U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

FICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

FINAL

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.

	SE	CTION A - PROPERT	Y INFO	RMATION				JRANCE COMPANY USE
	el Boudreaux						Policy Nu	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 507 ALSTON AVENUE					Company	NAIC Number:		
City GULFPORT				State Mississ	ippi		ZIP Code 39501	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 26 & 27, BLOCK 4, GASTON POINT BEACH ADDITION, PIDN: 07110-03-073.001								
A4. Building Use	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Lon	gitude: Lat.	N30d21'30.04722"	Long.	W89d06'53.34	1239"	Horizonta	al Datum: NAD	1927 × NAD 1983
A6. Attach at lea	st 2 photogra	phs of the building if th	ne Certifi	cate is being	used to			
A7. Building Diag								
		space or enclosure(s)						
		space or enclosure(s	·) sq ft		
b) Number of	permanent f	lood openings in the c	rawlspac	e or enclosur	e(s) with	hin 1.0 foot	t above adjacent g	rade 0
c) Total net a	rea of flood o	ppenings in A8.b		0.00 sq ii				
d) Engineere	d flood openi	ngs? 🗌 Yes 🗵	No					
A9. For a building	with an attac	hed garage:						
a) Square foo	tage of attac	hed garage		0.00 sq f	t			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0								
c) Total not area of flood anning in a c								
							=	
d) Engineered flood openings? Yes No								
	SI	ECTION B - FLOOD	INSURA	NCE RATE	MAP (F	IRM) INF	ORMATION	
B1. NFIP Commur GULFPC		Community Number 285252		B2. County				B3. State
	T			HARRI	SON			Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flo Zone(s		B9. Base Flood E (Zone AO, us	Elevation(s) se Base Flood Depth)
28047C0376	G	12-21-2017	06-16-2		"VE"		20	9
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 X NAVD 1988 Other/Source:								
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes X No								
Designation Date: CBRS DPA								
EMA Form 096 0 20								

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or 507 ALSTON AVENUE	Policy Number:				
City Sta GULFPORT Mis	te ZIP sissippi 395	Code 01	Company NAIC Number		
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when control of the complete Items C2.a—h below according to the build Benchmark Utilized: RAPAD STATIC GPS OBSER* Indicate elevation datum used for the elevations in item NGVD 1929 NAVD 1988 Other/Statum used for building elevations must be the same a) Top of bottom floor (including basement, crawlspub) Top of the next higher floor c) Bottom of the lowest horizontal structural member d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment services (Describe type of equipment and location in Comf) Lowest adjacent (finished) grade next to building g) Highest adjacent (finished) grade next to building	on Drawings*	ding Under Construng is complete. FE), AR, AR/A, AR/A, in Item A7. In Puerto NAVD 198	ction*		
h) Lowest adjacent grade at lowest elevation of dec	,				
structural support	ENGINEED OF ADO	NUTEOT OFFICE	12.2 X feet 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	License Number		onlock hold if all dofinions.		
Timothy L. Glass P.L.S. Title Professional Land Surveyor Company Name Glass Land Surveying, Inc. Address 10453 Pin Oak Drive City Biloxi	#02584 State Mississippi	ZIP Code 39532	SURVEYOR PLS 02564		
Signature 1.	Date 10-26-2020	Telephone (228) 392-9004	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 Item C2(e) denotes A/C unit. Elevation of concrete slab be	C2(e), if applicable) eneath equals 13.4 feet				

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and 507 ALSTON AVENUE	d/or Bldg. No.) or P.	O. Route and Box No.	Policy Number:
ALL MARKET	State Mississippi	ZIP Code 39501	Company NAIC Number
SECTION E BUILDING EL FOR ZON	EVATION INFORM E AO AND ZONE	MATION (SURVEY NOT A (WITHOUT BFE)	REQUIRED)
For Zones AO and A (without BFE), complete Items E1 complete Sections A, B,and C. For Items E1–E4, use renter meters.	I–E5. If the Certifica natural grade, if avai	te is intended to support a lable. Check the measure	LOMA or LOMR-F request, ment used. In Puerto Rico only,
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest and Top of bottom floor (including basement,	check the appropried adjacent grade (LAC	ate boxes to show whethe 3).	r the elevation is above or below
crawispace, or enclosure) is b) Top of bottom floor (including basement,		feet _ meter	
crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent flood of the port higher floor (closeties, C8 h. in	neninge provided in	feet meter	
the next higher floor (elevation C2.b in the diagrams) of the building is	perings provided in		
E3. Attached garage (top of slab) is	198444		s ☐ above or ☐ below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	***************************************		s ☐ 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 b No Unknown	ottom floor elevated in acc The local official must o	*****
SECTION F - PROPERTY OW	VER (OR OWNER'S	REPRESENTATIVE) CE	RTIFICATION
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	e who completes S	octions A. P. and E. for 7a	no A (without a FERIA towns)
Property Owner or Owner's Authorized Representative		100	,
Address .	City	Sta	ate ZIP Code
Signature	Dat	e Tel	ephone
Comments	V-90-4-		
			1
			Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding inform	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg.	. Policy Number:				
507 ALSTON AVENUE					
City State GULFPORT Mississipp	ZIP Code 39501	Company NAIC Number			
· · · · · · · · · · · · · · · · · · ·					
	ITY INFORMATION (OPTIONA				
The local official who is authorized by law or ordinance to admin Sections A, B, C (or E), and G of this Elevation Certificate. Compused in Items G8–G10. In Puerto Rico only, enter meters.	ister the community's floodplain plete the applicable item(s) and	management ordinance can complete sign below. Check the measurement			
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 E for a building or Zone AO.	G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.				
G3. The following information (Items G4–G10) is provided	for community floodplain manag	gement purposes.			
G4. Permit Number G5. Date Permi	t Issued G	Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for: New Construction	on [] Substantial Improvement				
G8. Elevation of as-built lowest floor (including basement) of the building:		feet meters Datum			
G9. BFE or (in Zone AO) depth of flooding at 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 location, per C2(e), if applicable)					
		Check here if attachments.			

