

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

	AT LANGUE AND A STATE OF THE ST	SECTIO	N A - PROPERTY INFORMA	TION	For Inc	Curango Compony Hea		
A1. Building Owner's Name						For Insurance Company Use: Policy Number		
Mr. Nathan V. Boddie A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.								
5005 Finley Street						any NAIC Number		
City State Gulfport MS	ZIP Code 39501		3	THE STATE OF THE PARTY OF THE P				
		mbers, Tax Parcel Num	ber, Legal Description, etc.)			***		
Parcel # 0711N-04- A4. Building Use (e.g., Res		sidential Addition Acce	essory, etc.) Residential					
A5. Latitude/Longitude: La	at. 30 21' 24.9	" Long.	89 07' 22.3" Horizon	ntal Datum:	□ NAD 1927			
A6. Attach at least 2 photog	raphs of the buil	ding if the Certificate is	being used to obtain flood insurar	ice.	_ 1111D 1027	ER 14/15 1505		
A7. Building Diagram Numb A8. For a building with a cra		neuro(e):						
a) Square footage of			sa ft					
b) Number of permane	ent flood opening	s in the crawlspace or	enclosure(s) within 1.0 foot above	adjacent grade	N/A	_		
c) Total net area of flo			sq in	_				
 d) Engineered flood of A9. For a building with an all 		☐ Yes ☒ No						
a) Square footage of a	iached garage: ttached garage_	N/A	sq ft					
b) Number of permane	ent flood opening	is in the attached garage	e within 1.0 foot above adjacent of	rade N/A				
 c) Total net area of flo 	od openings in A	9.b <u>N/A</u>	sq in					
d) Engineered flood op		☐ Yes ☒ No						
			SURANCE RATE MAP (FIR	M) INFORMATI	ON			
B1. NFIP Community Name City of Gulfport 285	& Community No 253		2. County Name Harrison		B3. State MS			
B4. Map/Panel Number	. Map/Panel Number B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood					B9. Base Flood Elevation(s)		
28047C 0376	G	Date 06/16/2009	Effective/Revised Date 06/16/2009	Zone(s) AE	(Zone AO, i	use base flood depth)		
B10. Indicate the source of ☐ FIS Profile	the Base Flood I	Elevation (BFE) data or	base flood depth entered in Item	B9:				
B11. Indicate elevation datu		☐ Community in Item B9:	Determined ☐ Other/So ☐ NGVD 1929 ☐ NAVD 19		/Source:			
B12. Is the building located Designation Date:	in a Coastal Bar	rier Resources System	(CBRS) area or Otherwise Protection	ctedArea (OPA)?		☐ Yes ☐ No		
	SECTION	C - BUILDING EL	EVATION INFORMATION (SURVEY REQI	JIRED)			
C1. Building elevations are *A new Elevation Certif	pased on:	. □ Construction		er Construction*		ned Construction		
	The second secon							
Local Official's Name	d Edwards		Title CDG (CE)					
Community Name	el Edwards		CRS /CFN Telephone			- MOUAR		
City of Gulfport 228-868-5790								
Signature Michael &	ward		Date 6-4-2020					
Comments 7: C 1	The second secon	**************************************						

Zip Code

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						FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Mr. Nathan V. Boddie					Policy Nur		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and							
Box No. 5005 FINLEY STREET					or risdus dild	Company	NAIC Number:
City				State		ZIP Code	and the same of th
GULFPORT Mississippi							39501
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PART OF LOT 18 GOTTSCHALK SURVEY, TAX PARCEL #0711N-04-109.000							
A4. Building Use	A4. Building Use (e.g., Residential, Non-Residential; Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Long				89d07'22.3"	Horizontal Datum	: NAD	1927 🔀 NAD 1983
A6. Attach at leas	st 2 photograp	ohs of the building if the	e Certifi	cate is being used			
A7. Building Diag							
A8. For a building	with a crawls	space or enclosure(s):					
a) Square for	otage of craw	Ispace or enclosure(s)		N/A sq ft			
b) Number of	permanent fl	ood openings in the cra	wispa	ce or enclosure(s) v	vithin 1.0 foot above	adjacent gr	rade N/A
		penings in A8.b N		sq in			
d) Engineere	d flood openin	ıgs? ∐ Yes ⊠ N	٥				
A9. For a building	with an attacl	ned garage:					
		ned garage N/A		sq ft			
		ood openings in the att					2.000
c) Total net ar		TOTAL B. CANADA ST.			iot above adjacent g	rade	N/A
			/A	sqin			
d) Engineered	nood openin	gs? Yes 🗓 Yes	0				
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMAT	TION	
B1. NFIP Communi			~	B2. County Name		i cit	B3. State
Gl	JLFPORT 28	5253		I I I I I I I I I I I I I I I I I I I		Mississippi	
34. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Et	IRM Panel fective/ evised Date	B8. Flood Zone(s)	(Zoi	Les Flood Elevation(s) ne AO, use Base nd Depth)
28047C0376	G	06/16/2009		/2009	AE	1100	19
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile X FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X 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: N/A CBRS OPA							
		terdition discounting regions of property and sold to					

