## 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 INFO		.,		RANCE COMPANY USE
A1. Building Owner's Name	er erde er		Policy Num	
9P HOLDING LLC	van alle en			
A2. Building Street Address (including Apt., Unit, Suite, and, Box No. 8845 LORRAINE ROAD	/or Bldg. Na.) o	r P.O. Route and	Company N	AIC Number:
City GULFPORT	State Mississip	ppi	ZIP Code 39503	
A3. Property Description (Lot and Block Numbers, Tax Parc PARCEL NO. 1010D-01-008.001	el Number, Le	gal Description, etc	•	
A4. Building Use (e.g., Residential, Non-Residential, Additio	n, Accessory,	etc.) NON-RESI	DENTIAL	
A5. Latitude/Longitude: Lat. 30 24'33.2" Long.	-089 01'42.7"	Horizontal	Datum: 🔲 NAD 1	927 X NAD 1983
A6. Attach at least 2 photographs of the building if the Certif	icate is being u		· · · ·	
A7. Building Diagram Number 1B				
A8. For a building with a crawlspace or enclosure(s):				
Square footage of crawlspace or enclosure(s)		0.00 sq ft		
b) Number of permanent flood openings in the crawlspa	an ar analasur	<del> </del>	ومنت فيروس والموادية أندر والتاريخ	م مد
c) Total net area of flood openings in A8.b			above adjacent gra	ide û
	0.00 sq in	e e		
d) Engineered flood openings? Yes X No				
A9. For a building with an attached garage:				
a) Square footage of attached garage	0.00 sq ft			
b) Number of permanent flood openings in the attached	garage within	I.0 foot above adja	cent grade 0	
c) Total net area of flood openings in A9.b	0.00 sq	in	<del>.</del>	
d) Engineered flood openings? Yes X No				
	,	•	•	
SECTION B - FLOOD INSUR	ANCE RATE	MAP (FIRM) INFO	PRMATION	
B1. NFIP Community Name & Community Number	B2. County I	Vame		B3. State
CITY OF GULFPORT, 285253	HARRISON		*	Mississippi
Number Date Ef	RM Panel fective/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	evation(s) Base Flood Depth)
28047C0266 G 12-21-2017 06-16	evised Date -2009	AE	15	
B10. Indicate the source of the Base Flood Elevation (BFE) o		•	n Item B9:	
B11. Indicate elevation datum used for BFE in Item B9:	NGVD 1929 [		Other/Source:	
R12 Is the building located in a Coastal Parrier Beauty	untom (CDBO)	area or Otherster	Drotootool Acces 10	1DA12 [T]V [T]
B12. Is the building located in a Coastal Barrier Resources S		area of Otherwise	r riolected Area (C	rr∧)(∐ Yes ⊠ No
Designation Date: CBRS	OPA			

## **ELEVATION CERTIFICATE**

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		FOR INSURANCE COMPANY USE	
8845 LORRAINE ROAD		Policy Number:	
City State GULFPORT Miss	e ZIP 0 sissippi 3950	A. ·	Company NAIC Number
SECTION C – BUILDING ELE	EVATION INFORMAT	ION (SURVEY RE	QUIRED)
C1. Building elevations are based on: Construction		ding Under Constru	ction* X Finished Construction
*A new Elevation Certificate will be required when co C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), \			ΔΕ ΔΒ/Δ1_Δ30 ΔΒ/ΔΗ ΔΒ/ΔΟ
Complete Items C2.a–h below according to the build Benchmark Utilized: GPS RTK NETWORK	ing diagram specified in	n Item A7. In Puerto NAVD88, GEOID 2	Rico only, enter meters.
Indicate elevation datum used for the elevations in ite			<u> </u>
□ NGVD 1929 □ NAVD 1988 □ Other/S			
Datum used for building elevations must be the same		FE.	Check the measurement used.
a) Top of bottom floor (including basement, crawlspa	ace or enclosure floor)		16.1  feet  meters
b) Top of the next higher floor	ace, or endosare noor)		N/A  feet  meters
c) Bottom of the lowest horizontal structural member	r (V Zones only)		N/A   feet   meters
d) Attached garage (top of slab)	( ¿ Zorios orily)	- <u> </u>	N/A feet meters
e) Lowest elevation of machinery or equipment serv     (Describe type of equipment and location in Comi	icing the building ments)		16.1 🔀 feet 🗌 meters
f) Lowest adjacent (finished) grade next to building			13.3 X feet meters
g) Highest adjacent (finished) grade next to building	£ 878	-	15.7
h) Lowest adjacent grade at lowest elevation of decl structural support			13.3 🔀 feet 🗌 meters
	ENGINEER OR ARC	HITECT CERTIFI	CATION
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 lic			Check here if attachments.
Certifier's Name	License Number		
CLIFFORD A. CROSBY, P.L.S.	MS 2539		
Title OWNER			la Colonia
Company Name CROSBY SURVEYING			
Address 716 LIVE OAK DRIVE			PL52530
City	State	ZIP Code	O NE SE
BILOXI	Mississippi	39532	The state of the s
Signature	Date 10-26-2020	Telephone (228) 234-1649	Ext.
Copy all pages of this Elevation Certificate and all attachme	nts for (1) community of	ficial, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and location, per LOWEST MACHINERY IS THE BOTTOM OF THE AIR C			
æ <sup>i</sup>			
14.			

