

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

		SECTIO	NA - PROPERTY INFORMAT	TION .	(Foldhsurance)Company(Use)	
A1. Building Owner's Name Wayne and Lisa Ca	annon				Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Box No. 588 Maria Ave Company NAIC Number.						
City State Gulfport MS	ZIP Code 39501					
A3. Property Description (L Parcel Number 071	ot and Block Nu 10-04-032.00	mbers, Tax Parcel Num 0 Lots E and F, Blo	ber, Legal Description, etc.) ck 5, Mc Caughans Great Sc	outhern Addition	ar a comment of the state of th	
A6. Attach at least 2 photog	raphs of the bull	sidential, Addition, Acce Long. ding if the Certificate is	ssory, etc.) Residential -089 07'11.2" Horizo being used to obtain flood insurar	ntal Datum: [] NAD 1927 🔯 NAD 1983	
A7. Building Diagram Numb A8. For a building with a cra a) Square footage of	wispace or encl	osure(s): nclosure(s) 0	sq ft		•	
 c) Total net area of flo 	od openings in A	V8.b 0	enclosure(s) within 1.0 foot above ——— sq in	adjacentgrade 0		
 c) Total net area of flo 	ttached garage: attached garage. ent flood opening od openings in A	gs in the attached gareg 9.b_0	e within 1.0 foot above adjacent g	ıradə <u>0</u>		
d) Engineered flood or		☐ Yes 🖄 №	SURANCE RATE MAP (FIR	MI INCODMATIC	ì Al	
B1. NFIP Community Name City of Gulfport		umber B2	2. County Name Harrison		33. State MS	-
B4. Map/Panel Number 28047C0376	B5. Suffix G	B6, FIRM Index Date 12-21-2017	B7. FIRM Panel Effective/Revised Date 06-16-2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)	
		1 .			l 18	
☐ FIS Profile B11. Indicate elevation data B12. Is the building located	⊠ FIRM Im used for BFE	☐ Community: in Item B9; rrier Resources System	☐ NGVD 1929 ☐ NAVD 19 (CBRS) area or Otherwise Prote	B9; purce:Other/S		
☐ FIS Profile B11. Indicate elevation datu	X FIRM im used for BFE in a Coastal Bai	☐ Community in Item B9: rrier Resources System ☐ (Determined ☐ Other/Sc ☐ NGVD 1929 ☐ NAVD 19 (CBRS) area or Otherwise Prote CBRS ☐ OPA	B9: burce: Other/S ctedArea (OPA)?	ource:	1000
☐ FIS Profile B11. Indicate elevation data B12. Is the building located Designation Date; C1. Building elevations are	IX FIRM um used for BFE in a Coastal Bar SECTION based on:	☐ Community In Item B9: Infer Resources System ☐ (I C - BUILDING EL	Determined ☐ Other/Sc ☐ NGVD 1929 ☐ NAVD 19 (CBRS) area or Otherwise Prote CBRS ☐ OPA EVATION INFORMATION (B9: burce: Other/S ctedArea (OPA)?	ource:	una
☐ FIS Profile B11. Indicate elevation data B12. Is the building located Designation Date; C1. Building elevations are	IX FIRM um used for BFE in a Coastal Bar SECTION based on:	☐ Community In Item B9: Infer Resources System ☐ (I C - BUILDING EL	Determined ☐ Other/Sc ☐ NGVD 1929 ☐ NAVD 19 (CBRS) area or Otherwise Prote CBRS ☐ OPA EVATION INFORMATION (Drawinos* ☐ Building Unc	B9; purce: 988 □ Other/S ctedArea (OPA)?	ource: Yes IX No	
☐ FIS Profile B11. Indicate elevation data B12. Is the building located Designation Date; C1. Building elevations are "A new Elevation Certi	IX FIRM im used for BFE in a Coastal Bar SECTION based on:	☐ Community In Item B9: Infer Resources System ☐ (I C - BUILDING EL	Determined	B9: purce: 988	ource: Yes IX No	
☐ FIS Profile B11. Indicate elevation data B12. Is the building located Designation Date: C1. Building elevations are "A new Elevation Certil Local Official's Name Michal Community Name City of	IX FIRM Im used for BFE In a Coastal Bar SECTION based on: flicate will be requested to the second on the second	☐ Community In Item B9: Infer Resources System ☐ (I C - BUILDING EL	Determined	B9: purce: 988	ource: Yes IX No	
☐ FIS Profile B11. Indicate elevation data B12. Is the building located Designation Date; C1. Building elevations are *A new Elevation Certil Local Official's Name Micha	IX FIRM Im used for BFE In a Coastal Bar SECTION based on: flicate will be requested to the second on the second	☐ Community In Item B9: Infer Resources System ☐ (I C - BUILDING EL	Determined	B9: purce: 988	ource: Yes IX No	

This is a type 5 building with access stair area not enclosed on all sides at lower level.

