253 FIRM Panel Number 28047C0376
Panel Suffix G FIRM Zone "VE 20" & "VE 21" Date of FIRM Panel 06/16/2009 Date of Index
12/21/2017

Section 2: Elevation Information

Record elevations to the one tenth (1/10) of a foot.

- Elevation of the bottom of the Lowest Horizontal Structural Member..... 22.9 feet
- Base Flood Elevation (BFE)..... 21.0 feet
- Elevation of Lowest Adjacent Grade (LAG)..... 12.6 feet
- Foundation type: Piling X / Post / Pier / Column / Fill / Shear Wall /
- Foundation Description: 12"x12" Treated Piles; Driven to point of refusal
- Approximate depth of scour/erosion used for foundation design..... 2 feet
- Embedment depth of pilings or foundation below LAG..... 10' feet
- Datum used: NGVD 29 / NAVD 88 X / Other

Section 3: V Zone Certifying Statement

I certify that I have developed or reviewed the structural design, plans, and specifications for construction and that the proposed design and methods of construction are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (including piles and columns) is elevated to above the BFE; and
- The pile or column foundation and structure attached thereto is anchored to resist floatation, collapse, and lateral movement due to the effects of wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

 JM (initial)



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Handwritten mark

Section 4: Breakaway Wall Certification Statement

I certify that I have developed or reviewed the structural design, plans and specifications for construction of breakaway walls. The design and methods of construction to be used for the breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

- The construction has been done in accordance with the design parameters indicated above. Breakaway walls have a design safe loading resistance of not less than 20 pounds per square foot.
- Breakaway walls collapse shall result from water loads no less than that which would occur during the base flood; and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the combined effects of wind and water loads acting simultaneously on all building components, structural and non-structural. Wind loading values used shall be those required applicable by state or local building standards. Water loading values shall be those associated with the base flood. Such enclosed space shall be useable solely for parking of vehicles, building access or limited storage.

DM (initial)

Certification

Certifier's Name: Terry Moran, P.E. Title: Professional Engineer

Company Name: Terry Moran Engineering Registration Number: 6005

Street Address: 1806 23rd Ave., Suite B

City: Gulfport State: MS Zip Code: 39501 Telephone Number (228) 896-6768

Signature: *[Handwritten Signature]* Date: 2-17-20

SEAL:

NOTES: See Attachment

