



### 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 Mike Smartt		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 859 2nd Street		Company NAIC Number
City State ZIP Code Gulfport MS 39501		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tax Parcel 0911E-03-006.000		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. N30d22'29.52473" Long. W-89d03'59.26215 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 1B		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s) 0 sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0		
c) Total net area of flood openings in A8.b 0 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 336 sq ft		
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 2		
c) Total net area of flood openings in A9.b 400 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 City of Gulfport 285253		B2. County Name Harrison		B3. State MS	
B4. Map/Panel Number 28047C 0377	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) 18
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input 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 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 type="checkbox"/> No Designation Date: <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

### 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.

Local Official's Name Michael Edwards	Title CRS /CFM
Community Name City of Gulfport	Telephone 228-868-5790
Signature <i>Michael Edwards</i>	Date 6-9-2020

Comments  
 A5 Correction  
 A9 Correction = 400 sqft eng. vent  
 B6 Index Date Correction

20150040

# 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 Mike Smartt				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 859 Second Street				Company NAIC Number:	
City Gulfport		State Mississippi		ZIP Code 39501	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) A portion of Lot 8, Block 2, Grass Lawn Addition. PIDN: 0911E-03-006.000					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential					
A5. Latitude/Longitude: Lat. <u>N30d22'29.52473"</u> Long. <u>W08d03'58.26215"</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>336</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>2</u>					
c) Total net area of flood openings in A9.b <u>256</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 GULFPORT 285253			B2. County Name HARRISON		B3. State Mississippi
B4. Map/Panel Number 28047C0377	B5. Suffix G	B6. FIRM Index Date 06/16/2009	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) 18
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <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 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. 859 Second Street			Policy Number:
City Gulfport	State Mississippi	ZIP Code 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: RAPID STACTIC GPS OBSERV. 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)	<u>19.15</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>29.5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>17.55</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>19.15</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>16.43</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>17.22</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>16.4</u>	<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  
Timothy L. Glass P.L.S.

License Number  
Ms Reg. # 02584

Title  
Professional Land Surveyor

Company Name  
Glass Land Surveying, Inc.

Address  
10453 Pin Oak Drive

City  
Biloxi

State  
Mississippi

ZIP Code  
39532

Signature  
*Timothy L. Glass*

Date  
05/08/2019

Telephone  
(228) 392-9004



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)  
RESIDENCE LOCATED ON TWO (2) FEMA FLOOD MAPS. FIRST MAP IS 28047C0264G ON THE NORTH AND THE SECOND MAP IS 28047C0377G ON THE SOUTH. ITEM C2e DENOTES A/C UNIT.  
ITEM A9(d) TWO ENGINEERED FLOOD OPENS ALSO KNOWN AS SMART VENTS, MODEL #1540-520, CERTIFIED TO OVER 200 SQUARE FEET EACH TOTALING 400 SQUARE FEET. SN # S2147931 AND SN # S2147932. FOR ADDITIONAL INFORMATION CONTACT SMART VENT INC. @ 1-877-441-8368 AND OR WWW.SMARTVENT.COM ESR 2074.

**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

**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.  
859 Second Street

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

"FRONT VIEW"

