



## 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\*\*

		SECTIO	N A - PROPERTY INFO	ORMATION		For Insurance Company Use:
A1. Building Owner's Name Twilbeck Michael E. and Christine E.				Policy Number		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4924 Finley St				Company NAIC Number		
City Stat Gulfport MS	39501					
A3. Property Description Harrison County	(Lot and Block Nur Tax Parcel 071	mbers, Tax Parcel Nur IN-02-095.000 St	nber, Legal Description, et	c.)		
A4. Building Use (e.g., R	esidential, Non-Re	sidential, Addition, Acc	essory, etc.)			
A5. Latitude/Longitude: A6. Attach at least 2 pho A7. Building Diagram Nu	tographs of the buil		89 07' 19.2" s being used to obtain flood	Horizontal Datum: dinsurance.	□ NAD	1927
A8. For a building with a	crawlspace or encl	osure(s):				
a) Square footage     b) Number of porm			sq ft		4	
c) Total net area of	flood openings in A		enclosure(s) within 1.0 for sq in	ot above adjacent grade	4	
d) Engineered floor	, -	☑ Yes □ No	sq III			
A9. For a building with ar	0 0	0				
a) Square footage			sq ft	0		
c) Total net area of	anent flood opening flood openings in A	is in the attached gara	ge within 1.0 foot above ac	djacent grade		
d) Engineered floor		☐ Yes ဩ No	sq iii			
	SECT	ON B - FLOOD IN	SURANCE RATE MA	P (FIRM) INFORMA	TION	
B1. NFIP Community Nan	ne & Community N	ımber E	32. County Name		B3. Stat	e
City of Gulfport	285253		Harrison		MS	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index	B7. FIRM Panel	B8. Flood		. Base Flood Elevation(s)
28047C 0376	G	Date 12/21/2017	Effective/Revised Da	AE	(Zone	e AO, use base flood depth)
B10. Indicate the source FIS Profile	of the Base Flood	Elevation (BFE) data o Community □	r base flood depth entered	l in Item B9: Other/Source:		
B11. Indicate elevation d	atum used for BFE	in Item B9:	□ NGVD 1929 ☒ N	IAVD 1988	er/Source:	_
B12. Is the building locat Designation Date:	ed in a Coastal Bar	rier Resources Systen	n (CBRS) area or Otherwis CBRS □ OPA	se ProtectedArea (OPA)	?	☐ Yes ☑ No
	SECTION	C - BUILDING EI	EVATION INFORMA	TION (SURVEY RE	QUIRED)	
C1. Building elevations a *A new Elevation Ce	re based on:	□ Construction		ding Under Construction		Finished Construction
Local Official's Name	nael Edwards		Title CR	S /CFM		
Community Name			Telephone		menting that dominates	
	of Gulfport		228	3-868-5790	ture to the second	
Signature	Alebanh		Date 4-5	5-2020		
Comments						

Correction A9 (d) No and Correction B6 Index date should be 12/21/2017

# 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.

SECTION A PROPERTY INFORMATION	FO	R INSURANCE COMPANY USE			
A1. Building Owner's Name TWILBECK MICHAEL E & CHRISTINE E		licy Number:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or I Box No. 4924 FINLEY ST	P.O. Route and Co	mpany NAIC Number:			
City State GULFPORT Mississipp	395	Code 501			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Harrison County Tax Parcel # 0711N-02-095.000 (STOKES SUBD)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.					
A5. Latitude/Longitude: Lat. 30°21' 24.8" Long. 89°07'19.2"	Horizontal Datum: [	NAD 1927 ⊠ NAD 1983			
A6. Attach at least 2 photographs of the building if the Certificate is being use	ed to obtain flood insurance	э.			
A7. Building Diagram Number6					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) 274 sq	ft				
b) Number of permanent flood openings in the crawlspace or enclosure(	s) within 1.0 foot above adj	acent grade 4			
c) Total net area of flood openings in A8.b 800 sq in		,			
d) Engineered flood openings?					
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.	) ) foot above adiacent grad	e 0			
c) Total net area of flood openings in A9.b 0 sq in					
d) Engineered flood openings?  X  Yes   No					
a) migritorios nota openinga: [N] 169 [] IAO					
SECTION B - FLOOD INSURANCE RATE M.	AP (FIRM) INFORMATIO	N			
B1. NFIP Community Name & Community Number  GULFPORT - 285253  B2. County Na HARRISON	me	B3. State Mississippi			
B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel Date Effective/	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base			
28047C0376 G 06/16/2009 Revised Date 06/16/2009	AE	Flood Depth)			
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 CPA					

