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

OMB No. 1660-0008 Expiration Date: November 30, 2018

# 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

SECTION A PROPERTY INFORMATION	FOR INSURANCE	
A1. Building Owner's Name PRESTIGE PROPERTIES	Policy Number:	COMPANY USE
A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg, No.) or P.O. Route and Box No.	Company NAIC Nu	mber;
9561 NORTH BAYOU BEND DRIVE	ing the second s	
City State GULFPORT Mississippi	ZIP Code 39503	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 2, BAYOU BEND SUBDIVISION		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		··
A5 Latitude/Langitude: Lat 30 25/28 5/1	n: NAD 1927	ZI NAD 1000
A6, Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insura	ance	ZI MAD 1993
A7. Building Diagram Number 1B	arice.	
A8. For a building with a crawlepace or enclosure(s):	· · · · · · · · · · · · · · · · · · ·	
a) Square footage of crawlenges or applanted to		
		and the second
C) Total net area of flood apprings in the grawispace or enclosure(s) within 1.0 foot above	adjacent grade	0
		er egeleti
Y SANTANA LI YES IXI NO	•	•
A9, For a building with an attached garage:		**
a) Square footage of attached garage667 sq ft		
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent g		in the first of of
c) Total net area of flood anonings in AG b	rade 4	
Freed 1 1 1 4		•
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMAT	TION	
CITY OF CHI PORT decora	B3. St	ate :
HARRISON	Mississ	ippi
84. Map/Panel B5. Suffix B6. FIRM Index Date B7. FIRM Panel B8. Flood Zone(s)	B9. Base Flood	Elevation(s)
8047G266 G 12/21/2017 Revised Date 06/16/2009 AE	(Zone AO, u Flood Depth	) .
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item I  FIS Profile FIRM Community Determined Other/Source:  B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other  B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protect Designation Date:  CBRS OPA	er/Source:	] Yes [⊠] No
MA Form 086-0-33 (7/15)		

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IMPORTANT: In these spaces, copy the cor	responding information from	Section A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, § 9561 NORTH BAYOU BEND DRIVE	Buite, and/or Bidg. No.) or P.O.	Route and Box No.	Policy Number:		
City GULFPORY		ZIP Code 39503	Company NAIC Number		
SECTION C - BU	ILDING ELEVATION INFOR	MATION (SURVEY R	EQUIRED)		
C1. Building elevations are based on:	Construction Drawings*	Building Under Constr	uction*     Finished Construction		
"A new Elevation Certificate will be requi	ired when construction of the b	ullding 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: GPS RTK NETWORK  Vertical Datum: NAVD88, GEOID 2009					
Indicate elevation datum used for the ele ☐ NGVD 1929 ☑ NAVD 1988	☐ Other/Source:				
Datum used for building elevations must	be the same as that used for t	ne BFE.	Check the measurement used.		
a) Top of bottom floor (including baseme	ent, crawispace, or enclosure fi	oor)16_3	X feet  meters		
b) Top of the next higher floor	Section 1985	N/A	X feet meters		
<ul> <li>c) Bottom of the lowest horizontal structure</li> </ul>	ural member (V Zones only)	N/A,	X  feet     meters		
d) Attached garage (top of slab)		<u>12, 1</u>	[X] feet ☐ meters		
e) Lowest elevation of machinery or equ     (Describe type of equipment and local		<u>16, 0</u>	X feet		
f) Lowest adjacent (finished) grade next		<u>11</u> . <u>0</u>	X feet meters		
g) Highest adjacent (finished) grade nex		12, 5	X feet meters		
Lowest adjacent grade at lowest eleve structural support			[X] feet		
SECTION D-SU	RVEYOR, ENGINEER, OR A	RCHITECT CERTIF	CATION		
This certification is to be signed and sealed by I certify that the information on this Certificate statement may be punishable by fine or impris	va land surveyor, engineer, or represents my best efforts to in conment under 18 U.S. Code. S	architect authorized by nterpret the data availa Section 1001	law to certify elevation information. ble, I understand that any false		
vvere latitude and longitude in Section A provi	ded by a licensed land surveyo	or? ⊠Yes □ No	Check here if attachments.		
Ceriifier's Name CLIFFORD A. CROSBY, P.L.S.	License Number MS 2539				
Title	MO 5000				
OWNER					
Company Name CROSBY SURVEYING			Place Seal		
Address 716 LIVE OAK DRIVE			Hofo		
City BILOXI	State Mississippi	ZIP Code 39532	er' ,		
Signature	Date 08/12/2018	Telephone (228) 234-1649			
Copy all pages of this Elevation Cértificate and al	l attachments for (1) community	official, (2) insurance a	gent/company, and (3) building owner.		
Comments (including type of equipment and loc LOWEST MACHINERY IS THE BOTTOM OF T	cation, ner C2(e), if applicable)	· · · · · · · · · · · · · · · · · · ·			
•			•		
			i		

