



## 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\*\***

| SECTION A - PROPERTY INFORMATION  |             | For Insurance Company Use: |
|---|-------------|----------------------------|
| A1. Building Owner's Name<br>Oak Shadows MLLC and Shadows A LLC   |             | Policy Number              |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>508 Oak Shadow Dr  |             | Company NAIC Number        |
| City<br>Gulfport  | State<br>MS | ZIP Code<br>39501          |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>Harrison County Tax Parcel 0711N-04-105.002 Lot 2 Oak Shadows Sub.          |             |                            |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>   |             |                            |
| A5. Latitude/Longitude: Lat. <u>30 21' 23.9"</u> Long. <u>89 07' 22.4"</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>1B</u>   |             |                            |
| A8. For a building with a crawlspace or enclosure(s):   |             |                            |
| a) Square footage of crawlspace or enclosure(s) <u>0</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</u> sq in  |             |                            |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |             |                            |
| A9. For a building with an attached garage:   |             |                            |
| a) Square footage of attached garage <u>624</u> sq ft   |             |                            |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>4</u>  |             |                            |
| c) Total net area of flood openings in A9.b <u>800</u> sq in  |             |                            |
| d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |             |                            |

### SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

|   |                 |                                   |   |                         |   |
|---|-----------------|-----------------------------------|---|-------------------------|---|
| B1. NFIP Community Name & Community Number<br>City of Gulfport 285253   |                 | B2. County Name<br>Harrison       |   | B3. State<br>MS         |   |
| B4. Map/Panel Number<br>28047C 0376   | B5. Suffix<br>G | B6. FIRM Index Date<br>12/21/2017 | B7. FIRM Panel Effective/Revised Date<br>06/16/2009 | B8. Flood Zone(s)<br>AE | B9. Base Flood Elevation(s) (Zone AO, use base flood depth)<br>19 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br><input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ |                 |                                   |   |                         |   |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____  |                 |                                   |   |                         |   |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Designation Date: <input type="checkbox"/> CBRS <input type="checkbox"/> OPA               |                 |                                   |   |                         |   |

### SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

|   |                           |  |  |
|---|---------------------------|--|--|
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction |                           |  |  |
| *A new Elevation Certificate will be required when construction of the building is complete.  |                           |  |  |
| Local Official's Name<br>Michael Edwards  | Title<br>CRS /CFM         |  |  |
| Community Name<br>City of Gulfport  | Telephone<br>228-868-5790 |  |  |
| Signature<br><i>Michael Edwards</i>   | Date<br>6-5-2020          |  |  |

Comments  
Correction: B6 FIRM Index date.

# 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<br>OAK SHADOWS-MLLC & SHADOWS A LLC   |                 |                                   |  | Policy Number:            |   |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>508 OAK SHADOW DRIVE   |                 |                                   |  | Company NAIC Number:      |   |
| City<br>GULFPORT  |                 | State<br>Mississippi              |  | ZIP Code<br>39501         |   |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>Harrison County Tax Parcel # 0711N-04-105.002 (Lot 2 Oak Shadows Subd.)   |                 |                                   |  |                           |   |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>   |                 |                                   |  |                           |   |
| A5. Latitude/Longitude: Lat. <u>30°21' 23.9"</u> Long. <u>89°07'22.4"</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>1b</u>   |                 |                                   |  |                           |   |
| A8. For a building with a crawlspace or enclosure(s):   |                 |                                   |  |                           |   |
| a) Square footage of crawlspace or enclosure(s) <u>0</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</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>624</u> sq ft   |                 |                                   |  |                           |   |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>4</u>  |                 |                                   |  |                           |   |
| c) Total net area of flood openings in A9.b <u>800</u> sq in  |                 |                                   |  |                           |   |
| d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                 |                                   |  |                           |   |
| SECTION B -- FLOOD INSURANCE RATE MAP (FIRM) INFORMATION  |                 |                                   |  |                           |   |
| B1. NFIP Community Name & Community Number<br>GULFPORT - 285253   |                 |                                   | B2. County Name<br>HARRISON                          |                           | B3. State<br>Mississippi  |
| B4. Map/Panel Number<br>28047C0376  | B5. Suffix<br>G | B6. FIRM Index Date<br>06/16/2009 | B7. FIRM Panel Effective/ Revised Date<br>06/16/2009 | B8. Flood Zone(s)<br>AE   | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)<br>19 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br><input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ |                 |                                   |  |                           |   |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____  |                 |                                   |  |                           |   |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA         |                 |                                   |  |                           |   |

# ELEVATION CERTIFICATE

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

|   |                      |                   |                                  |
|---|----------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                     |                      |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>508 OAK SHADOW DRIVE |                      |                   | Policy Number:                   |
| City<br>GULFPORT  | State<br>Mississippi | ZIP Code<br>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: CITY GPT BM# S-297-07 (18.42) Vertical Datum: NAVD 1988

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)   | 20.42 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | 33.92 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | N/A   | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | 17.83 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | 20.42 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | 14.9  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | 15.2  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | N/A   | <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<br>LARRY SMITH            | License Number<br>MS-02695 |  |                             |
| Title<br>OWNER                             |                            |  |                             |
| Company Name<br>LARRY SMITH LAND SURVEYING |                            |  |                             |
| Address<br>105 N. KERN DRIVE               |                            |  |                             |
| City<br>GULFPORT                           | State<br>Mississippi       |  | ZIP Code<br>39503           |
| Signature<br>                              | Date<br>02/28/2018         |  | Telephone<br>(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 ON A SLAB W/ CHAIN WALL.  
THE BENCHMARK USED FOR THIS SURVEY IS A CITY OF GULFPORT BM # S-297-07 @ ELEVATION 18.42 , NAVD 88  
MCHINERY IS AN A/C UNIT LOCATED ADJACENT TO THE STRUCTURE.