### **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the corresponding information from Sect	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rout 4924 FINLEY ST	Policy Number:			
City State ZIP C GULFPORT Mississippi 3950		Company NAIC Number		
SECTION C - BUILDING ELEVATION INFORMATI	ON (SURVEY R	QUIRED)		
	ing Under Construg is complete. E), AR, AR/A, AR/ I Item A7. In Puerto NAVD 1988	iction*  Finished Construction		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including	N/A	X feet  meters		
structural support	HTPAT APPARIE	0.1 TION		
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.				
4. A - 4 - 4	ZIP Code 39503	LAND SUBVEYOR  PLS62695 Here		
	Telephone			
Jany 6 06/27/2018	(228) 832-9643			
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)  THIS STRUCTURE IS ELEVATED on Piling (ENTIRELY IN ZONE AE-19).  THE BENCHMARK USED FOR THIS SURVEY IS A CITY OF GULFPORT BM # S-297-07 @ ELEVATION 18.42, NAVD 88  A STORAGE AREA, 274 SQ FT. @ (FF 17.05) HAS 4 ENGINEERED FLOOD VENTS. AN ELECTRICAL PANAL UNDER THE STRUCTURE IS @ ELEV 23.24.				

## **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, an 4924 FINLEY ST	d/or Bldg. No.) or P.O.	Route and Box No.	Policy Number:	
		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 Ercomplete Sections A, B,and C. For Items E1–E4, use renter meters.	I–E5. If the Certificate in atural grade, if availab	s intended to support le. Check the measur	a LOMA or LOMR-F request, ement used. In Puerto Rico only,	
<ul><li>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).</li><li>a) Top of bottom floor (including basement,</li></ul>				
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet mete		
crawlspace, or enclosure) is	· · · · · · · · · · · · · · · · · · ·			
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in the diagrams) of the building is	penings provided in Se	ection A Items 8 and/o		
E3. Attached garage (top of slab) is	***************************************	[] feet [] mete	ers above or below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is		[] feet [] mete	irs ☐ above or ☐ below the HAG.	
E5. Zone AO only: If no flood depth number is available floodplain management ordinance?   Yes	e, is the top of the botto No Unknown.	om floor elevated in a The local official must	ccordance with the community's certify this information in Section G.	
SECTION F - PROPERTY OW	NER (OR OWNER'S R	EPRESENTATIVE) C	ERTIFICATION	
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.				
community-issued BFE) or Zone AO must sign here. The	ne statements in Section	ns A, B, and E are co	rrect to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative	ne statements in Section	ns A, B, and E are co	rrect to the best of my knowledge.	
community-issued BFE) or Zone AO must sign here. Ti	ne statements in Section	ins A, B, and E are co	tate ZIP Code	
Property Owner or Owner's Authorized Representative	ne statements in Sections s Name	ins A, B, and E are co	rrect to the best of my knowledge.	
Property Owner or Owner's Authorized Representative'  Address	s Name  City	ins A, B, and E are co	tate ZIP Code	
Property Owner or Owner's Authorized Representative  Address  Signature	s Name  City	ins A, B, and E are co	tate ZIP Code	
Property Owner or Owner's Authorized Representative  Address  Signature	s Name  City	ins A, B, and E are co	tate ZIP Code	
Property Owner or Owner's Authorized Representative  Address  Signature	s Name  City	ins A, B, and E are co	tate ZIP Code	
Property Owner or Owner's Authorized Representative  Address  Signature	s Name  City	ins A, B, and E are co	tate ZIP Code	
Property Owner or Owner's Authorized Representative  Address  Signature	s Name  City	ins A, B, and E are co	tate ZIP Code	
Property Owner or Owner's Authorized Representative  Address  Signature	s Name  City	ins A, B, and E are co	tate ZIP Code	
Property Owner or Owner's Authorized Representative  Address  Signature	s Name  City	ins A, B, and E are co	tate ZIP Code	
Property Owner or Owner's Authorized Representative  Address  Signature	s Name  City	ins A, B, and E are co	tate ZIP Code	
Property Owner or Owner's Authorized Representative  Address  Signature	s Name  City	ins A, B, and E are co	tate ZIP Code	
Property Owner or Owner's Authorized Representative  Address  Signature	s Name  City	ins A, B, and E are co	tate ZIP Code	
Property Owner or Owner's Authorized Representative  Address  Signature	s Name  City	ins A, B, and E are co	tate ZIP Code	