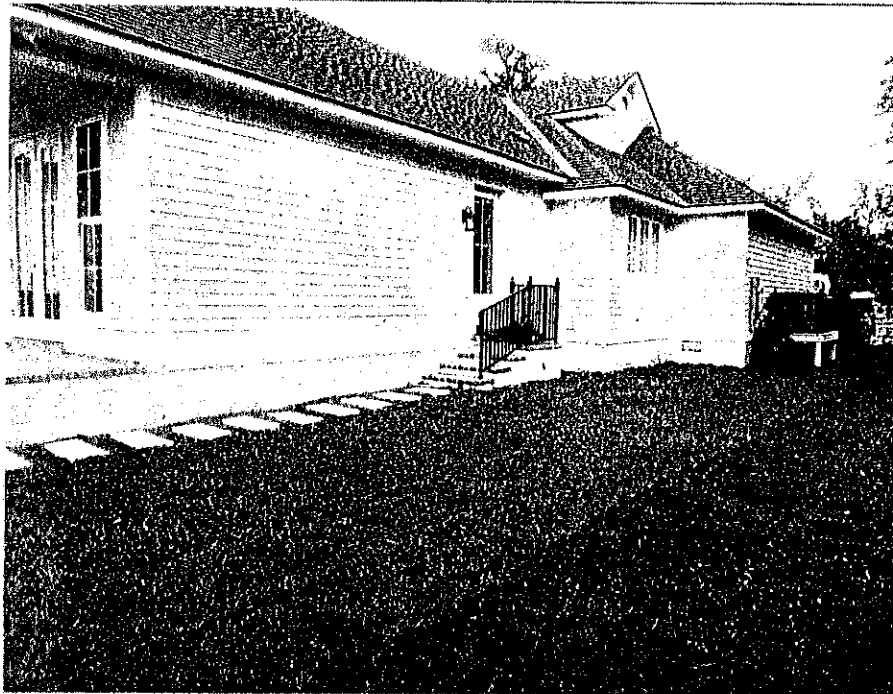


Photo Two

Photo Two Caption

"LEFT SIDE 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. 859 Second 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.

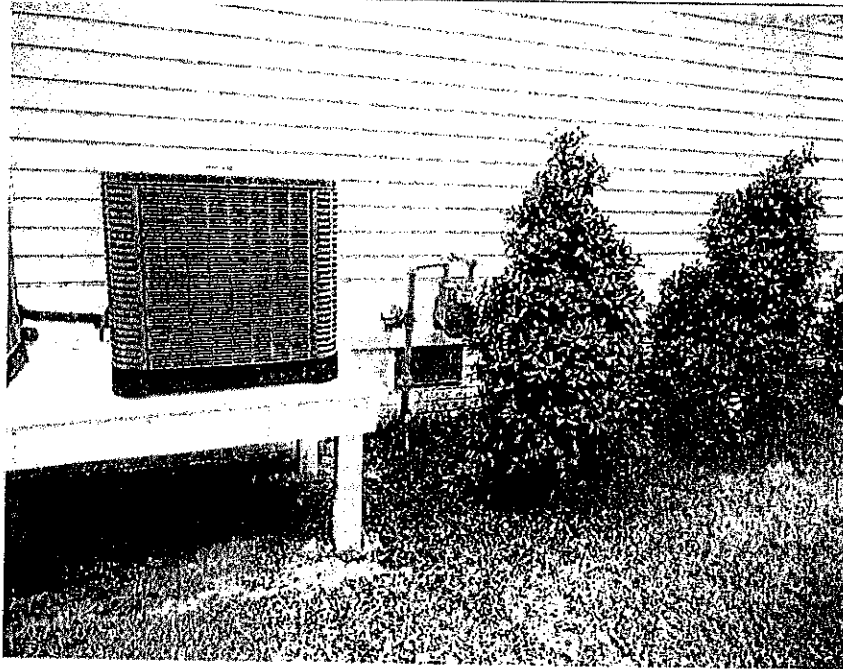


Photo One

Photo One Caption

"ENGINEERED FLOOD OPENING"