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the correspondir			FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/ 5005 FINLEY STREET	or Bidg. No.) or P.O. F	Route and Box No.	Policy Number:			
City GULFPORT SI	ate ž MS	IP Code 395 66 6/	Company NAIC Number			
SECTION C – BUILDING E	LEVATION INFORM	IATION (SURVEY RI	EQUIRED)			
C1. Building elevations are based on: Construction Drawings* Building Under Construction* X 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: STATIC GPS OBSERVATION Vertical Datum: NAVD 1988						
Indicate elevation datum used for the elevations in Items a) through h) below.						
☐ NGVD 1929 🔀 NAVD 1988 ☐ Other		griffing of the second				
Datum used for building elevations must be the sar	ne as that used for th	e BFE.	Check the measurement used.			
a) Top of bottom floor (including basement, crawls	space, or enclosure flo	or)25 , 3	X feet			
b) Top of the next higher floor	i ex y	WA.	X feet meters			
c) Bottom of the lowest horizontal structural memb	er (V Zones only)	N/A	⊠ feet			
d) Attached garage (top of slab)	,	N/A .	🗵 feet 🔲 meters			
 e) Lowest elevation of machinery or equipment se (Describe type of equipment and location in Cor 	rvicing the building mments)	24,0	feet meters			
f) Lowest adjacent (finished) grade next to buildin	g (LAG)	<u>16. 0</u>	🗵 feet 🗌 meters			
g) Highest adjacent (finished) grade next to buildin	g (HAG)	17.0	ifeet ☐ meters			
h) Lowest adjacent grade at lowest elevation of de structural support	ck or stairs, including	16, 2	⊠ feet ☐ meters			
SECTION D - SURVEYOR	, ENGINEER, OR A	RCHITECT CERTIFI	CATION			
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 l	icensed land surveyo	Y X Yes L No	Check here if attachments.			
Certifier's Name	License Number	erich en				
Timothy L. Glass P.L.S. Title	# 02584		- AVENUE L. OSS			
Professional Land Surveyor			PROFESSION			
Company Name		<u> Angles de la companya de la compan</u>	A STERRE OF STORY			
Glass Land Surveying, Inc.	the profession	ar in the	Seaf Seaf			
Address 10453 Pin Oak Drive			PLS 02584			
City Biloxi	State Mississippi	ZIP Code 39532	OF MISS			
Signature 1	Date 04/20/2017	Telephone 228-392-9004				
Copy all pages of this Elevation/Certificate and all attachme	ents for (1) community	official, (2) Insurance a	gent/company, and (3) building owner.			
Comments (including type of equipment and location, pe	The second secon					
C2e DENOTES AIR CONDITION UNIT		e to the second of the second	4			
The state of the s						
			No. 1			

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

ELEVATION CERTIFICATE

INIDORTANT: In those angula annual	7		
IMPORTANT: In these spaces, copy t	ne corresponding information	from Section A.	FOR INSURANCE COMPANY USE
Bullding Street Address (including Apt. 5005 FINLEY STREET	Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
GULFPORT GULFPORT	State MS	ZIP Code 395 60 ()	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.

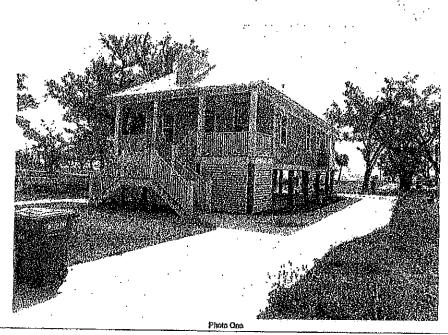


Photo One Caption

"FRONT VIEW"

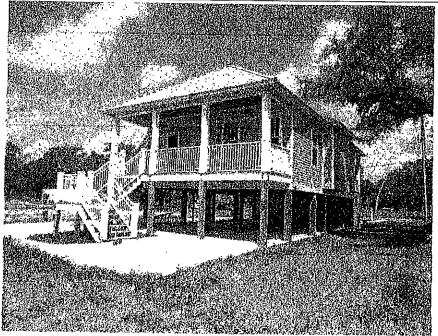


Photo Two

"REAR VIEW"

Photo Two Caption