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

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

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 INSU	IRANCE COMPANY USE		
A1. Building Owner's Name Policy Number: McDOUGALL						nber:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company No. 5115 FINLEY STREET					NAIC Number:			
City GULFPORT	State ZIP Code Mississippi 39501							
A3. Property Des LOT 71' X 141' (E	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 71' X 141' (DB 1214 PG 228) SECTION 7, T 8 S, R 11 W, PARCEL 0711N-04-103.000							
A4. Building Use	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Lafitude/Long	jitude: Lat.	30-21'23 <i>5</i> "	Long. 8	9-0726.1	-	Horizont	al Datum: NAD	1927 🔀 NAD 1983
A6. Attach at leas	st 2 photogra	phs of the building if t	he Certific	cate is being	used to			
A7. Building Diag								
A8. For a building	with a craw	space or enclosure(s)	:					
a) Square fo	otage of crav	vispace or enclosure(s	s)		0.00	sq ft	29.	
b) Number of	permanent f	lood openings in the o	rawispac	e or enclosu	re(s) wit	 hin 1.0 foo	t above adjacent gr	ade 0
c) Total net a	rea of flood o	openings in A8.b		0.00 sq i	in			The state of the s
d) Engineere	d flood openi	ings? Yes	No					
A9. For a building	with an attac	hed garage:						
a) Square foo				0.00 sq f	î			
		ood openings in the a	ttached o			ahaya adi	issant arada B	
			andrica 9			abuve au	acen grade U	THE ALL PRODUCTIONS AND THE MESSAGE AND ARRESTS.
	c) Total net area of flood openings in A9.b One sq in d) Engineered flood openings? Tyes Tho							
d) Enginesieu	nood opens	ngs? Yes	NO.					
	Si	ECTION B - FLOOD	INSURA	NCE RATE	MAP (F	IRM) INF	ORMATION	
B1. NFIP Commun	ity Name & (Community Number	Table to the second second second	B2. County	A DESCRIPTION OF THE PARTY.		THE PROPERTY OF THE PROPERTY O	B3. State
CITY OF GULFPO	RT 285253			HARRISON	ě			Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	M Panel	B8. Flo Zone(s		B9. Base Flood E (Zone AO, use	levation(s) Base Flood Depth)
28047C-0376	G	12-21-2017	06-16-2	ised Date 009	"AE"		19.0	
B10. Indicate the s	ource of the	Base Flood Elevation	(BFE) da	ta or base flo	ood dent	th entered	in Item BO	
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 No								
Designation Date: CBRS OPA								
waste description or a construction of a forest and a construction of the construction	TOTAL SAND SAND AND AND AND AND AND AND AND AND AND							1

ELEVATION CERTIFICATE

OMB No. 1660-0008 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 Bidg. No.) or P.O. Route and Box No. 5115 FINLEY STREET	Policy Number.					
City State ZIP Code GULFPORT Mississippi 39501	Company NAIC Number					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on: Construction Drawings* Building Under Construction of the building is complete. *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/A Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: C2. Elevations C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: C3. Elevations C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: C4. Elevations C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: C4. Elevations C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: C4. Elevations C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: C4. Elevations C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: C4. Elevations C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: C5. Elevations C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: C6. Elevations C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: C6. Elevations C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: C6. Elevations C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: C6. Elevations C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: C6. Elevations C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: C6. Elevations C2.a–h below according to the building diagram specified in Item A7. In Puerto Benchmark Utilized: C6. Elevation	AE, AR/A1–A30, AR/AH, AR/AO. D Rico only, enter meters. Check the measurement used. 20.7 feet meters					
b) Top of the next higher floor	N/A 🔀 feet 🗌 meters					
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A 🔀 feet 🗌 meters					
d) Attached garage (top of slab)	N/A					
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	20.2 Feet meters					
f) Lowest adjacent (finished) grade next to building (LAG)	15.4 🔀 feet 🗌 meters					
g) Highest adjacent (finished) grade next to building (HAG)	16.4 ☑ feet ☐ meters					
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	16.4 🔀 feet 🗌 meters					
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFIC						
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by a certify that the information on this Certificate represents my best efforts to interpret the data available 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?	ile. I understand that any false					
	Check here if attachments.					
Certifier's Name License Number MS P.L.S. 2401	Seconstally.					
Title PROFESSIONAL LAND SURVEYOR Company Name GARY A DURBIN, P.L.S. Address 2081 TRAILWOOD DRIVE	Seal Ps Per e. 0					
City BILOXI Signature Date Telephone	William William					
Copy all pages of this Zevation Certificate and all attachments for (1) community official, (2) insurance ag	Ext.					
Comments (including type of equipment and location, per C2(e), if applicable) SITE BENCHMARK PK NAIL IN ASPHALT ELEV=16.30 C2e BREAKER BOX EAST SIDE OF BUILDING C2e AIR CONDITIONER ON PLATFORM WEST SIDE OF BUILDING ELEV=20.8	emounipany, and (3) Duilding owner.					