**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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

|   |                      |                   |                                  |
|---|----------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                     |                      |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>508 OAK SHADOW DRIVE |                      |                   |                                  |
| City<br>GULFPORT  | State<br>Mississippi | ZIP Code<br>39501 | 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 FRONT VIEW

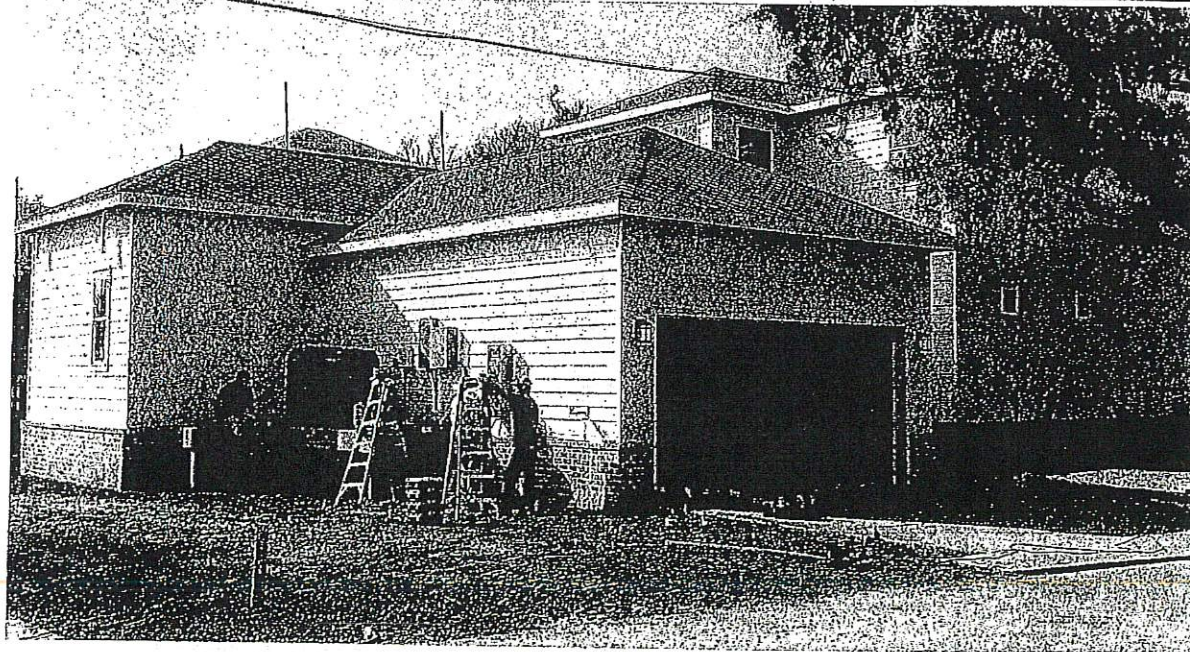


Photo Two

Photo Two Caption REAR VIEW

**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

Continuation Page

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

|   |                      |                   |                                  |
|---|----------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                     |                      |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>508 OAK SHADOW DRIVE |                      |                   | Policy Number:                   |
| City<br>GULFPORT  | State<br>Mississippi | ZIP Code<br>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

Photo One Caption FLOOD VENTS WEST SIDE OF GARAGE

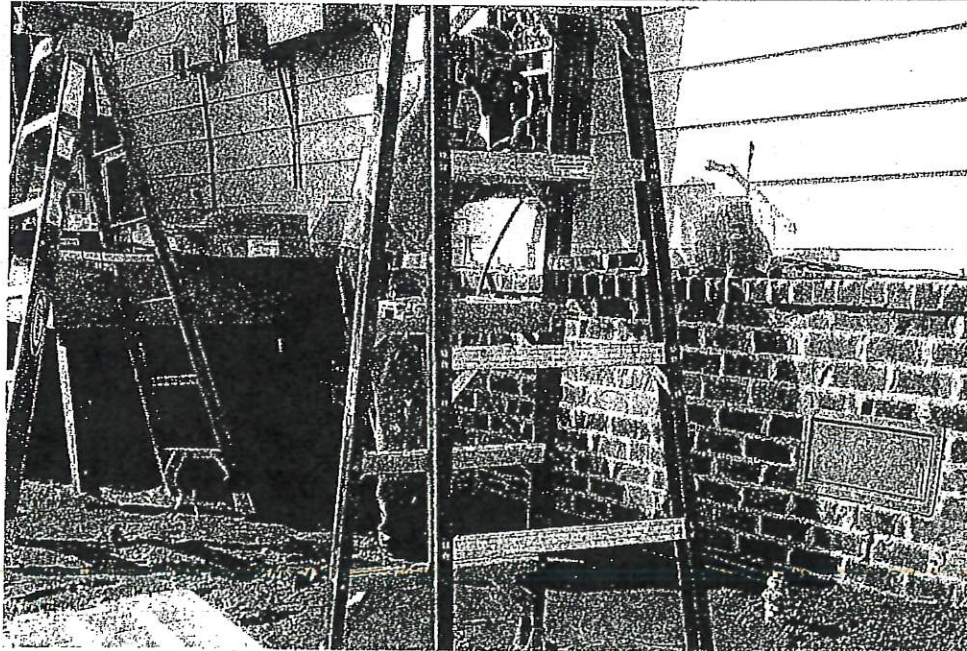


Photo Two

Photo Two Caption FLOOD VENTS WEST SIDE OF GARAGE