#### 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 INSUR	ANCE COMPANY USE	
A1. Building Owner's Name Policy Number: PAUL KOHOUT					per:	
A2. Building Street Address (inc Box No. 604 HARDY AVENUE						AIC Number:
City GULFPORT			State Mississip	ppi	ZIP Code 39501	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL NUMBER 0711N-02-094.000 LOTS E AND F, STOKE'S SUBDIVISION						
A4. Building Use (e.g., Resident	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat. 30	21'25.5"	Long0	89 07'19.9"	Horizonta	al Datum: 🔲 NAD 1	927 🗵 NAD 1983
A6. Attach at least 2 photograph	ns of the building if the	Certific	ate is being u	sed to obtain floo	d insurance.	
A7. Building Diagram Number	5					
A8. For a building with a crawlsr	pace or enclosure(s):					
a) Square footage of crawls	space or enclosure(s)			0.00 sq ft		
b) Number of permanent flo	od openings in the cra	awlspace	or enclosure	e(s) within 1,0 foo	t above adjacent gra	de 0
c) Total net area of flood op	enings in A8.b		0.00 sq in	r		
d) Engineered flood opening	gs? ☐ Yes ☒ N	lo				
A9. For a building with an attached garage:						
a) Square footage of attached garage sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0						
c) Total net area of flood openings in A9.b 0.00 sq in						
d) Engineered flood openings?   Yes   No						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
						B3. State
CITY OF GULFPORT, 285253	,		HARRISON			Mississippi
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)
28047C0376 G	12-21-2017	06-16-2	vised Date 2009	AE	19	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  FIS Profile X 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						
Designation Date   ODINO   OLA						

## **ELEVATION CERTIFICATE**

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MPA	TANT: In these snaces conv the	corresponding information from Sec	tion A.	FOR INSURANCE COMPANY USE	
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.				Policy Number:	
	ARDY AVENUE	· · · · · · · · · · · · · · · · · · ·			
City GULF	PORT	State ZIP Mississippi 3950	Code 01	Company NAIC Number	
	SECTION C -	BUILDING ELEVATION INFORMAT	ION (SURVEY R	EQUIRED)	
	Building elevations are based on:  *A new Elevation Certificate will be	Construction Drawings* Build	ding Under Construng is complete.	uction*     Finished Construction	
C2.	Complete Items C2.a-h below acco	H, A (with BFE), VE, V1–V30, V (with BI ording to the building diagram specified in NACRY	FE), AR, AR/A, AR n Item A7. In Puer NAVD88, GEOID	to ( noo only) and	
	Benchmark Utilized: GPS RTK NE				
	Indicate elevation datum used for tr	ne elevations in items a) through h) belo	vv.		
	Datum used for building elevations	must be the same as that used for the E	FE.	Check the measurement used.	
	a) Top of bottom floor (including ba	asement, crawlspace, or enclosure floor	)	27.4 🔀 feet 🗌 meters	
	b) Top of the next higher floor	·	<u> </u>	N/A feet meters	
	c) Bottom of the lowest horizontal	structural member (V Zones only)	No.	N/A feet meters	
	d) Attached garage (top of slab)	:		N/A  feet  meters	
	e) Lowest elevation of machinery (Describe type of equipment an	or equipment servicing the building d location in Comments)		27.0 🛭 feet 🗌 meters	
	f) Lowest adjacent (finished) grad			17.5 ☑ feet ☐ meters	
	g) Highest adjacent (finished) grad			17.8 🛛 feet 🗌 meters	
		st elevation of deck or stairs, including	·	17.5 🛭 feet 🔲 meters	
		SURVEYOR, ENGINEER, OR AR	CHITECT CERTI	FICATION	
Thi		aled by a land surveyor, engineer, or are tificate represents my best efforts to inte r imprisonment under 18 U.S. Code, Sec	-bitant outhorized b	by law to certify elevation information	
We	re latitude and longitude in Section	A provided by a licensed land surveyor?	⊠Yes □No	Check here if attachments.	
	tifier's Name FFORD A. CROSBY, P.L.S.	License Number MS 2539			
Titl	NER			A CONTRACTOR	
	npany Name OSBY SURVEYING				
	iress LIVE OAK DRIVE				
Cit BIL	OXI	State Mississippi	ZIP Code 39532		
	nature ///	Date 05-19-2020	Telephone (228) 234-1649		
Cop	y all pages of this Elevation Certifica	te and all attachments for (1) community	official, (2) insuranc	e agent/company, and (3) building ow	
Co LO	nments (including type of equipment WEST MACHINERY IS THE BOTTO	nt and location, per C2(e), if applicable) OM OF THE AIR CONDITIONING UNIT	ON RAISED DEC	;K.	