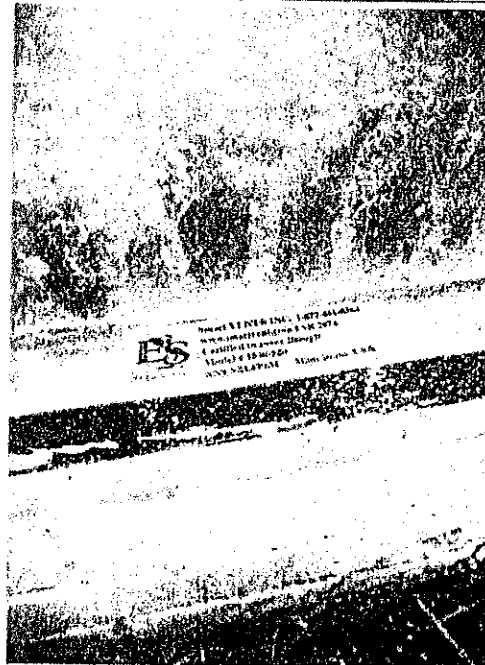
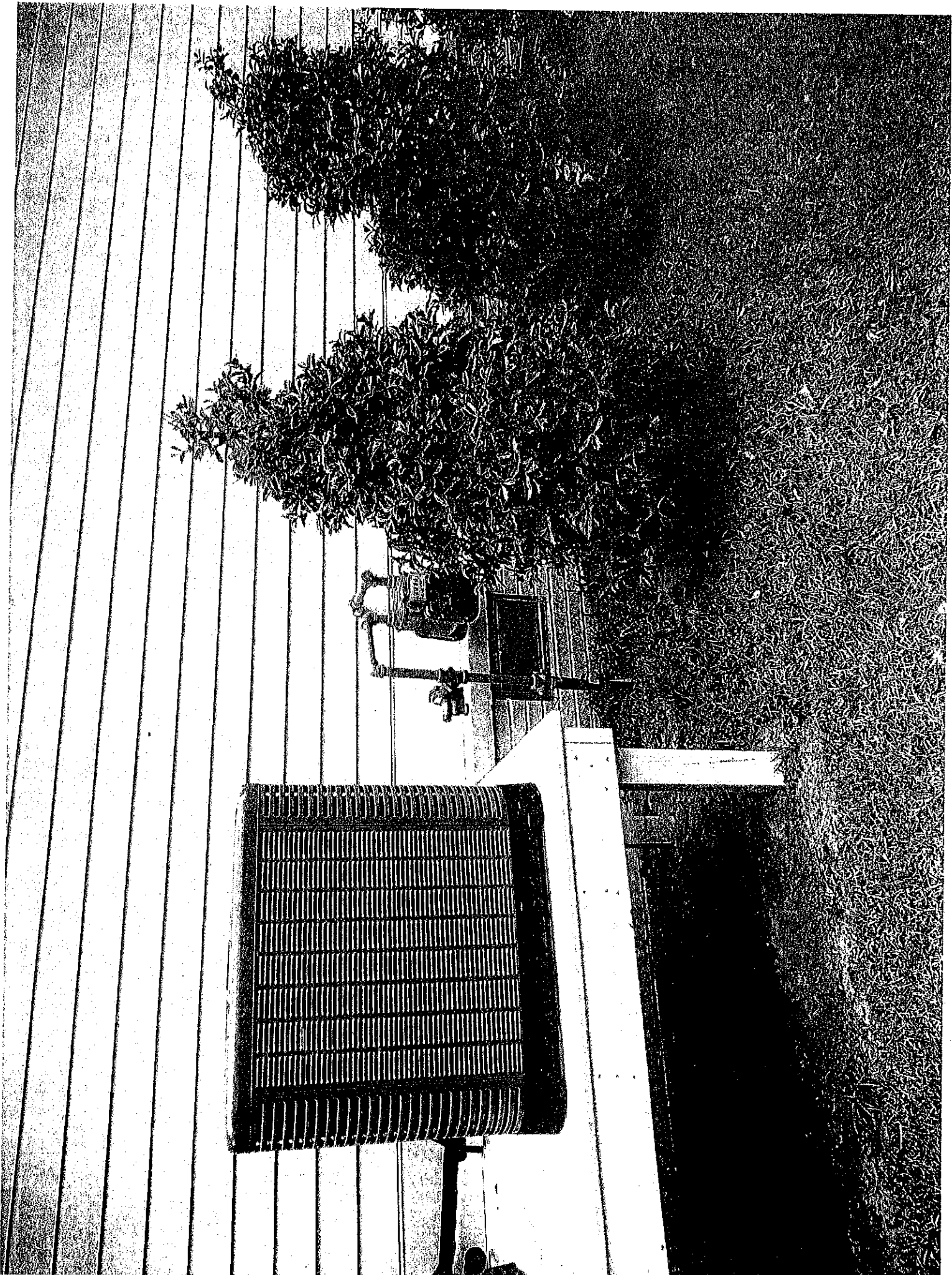


Photo Two

Photo Two Caption

Smart Vent Model 1540-520, certified to cover 200 sq. feet





ESI  
Evaluation Services, Inc.

Smart VENT® INC. 1-877-441-8368

[www.smartvent.com](http://www.smartvent.com) ESR 2074

Certified to cover 200sq/ft

Model # 1540-520

SN# S2147932 Made in the USA



ICC Evaluation Service, Inc.

Smart VENT® INC. 1-877-341-6856

[www.smartvent.com](http://www.smartvent.com) ESR 2074

Certified to cover 200sq/ft

Model # 1540-520

SN# S2147931 Made in the USA