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IMPORTANT: In these spaces, copy the corresponding inform		FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. 8845 LORRAINE ROAD		Policy Number:	
City State GULFPORT Mississipp	ZIP Code oi 39503	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.			
<ul> <li>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).</li> <li>a) Top of bottom floor (including basement,</li> </ul>			
crawlspace, or enclosure) is b) Top of bottom floor (including basement,	feet mete	ers  above or  below the HAG.	
crawlspace, or enclosure) is	feet mete	<del>_</del>	
E2. For Building Diagrams 6–9 with permanent flood openings p the next higher floor (elevation C2.b in the diagrams) of the building is	orovided in Section A Items 8 and/o		
E3. Attached garage (top of slab) is	feet		
E4. Top of platform of machinery and/or equipment servicing the building is		ers above or below the HAG.	
E5. Zone AO only: If no flood depth number is available, is the to	op of the bottom floor elevated in a		
SECTION F - PROPERTY OWNER (OR	OWNER'S REPRESENTATIVE) C	ERTIFICATION	
The property owner or owner's authorized representative who co community-issued BFE) or Zone AO must sign here. The statem	ompletes Sections A, B, and E for Z lents in Sections A, B, and E are co	one A (without a FEMA-issued or prect to the best of my knowledge.	
Property Owner or Owner's Authorized Representative's Name		· · · · · · · · · · · · · · · · · · ·	
Address	City S	State ZIP Code	
Signature	Date T	elephone	
Comments			
		•	

# **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 Bldg. No.) or P.O. Route and Box No. 8845 LORRAINE ROAD			Policy Number:
City GULFPORT	State ZIP Mississippi 395	Code 03	Company NAIC Number
SECTIO	ON G - COMMUNITY INFORMAT	ON (OPTIONAL)	
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 applicat	ity's floodplain mai le item(s) and sign	nagement ordinance can complete below. Check the measurement
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	en from other documentation that ed by law to certify elevation infor	has been signed ar mation. (Indicate the	nd sealed by a licensed surveyor, a source and date of the elevation
G2. A community official completed Section Zone AO.	on E for a building located in Zone	A (without a FEM)	A-Issued or community-issued BFE)
G3. The following information (Items G4-	G10) is provided for community flo	oodplain managem	ent purposes.
G4. Permit Number	G5. Date Permit Issued	G6. I	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction 🏻 Substantia	al Improvement	
G8. Elevation of as-built lowest floor (including of the building:	y basement)	feet	meters Datum
G9. BFE or (in Zone AO) depth of flooding at	the building site:	feet	meters Datum
G10. Community's design flood elevation:	, <del>Landard Co. 1</del>	feet	meters Datum
Local Official's Name	Title		
Community Name	Telephor	ie	
Signature	Date		
Comments (including type of equipment and loc	cation, per C2(e), if applicable)		
			Check here if attachments.

### **BUILDING PHOTOGRAPHS**

## **ELEVATION CERTIFICATE**

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including A 8845 LORRAINE ROAD	Apt., Unit, Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:
City GULFPORT	State Mississippi	ZIP Code 39503	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 10/23/2020

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW 10/23/2020

Clear Photo Two

### **BUILDING PHOTOGRAPHS**

Continuation Page

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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.

8845 LORRAINE ROAD

City State ZIP Code GULFPORT Mississippi 39503

FOR INSURANCE COMPANY USE

Policy Number:

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 10/23/2020

**ELEVATION CERTIFICATE** 

Clear Photo Three



Photo Four

Photo Four Caption LEFT SIDE VIEW 10/23/2020

Clear Photo Four