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	RANCE COMPANY USE			
A1. Building Owner's Name WAYNE AND LISA CANNON Policy Number:									
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Numb 588 MARIA AVENUE Company NAIC Numb							IAIC Number:		
City GULFPORT				State Mississi			ZIP Code 39501		
PARCEL NUMBER	R 07110-04-	and Block Numbers, T 032.000 LOTS E Af	ax Parce ND F, BL	el Number, Le OCK 5, MCC	gal Descrip AUGHANS	otion, etc.) GREAT SOU	THERN ADD	DITION	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL									
A5. Latitude/Longi	A5. Latitude/Longitude: Lat. 30 21'26.5" Long089 07'11.2" Horizontal Datum: NAD 1927 NAD 1983								
A6. Attach at least	2 photograp	hs of the building if th	ne Certific	cate is being					
A7. Building Diagra		6							
A8. For a building	with a crawls	space or enclosure(s):	:						
a) Square foo	age of craw	space or enclosure(s)		21.00 so	ą ft			
b) Number of p	ermanent flo	ood openings in the c	rawlspac	e or enclosur	e(s) within	1.0 foot above	adjacent gra	ade 1	
		penings in A8.b					, ,		
d) Engineered	flood openir	ngs? Yes 🖂	No						
A9. For a building w									
a) Square foots	age of attach	ned garage		0.00 sq f	1				
b) Number of p	ermanent flo	ood openings in the at	tached o	arage within	1.0 foot ab	ove adiacent o	rade O		
		penings in A9.b		0.00 sq		ovo aajaoom g			
d) Engineered		-	No						
							7. T. C.		
D4 NEID Committee		CTION B - FLOOD	INSURA	T		M) INFORMA	TION		
B1. NFIP Communit		ommunity Number		B2. County HARRISON				B3. State Mississippi	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)		ase Flood E one AO, use	evation(s) Base Flood Depth)	
28047C0376	G	12-21-2017	06-16-2		AE	18			
		Base Flood Elevation Community Determ				entered in Item	B9:		
B11. Indicate elevat	ion datum us	sed for BFE in Item B	9: N	GVD 1929 [× NAVD 1	988 🗌 Oth	ner/Source:		
B12. Is the building	located in a	Coastal Barrier Reso	urces Sv	stem (CRRS)	area or O	thanuica Drata	oted Area (C	PA)? Yes X No	
Designation Designation					, area or O	and wise Field	cieu Alea (C	n ∧/ : Li tes ⊠ No	
2 obgridatori Di			CBRS	∐ OPA					

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE					
588 MARIA AVENUE					Policy Number:	
City Sta GULFPORT Mis	ate ZIP ssissippi 395	Code 01	Company	NAIC N	lumber	
SECTION C - BUILDING EL	EVATION INFORMA	TION (SURVEY RE	QUIRED)		Alexandria (de la composición de la co	
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when construction.		ding Under Constru	ction* [>	 ☑ Finish	ned Construction	
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the buil Benchmark Utilized: GPS RTK NETWORK	lding diagram specified		o Rico only			
Indicate elevation datum used for the elevations in i	a and an	w.				
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/		155				
Datum used for building elevations must be the sam	ne as that used for the E	SFE.	Check	the me	asurement used.	
a) Top of bottom floor (including basement, crawls	pace, or enclosure floor)	17.6	feet	meters	
b) Top of the next higher floor			22.6	[] feet	meters	
c) Bottom of the lowest horizontal structural member	er (V Zones only)		N/A] feet	meters	
d) Attached garage (top of slab)			N/A	feet	meters meters	
e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Com	vicing the building nments)		32.4	[] feet	meters	
f) Lowest adjacent (finished) grade next to building	g (LAG)		16.3 ×	[] feet	meters	
g) Highest adjacent (finished) grade next to building	g (HAG)		16.7 ×	[] feet	meters	
 h) Lowest adjacent grade at lowest elevation of dec structural support 	ck or stairs, including		16.5 X] feet	meters	
SECTION D - SURVEYOR,	, ENGINEER, OR ARC	CHITECT CERTIFI	CATION			
This certification is to be signed and sealed by a land sull certify that the information on this Certificate represents statement may be punishable by fine or imprisonment ur	rveyor, engineer, or arc s my best efforts to inter ader 18 U.S. Code, Sec	hitect authorized by pret the data availa tion 1001.	law to cer ble. I unde	tify eleverstand t	ation information. hat any false	
Were latitude and longitude in Section A provided by a li		The same of the sa			e if attachments.	
Certifier's Name CLIFFORD A. CROSBY, P.L.S.	License Number MS 2539					
Title OWNER				OB	1	
Company Name CROSBY SURVEYING				15	zata 1	
Address 716 LIVE OAK DRIVE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 00			
City BILOXI	State Mississippi	ZIP Code 39532		Co	A STATE OF THE STA	
Signature	Date 07-01-2020	Telephone (228) 234-1649	Ext.			
Copy all pages of this Elevation Certificate and all attachme	ents for (1) community of	ficial, (2) insurance a	agent/comp	any, and	d (3) building owner.	
Comments (including type of equipment and location, per LOWEST MACHINERY IS THE BOTTOM OF THE AIR (SHAFT WITH THREE SOLID WALLS AND FULLY OPER	CONDITIONING UNIT	ON RAISED DECK.	THE ENC	LOSUR	E IS ELEVATOR	