# **ELEVATION CERTIFICATE**

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IMPORTANT:	In these space	s, copy the co	rreaponding informati	on from Section A		FOR INSURANCE COMPANY USE
l priliding street	: Address (inc)u I BAYOU BENI	ding Apt., Unit.	Suite, and/or Bldg. No.)	or P.O. Route and	Box No.	Policy Number:
City	TOAT OU BEIN	DIVIVE			.,	
GULFPORT	CONT. DACE: A STANDARD STANDAR		State Mississippi	ZIP Code 39503	·	Company NAIC Number
	SECT	ION E - BUIL F	DING ELEVATION IN OR ZONE AO AND ZO	FORMATION (SU DNE A (WITHOUT	RVEY NOT I	REQUIRED)
For Zones AO a complete Sectle enter meters.	and A (without I ons A, B,and C.	RFF) complete	Home Et Es Istha Ca	.00-1-1-1-1-1-1-1		LOMA or LOMR-F request, cent used. In Puerto Rico only,
E1. Provide ele	evation informat t adjacent grade	tion for the follo (HAG) and th	Wing and check the app			the elevation is above or below
crawisp b) Top of t	cottom floor (Inc pace, or enclose pottom floor (inc	ire) is cluding baseme		[ fee	et 🗌 meters	above or below the HAG.
crawisp	)ace, or enclosu	ıre) is			et 🗌 meters	
E2. For Building the next high	g Diagrams 6–8 her floor (eleva	) with permane atlon C2,b in	nt flood openings provid	led in Section A Ite	ms 8 and/or 9	(see pages 1–2 of Instructions),
	ns) of the buildi			[] fee	et 🗌 meters	above or below the HAG.
E3. Attached ga E4. Top of platf		•		fee	et 🗌 meters	above or below the HAG.
servicing th	e building is	ay andron equit	oment	[] fee	t ∐meters	☐ above or ☐ below the HAG.
E5. Zone AO or	nly: If no flood d	lepth number is	available, is the top of	41 1 11 11 1		
nacaptani i			rea [] MD [] DUK	nown, inelocalo	fficial must ce	ertify this information in Section G.
<u>-</u>	SECTION	NF - PROPER	RTY OWNER (OR OWN	ier's represen	TATIVE) ÇEF	RTIFICATION
			THE WAR THE CARGOTTOTICS	lös Sections A, B, a n Sections A, B, ar	and E for Zon ad E are corre	e A (without a FEMA-issued or act to the best of my knowledge.
Property Owner	or Owner a Auti	nonzed Repres	entative's Name			
				City	Stat	e ZIP Code
Signature				Date	Tele	phone
Comments						
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### **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding informa	ition from Section A.	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg, No 9681 NORTH BAYOU BEND DRIVE	o.) or P.O. Route and Box (	lo. Pollcy Number:				
City State GULFPORT Mississippi	ZIP Code 39503	Company NAIC Number				
SECTION G - COMMUNIT	Y INFORMATION (OPTIO	NAL)				
The local official who is authorized by law or ordinance to administr Sections A, B, C (or E), and G of this Elevation Certificate. Comple used in Items G8—G10. In Puerto Rico only, enter meters.	ite the applicable item(s) ar	nd sign below. Check the measurement				
data in the Comments area below.)	engineer, or architect who is authorized by law to certify elevation information, (indicate the source and date of the elevation					
G2. A community official completed Section E for a building to or Zone AO.						
G3. The following Information (Items G4G10) is provided for		agement purposes.				
G5. Date Permit Is	seued	G6. Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for: New Construction	Substantial Improveme	nt				
G8. Elevation of as-built lowest floor (including basement) of the building:		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:		] feet [] meters Datum				
Local Official's Name	Title					
Community Name	Telephone					
Signature	Date	and the second s				
Comments (including type of equipment and location, per C2(e), if a	pplicable)					
		•				
	v.					
		Check here if attachments.				

