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 INSUI	RANCE COMPANY USE	
A1. Building Owner's Name OAK SHADOWS-MLLC & SHADOWS A LLC						Policy Num	ber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. 5050 WEST BEACH BLVD.						Company N	IAIC Number:
City GULFPORT		· · · · · · · · · · · · · · · · · · ·			ZIP Code 39501		
		nd Block Numbers, Ta: 0711N-04-105.000 (L			scription, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential							
A5. Latitude/Longi	A5. Latitude/Longitude: Lat. 30°21' 21.4" Long. 89°07'21.9" Horizontal Datum: NAD 1927 NAD 1983						
A6. Attach at least	2 photograpi	ns of the building if the	Certific	cate is being used to	o obtain flood insura	ince.	:
A7. Building Diagra	am Number	1b					
A8. For a building	with a crawls _l	pace or enclosure(s):					
a) Square foo	tage of crawls	space or enclosure(s)		0 sq ft			
b) Number of	oermanent flo	od openings in the cra	awispac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 0
c) Total net an	ea of flood op	enings in A8.b0	5	sq in			
d) Engineered	d) Engineered flood openings?						
A9. For a building with an attached garage:							
a) Square footage of attached garage594 sq ft							
b) Number of p	oermanent flo	od openings in the att	ached g	garage within 1.0 for	ot above adjacent o	rade	3
c) I otal net area of flood openings in A9.b 600 sq in d) Engineered flood openings?							
a) Engineered heed openinger [X] 165 [] NO							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Communi GULFPORT - 2852		ommunity Number		B2. County Name HARRISON			B3. State Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7 F	IRM Panel ffective/	B8. Flood Zone(s)	B9. Bas	e Flood Elevation(s)
28047C0376	G	06/16/2009		evised Date	AE	Floo 20	ne AO, use Base `´ od Depth)
B10. Indicate the so	ource of the E	ase Flood Elevation (i	BFE) da	ata or base flood de	pth entered in Item	B9:	
☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate eleva	tion datum us	ed for BFE in Item B9	: 🔲 N	GVD 1929 🔀 NA	VD 1988 🗍 Oth	er/Source:	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes X No							
Designation Date: CBRS OPA							
							· #

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IMPORTANT: In these spaces, copy the corresponding information from Section 1.	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rout 5050 WEST BEACH BLVD.	Policy Number:				
City State ZIP C GULFPORT Mississippi 3950		Company NAIC Number			
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: Construction Drawings* Build *A new Elevation Certificate will be required when construction of the building C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BF Complete Items C2.a–h below according to the building diagram specified in Benchmark Utilized: CITY GPT BM# S-297-07 (18.42) Vertical Datum: 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 BF a) Top of bottom floor (including basement, crawlspace, or enclosure floor) b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (HAG)	ling Under Construg is complete. E), AR, AR/A, AR/A, Item A7. In Puerto NAVD 1988 7.	iction*			
Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A.	X feet meters			
SECTION D – SURVEYOR, ENGINEER, OR ARCH	HITECT CERTIFIC	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 licensed land surveyor? Yes \(\sigma\) No \(\sigma\) Check here if attachments.					
GULFPORT Mississippi	ZIP Code 39503	LAND SUPPRESON F Seal PL Préféées			
	CTED FILL (IN ZOI	NF AF-20)			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including 5050 WEST BEACH BLVD.			
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

Photo Two Caption Rear View

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, o	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including 5050 WEST BEACH BLVD.			
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 One Caption NORTH VIEW

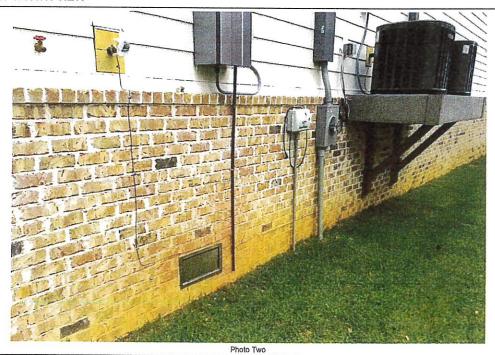


Photo Two Caption WEST VIEW