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresp	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite 5115 FINLEY STREET	e, and/or Bldg. No.)	or P.O. Route and B	Box No.	Policy Number:
City GULFPORT	State Masksippi	ZIP Code 39501		Company NAIC Number
SECTION E – BUILDING FOR 2	G ELEVATION INF ZONE AO AND ZO	ORMATION (SUR	VEY NOT F	EQUIRED)
For Zones AO and A (without BFE), complete Item complete Sections A, B,and C. For Items E1–E4, uenter meters.	is £1-£5. If the Cer	lificate is intended to	a support a 1	OMA or LOMR-F request, ent used. In Puerto Rico only,
E1. Provide elevation information for the following the highest adjacent grade (HAG) and the low	and check the appr est adjacent grade	ropriate boxes to she (LAG).	ow whether i	he elevation is above or below
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is 	ALL THE REAL PROPERTY AND ALL THE ALL	[feet	meters	☐ above or ☐ below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 	#100 to	П feet	meters	☐ above or ☐ below the LAG.
E2. For Building Diagrams 6-9 with permanent flo	od openings provide			
the next higher floor (elevation C2.b in the diagrams) of the building is	The fame to be for the last of		meters	☐ above or ☐ below the HAG.
E3. Attached garage (top of slab) is	·		□neters	
E4. Top of platform of machinery and/or equipmen servicing the building is	nt .	[] do a l	meters	
E5. Zone AO only: If no flood death number is ava	ilable, is the top of t	he hottom floor play	ated in acco	above or below the HAG.
floodplain management ordinance? Yes	☐ No ☐ Unkn	own. The local offi	cial must ce	tify this information in Section G.
SECTION F - PROPERTY	OWNER (OR OWN	ER'S REPRESENTA	ATIVE) CER	TIFICATION
The property owner or owner's authorized represent community-issued BFE) or Zone AO must sign here	stative who complete	es Sections A. B. and	d E for Zone	A (without a FEMA-issued or
**************************************		water of the customers		a to the best of my knowledge.
Property Owner or Owner's Authorized Represental	tive's Name		The state of the s	
**************************************	tive's Name	City	State	
Property Owner or Owner's Authorized Represental	tive's Name		The state of the s	ZIP Code
Property Owner or Owner's Authorized Represental Address	tive's Name	City	State	ZIP Code
Property Owner or Owner's Authorized Represental Address Signature	tive's Name	City	State	ZIP Code
Property Owner or Owner's Authorized Represental Address Signature	tive's Name	City	State	ZIP Code
Property Owner or Owner's Authorized Represental Address Signature	tive's Name	City	State	ZIP Code
Property Owner or Owner's Authorized Represental Address Signature	tive's Name	City	State	ZIP Code
Property Owner or Owner's Authorized Represental Address Signature	tive's Name	City	State	ZIP Code
Property Owner or Owner's Authorized Represental Address Signature	tive's Name	City	State	ZIP Code
Property Owner or Owner's Authorized Represental Address Signature	tive's Name	City	State	ZIP Code
Property Owner or Owner's Authorized Represental Address Signature	tive's Name	City	State	ZIP Code
Property Owner or Owner's Authorized Represental Address Signature	tive's Name	City	State	ZIP Code
Property Owner or Owner's Authorized Represental Address Signature	tive's Name	City	State	ZIP Code
Property Owner or Owner's Authorized Represental Address Signature	tive's Name	City	State	ZIP Code

ELEVATION CERTIFICATE

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 Bidg. No.) or P.O. Route and Box No.					FOR INSURANCE COMPANY USE		
Building Street Address (inc 5115 FINLEY STREET	duding Apt., Unit,	Suite, and/or Bidg. N	o.) or P.O. Route	and Box No.	Policy Numbe	•	
City GULFPORT		State Mississippi	ZIP C 3950		Company NA	C Number	
Mark Mark Mark Control of the Contro	SECT	ION G - COMMUNIT	Y INFORMATIC	N (OPTIONAL)	1		
The local official who is aut Sections A, B, C (or E), and used in Items G8-G10. In F	orthis Elevatio Puerto Rico only, e	in Certificate. Comple inter meters.	ete the applicable	e item(s) and sign	n below. Check	the measurement	
engmeer, or arcm	n Section C was ta tect who is author tents area below.)	ken from other docui ized by law to certify	nentation that ha elevation inform	as been signed a ation. (Indicate th	nd sealed by a l e source and da	icensed surveyor, ate of the elevation	
G2. A community office or Zone AO.	ial completed Sec	tion E for a building I	ocated in Zone A	(Without a FEM	A-issued or com	munity-issued BFE)	
G3. The following info	rmation (Items G4	-G10) is provided fo	r community floo	dpiain managem	ent purposes.		
G4. Permit Number		G5. Date Permit I	ssued		Date Certificate Compliance/Occ		
G7. This permit has been is	ssued for: [☐ New Construction	☐ Substantial /	mprovement			
G8. Elevation of as-built lot of the building:	west floor (includin	g basement)		feet	☐ meters D	atum	
39. BFE or (in Zone AO) d	epth of flooding at	the building site:		feet	☐ meters D	atum	
310. Community's design flo	od elevation:	Annex	***************************************	feet	☐ meters D	atum	
.ocal Official's Name			Title				
Community Name	And the second annual	A general section of the section of	Telephone	10-14-14-14-14-14-14-14-14-14-14-14-14-14-		Andrew the transfer and process are as a surprised by the residence of the residence of the surprised by the	
Signature	The state of the s	namen managan iyan da daga daga iyay ing milan digir open a dagada da dagada da dagada daga ay ing maka yan	Date				
comments (including type of	equipment and loc	cation, per C2(e), if a	pplicable)		entre de la companione	- 100 (
					•		
			•				
				•	•	3	
	4	• 1					
		•					
					☐ Check	here if attachments.	

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

IMPORTANT: In these spaces, cop	y the corresponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including A 5115 FINLEY STREET	pt, Unit, Suite, and/or Bldg. No.) or	r P.O. Route and Box No.	Policy Number:
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 10/20/2021 FRONT

ELEVATION CERTIFICATE

Clear Photo One



Photo Two

Photo Two Caption REAR FEMA Form 086-0-33 (12/19)

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including / 5115 FINLEY STREET	Policy Number:		
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 Three

Photo Three Caption REAR

Clear Photo Three



Photo Four