#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

		74810-114-114-114-114-114-114-114-114-114-1		myburgenti mares treatified no 5010
	IMPORTANT: In these spaces, copy the c	orresponding information	from Section A.	FOR INSURANCE COMPANY USE
	Building Street Address (including Apt., Uni 9561 NORTH BAYOU BEND DRIVE	Policy Number:		
	Gity	State	ZIP Code	
i	GULFPORT	Miccianinai	ZIP COUP	Company NAIC Number

39503

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.

Mississippi

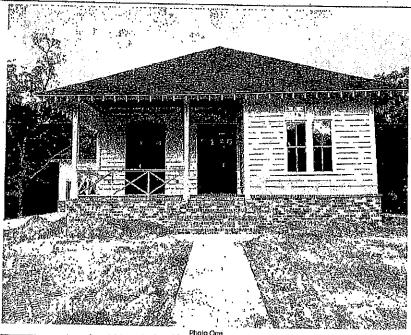


Photo One Caption FRONT VIEW 8/12/2018

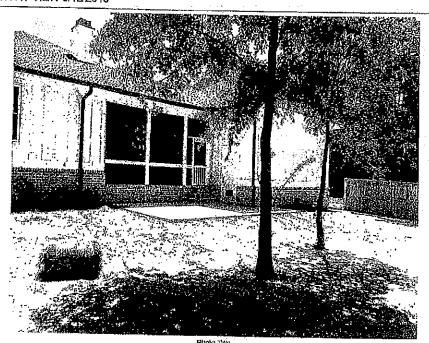


Photo Two Caption REAR VIEW 8/12/2018

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

	 17		Expiration pate. Hereiting 30, 2010
IMPORTANT: In these spa	FOR INSURANCE COMPANY USE		
Building Street Address (inc 9561 NORTH BAYOU BE	Policy Number:		
City GULFPORT	State Mississippi	ZIP Code 39503	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.

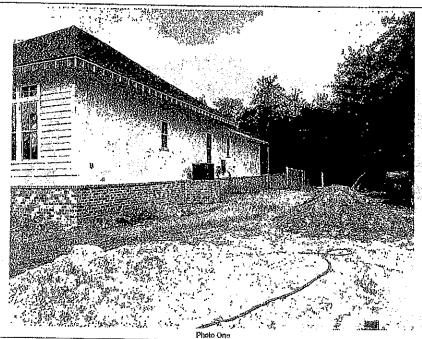


Photo One Caption RIGHT SIDE VIEW 8/12/2018

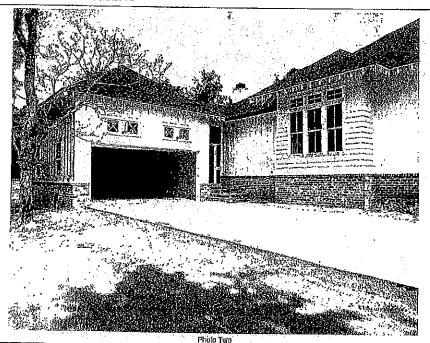


Photo Two Caption LEFT SIDE VIEW 8/12/2018