## **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, S 4924 FINLEY ST	x No. Policy Number;				
City GULFPORT	State ZIP Code Mississippi 39501	Company NAIC Number			
SECTION	ON G - COMMUNITY INFORMATION (OPT	IONAL)			
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.					
G1. The Information in Section C was tak engineer, or architect who is authorized tata in the Comments area below.)	G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)				
G2. A community official completed Section 2 or Zone AO.	ion E for a building located in Zone A (withou	it a FEMA-issued or community-issued BFE)			
G3. The following information (Items G4-	G10) is provided for community floodplain n	nanagement purposes.			
G4. Permit Number	G5. Date Permit Issued	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 (including of the building:	g basement)	feet meters Datum			
G9. BFE or (in Zone AO) depth of flooding at t	the building site:	feet meters Datum			
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 applicable)				
		·			
		Check here if attachments.			

#### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

**ELEVATION CERTIFICATE** 

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including 4924 FINLEY ST			
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.

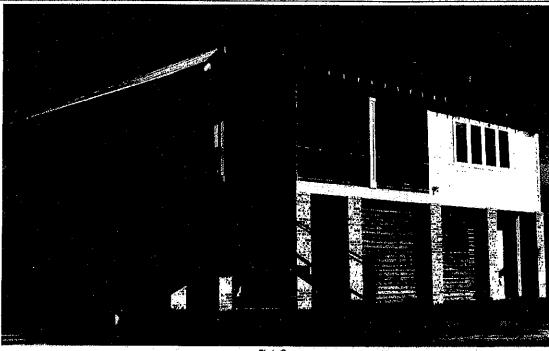


Photo One

#### Photo One Caption FRONT VIEW

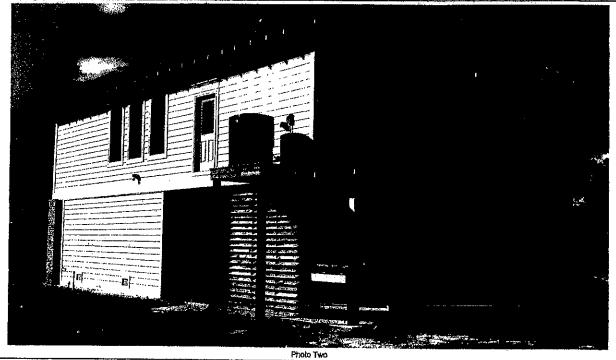


Photo Two Caption REAR VIEW

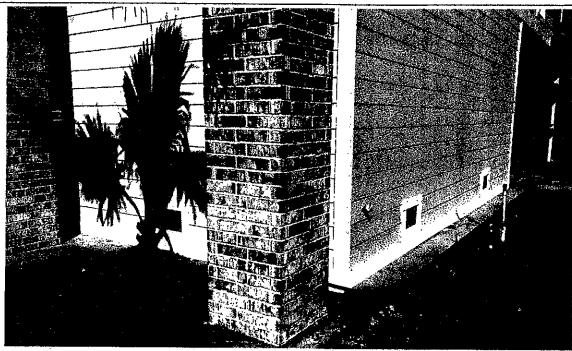
#### **BUILDING PHOTOGRAPHS**

Continuation Page

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

			Empire 101 - 20101 110101 1100 100 120 10
iMPORTANT: in these spaces, copy the corresponding information from Section A.  Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. 4924 FINLEY ST			FOR INSURANCE COMPANY USE Policy 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

**ELEVATION CERTIFICATE** 

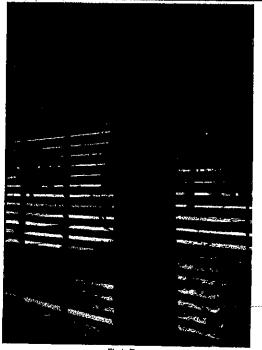


Photo Two

**Photo Two Caption**