## **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the corresponding in	nformation from Section A.	FOR INSU	JRANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or E 604 HARDY AVENUE		No. Policy Nu	mber:		
City State GULFPORT Missi	ZIP Code ssippi 39501	Company	NAIC Number		
SECTION E — BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)					
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.					
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).  a) Top of bottom floor (including basement,					
crawlspace, or enclosure) is	feet	☐ meters ☐ abo	ove or Delow the HAG.		
b) Top of bottom floor (including basement, crawlspace, or enclosure) is			ove or Delow the LAG.		
E2. For Building Diagrams 6-9 with permanent flood openi	ngs provided in Section A Items	8 and/or 9 (see pag	jès 1–2 of Instructions),		
the next higher floor (elevation C2.b in the diagrams) of the building is	[] feet	☐ meters ☐ ab	ove or Delow the HAG.		
E3. Attached garage (top of slab) is	feet	☐meters ☐ab	ove or Delow the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is	feet	meters ab	ove or 🔲 below the HAG.		
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?   Yes No Unknown. The local official must certify this information in Section G.					
SECTION F - PROPERTY OWNER	(OR OWNER'S REPRESENTA	TIVE) CERTIFICA	TION		
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.					
Property Owner or Owner's Authorized Representative's Na					
Address	City	State	ZIP Code		
Signature	Date	Telephone			
Comments					
		<b>[</b> -7]			

# **ELEVATION CERTIFICATE**

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IMPORTANT: In these spaces, copy the com-	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, St 604 HARDY AVENUE	No. Policy Number:					
City GULFPORT	State ZIP Code Mississippi 39501	Company NAIC Number				
SECTION	ON G - COMMUNITY INFORMATION (OPTIC	DNAL)				
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.						
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 AO.	on E for a building located in Zone A (without	a FEMA-issued or community-issued BFE)				
G3. The following information (Items G4-	G10) is provided for community floodplain ma					
G4. Permit Number	G5_ Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for: New Construction Substantial Improvement						
G8. Elevation of as-built lowest floor (including of the building:	g basement)	feet meters Datum				
G9. BFE or (in Zone AO) depth of flooding at the building site:						
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 lo	cation, per C2(e), if applicable)					
4						
		Check here if attachments.				

## **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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IMPORTANT: In these spaces, o	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including 604 HARDY AVENUE			
City GULFPORT	State Mississippi	ZIP Code 39501	Company NAIC Number
955	тоологірр,		

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.



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Photo One Caption FRONT VIEW 05/15/2020

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW 05/15/2020

Clear Photo Two

### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**

Continuation Page

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.
604 HARDY AVENUE

City State ZIP Code
GULFPORT Mississippi 39501

FOR INSURANCE COMPANY USE

State SIP Code
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 05/15/2020

Clear Photo Three

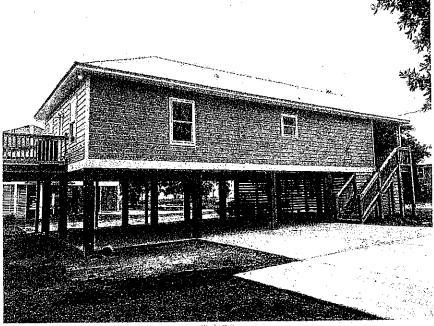


Photo Four

Photo Four Caption LEFT SIDE VIEW 05/15/2020

Clear Photo Four