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

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. 507 ALSTON AVENUE City State ZIP Code GULFPORT Mississippi 39501 FOR INSURANCE COMPANY USE Policy Number: 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

ELEVATION CERTIFICATE

FRONT AND RIGHT SIDE VIEW

Clear Photo One



Photo Two

Photo Two Caption

REAR AND LEFT SIDE VIEW

Clear Photo Two

BUILDING PHOTOGRAPHS

OMB No. 1660-0008

ELEVATION CERTIFICATE Continuation Page 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. Policy Number: **507 ALSTON AVENUE** City State ZIP Code Company NAIC Number **GULFPORT** Mississippi 39501 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 Photo Three Caption Clear Photo Three **Photo Four** Photo Four

Photo Four Caption

ه _ا الأ

	V ZONE D	ESIGN CERTIFICAT	E
Name			e Co. Use)
Building Address or Othe	r Description 17 Alato	n Ave.	
Permit No	City Gulfport	State MS	Zip Code
		surance Rate Map (FIRM) Inf	
Community No. 2852	252 Panel No	Suffix <u>G</u> FIRM Date <u>[2~2</u> 37 <i>6</i> ation Information Used for D	2i-17 FIRM Zone(s) VE
[NOTE: This section	on documents elevations use	d in the design – it does not su	ibstitute for an Elevation Certificate.]
O Dean Flood Flouration	(DEC)	ural Member sed for Foundation Design Lowest Adjacent Grade	Teel (NAVIJOO)
	SECTION III: V Zo NOTE. This section must be	one Design Certification Stat e certified by a registered engir	ement neer or architect.]
I certify that: (1) I have de design and methods of following provisions:	eveloped or reviewed the struction to be used are	uctural design, plans, and spece in accordance with accepte	cifications for construction and (2) that the ed standards of practice for meeting the
 The bottom of the to or above the E 	BFE: and		excluding piles and columns) is elevated
 The pile and col movement due t loading values u applicable State 	umn foundation and structure of the effects of the wind and sed are those associated with	d water loads acting simultane th the base flood. Wind loadir otential for scour and erosion a	ed to resist flotation, collapse, and latera eously on all building components. Wate ng values used are those required by th at the foundation has been anticipated fo
	SECTION IV: Breakaw	ay Wall Design Certification	Statement
[N when bre	NOTE. This section must also pakaway walls exceed a desig	be certified by a registered en yn safe loading resistance of 20	rgineer or architect 0 pounds per square foot.]
design and methods of practice for meeting the f Breakaway wall The elevated por or other structu	construction to be used for following provisions: collapse shall result from a watton of the building and supportal damage due to the eff	the breakaway walls are in rater load less than that which	cifications for construction and (2) that the accordance with accepted standards of would occur during the base flood; and I not be subject to collapse, displacements acting simultaneously on all building ion III).
	SECTION	N V: Certification and Seal	
structural designs. I cert	ify the V Zone Design Certifi n Section IV (if applicable).	cation Statement in Section III	r architect authorized by law to certify and the Breakaway Wall Design
T.E. Peter	Main	3285	
Certifier's Name	TIE Petermaia C	hicense Number	Place Sear
Title 210 S. Scas	Company Name	t ALT 200	7.0
Address	City	State 363 - 1	1980
Signature	Date Date	Telephone	E PERMA
Oignature	Juli	THOUSE THOM	NGINEER OF MISS S
		U.	-15-2020
		1	Mx sed

T. E. PETERMANN

Construction Consultant

210 S. Seashore Avenue

Phone: 228-363-1980

E-mail: tpetermann83@gmail.com

April 15,2020

228-596-3155

Re: No adverse impact letter for Alston Ave, Gulfport Ms. Single-Family dwelling.

This is to advise you I have reviewed the design and structual capacity of the proposed single family dwelling that will be built at Alston Ave, Gulfport Ms. as to the affects it will have in the V zone.

Based on my review, I hereby certify construction of the proposed site improvements will not increase storm surge water levels or have adverse effects upon the subject property or adjacent properties during a storm event.

Sincerly,

OF MISS 20 20