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding i	nformation from S	Section A.	FOR INSURA	NCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or I 588 MARIA AVENUE	Bldg. No.) or P.O. R	toute and Box No.	Policy Number	r:
City State GULFPORT Missi		IP Code 9501	Company NA	C Number
SECTION E – BUILDING ELEVA FOR ZONE AC	TION INFORMAT AND ZONE A (V		T REQUIRED)	
For Zones AO and A (without BFE), complete Items E1–E5 complete Sections A, B,and C. For Items E1–E4, use nature enter meters.	If the Certificate is al grade, if available	intended to suppore. Check the measu	t a LOMA or LOW rement used. In F	R-F request, Puerto Rico only,
E1. Provide elevation information for the following and che the highest adjacent grade (HAG) and the lowest adjacent). a) Top of bottom floor (including basement,	ck the appropriate tent grade (LAG).	poxes to show whet	ner the elevation	s above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		_	ters 🗌 above o	or Delow the HAG.
crawlspace, or enclosure) is	9. 9.4	_		or below the LAG.
E2. For Building Diagrams 6–9 with permanent flood openi the next higher floor (elevation C2.b in the diagrams) of the building is	ngs provided in Sec	ction A Items 8 and/		-2 of Instructions), or □ below the HAG.
E3. Attached garage (top of slab) is		_ ☐ feet ☐ me		or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is		_	ters 🔲 above o	or below the HAG.
E5. Zone AO only: If no flood depth number is available, is floodplain management ordinance? Yes No	the top of the botto	m floor elevated in	accordance with t	he community's mation in Section G.
SECTION F - PROPERTY OWNER	(OR OWNER'S RE	PRESENTATIVE)	CERTIFICATION	
The second secon	1.6 - 0 - 12	N D T	Zana A fiiithaut a	EEMA iccued or
The property owner or owner's authorized representative will community-issued BFE) or Zone AO must sign here. The st	io completes Section atements in Section	ons A, B, and E for ns A, B, and E are c	orrect to the best	of my knowledge.
community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na	atements in Section	ons A, B, and E are c	orrect to the best	of my knowledge.
community-issued BFE) or Zone AO must sign here. The st	atements in Section	ns A, B, and E are c	State	of my knowledge. ZIP Code
community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na	atements in Section	ns A, B, and E are c	orrect to the best	of my knowledge.
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community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na Address Signature	atements in Section	ns A, B, and E are c	orrect to the best	of my knowledge.
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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, St	Policy Number:		
588 MARIA AVENUE			NAME OF THE PARTY
City	State Mississippi	ZIP Code 39501	Company NAIC Number
GULFPORT	N G - COMMUNITY INF		<u> </u>
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the ter meters.	аррисавіе цепць) али в	git below. Officer and moderations
G1. The information in Section C was takengineer, or architect who is authorized that in the Comments area below.)	ed by law to certify elevat	ion information, (indicate	the socice and have or the prevention
or Zone AO.			MA-issued or community-issued BFE)
G3. The following information (Items G4-	G10) is provided for com	munity floodplain manage	ement purposes.
G4. Permit Number	G5. Date Permit Issued	I G6	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction ☐ S	Substantial Improvement	
G8. Elevation of as-built lowest floor (including of the building:	g basement)	f	eet meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:		eet meters
G10. Community's design flood elevation:	· · · · · · · · · · · · · · · · · · ·		eet [] meters Datum
Local Official's Name		Title	· ·
Community Name		Telephone	
Signature		Date	
Comments (including type of equipment and lo	cation, per C2(e), if applie	cable)	
A CONTRACTOR OF THE CONTRACTOR			
		•	☐ Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE				
Building Street Address (including 588 MARIA AVENUE	Apt., Unit, Suite, and/or Bldg. No.) or	r P.O. Route and Box No.	Policy Number:		
City	State	ZIP Code	Company NAIC Number		
GULFPORT					

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 06/30/2020

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW 06/30/2020

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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 588 MARIA AVENUE			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 RIGHT SIDE VIEW 06/30/2020

Clear Photo Three

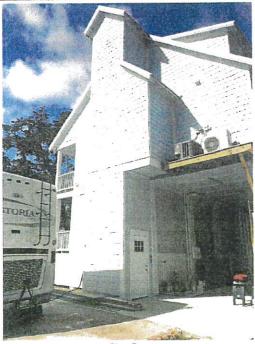


Photo Four

Photo Four Caption LEFT SIDE VIEW 06/30/2020

Clear Photo Four