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 - PROPER	TY INFOR	MATION		FOR INSUI	RANCE COMPANY USE
A1. Building Owner's Name DONALD AND KAREN MATHISON Policy Number:					ber:
 A2. Building Street Address (including Apt., Unit, S Box No. 713 2ND STREET 	uite, and/oi	r Bldg. No.) or	P.O. Route and	Company N	NAIC Number:
City GULFPORT		State Mississip _l		ZIP Code 39501	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PARCEL NO. 0911E-01-034.000					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat. 30 22'33.0"	_ Long. <u>-0</u>	89 03'48.4"	Horizonta	l Datum: NAD	1927 X NAD 1983
A6. Attach at least 2 photographs of the building if	the Certifica	ate is being us	sed to obtain floo	d insurance.	
A7. Building Diagram Number6					
A8. For a building with a crawlspace or enclosure(s	s) :				
a) Square footage of crawlspace or enclosure(s)	15	599.00 sq ft		
b) Number of permanent flood openings in the	crawlspace	or enclosure((s) within 1.0 fool	above adjacent gra	ade 8
c) Total net area of flood openings in A8.b	16	600.00 sq in			
d) Engineered flood openings? X Yes	No				e
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 ga	arage within 1.	.0 foot above adj	acent grade 0	
c) Total net area of flood openings in A9.b		0.00 sq ir			
d) Engineered flood openings?	No	*			
		= =			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number CITY OF GULFPORT, 285253	- 1	B2. County N HARRISON	lame		B3. State Mississippi
B4. Map/Panel B5. Suffix B6. FIRM Index Date		ctive/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
28047C0264 G 12-21-2017	06-16-20	ised Date 009	AE	18	u 2
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:					
FIS Profile FIRM Community Determined Other/Source:					
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes X No					
Designation Date: CBRS OPA					
					1

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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. 713 2ND STREET			Policy Number:	
City State ZIP Code GULFPORT Mississippi 39501			Company NAIC Number	
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)				
*A new Elevation Certificate will be required C2. Elevations – Zones A1–A30, AE, AH, A (with Complete Items C2.a–h below according to Benchmark Utilized: GPS RTK NETWORK	when construction of the buildir n BFE), VE, V1–V30, V (with BF the building diagram specified i Vertical Datum:	FE), AR, AR/A, AR/ n Item A7. In Puert NAVD88, GEOID 2	/AE, AR/A1–A30 to Rico only, ent	oished Construction O, AR/AH, AR/AO. Ber meters.
Indicate elevation datum used for the elevation NGVD 1929 NAVD 1988 Datum used for building elevations must be to	Other/Source:		Check the	measurement used.
 a) Top of bottom floor (including basement, 	crawlspace, or enclosure floor)		16.6 X fee	t meters
b) Top of the next higher floor		Personal de Arros de la constitución de la constitu	26.2 X fee	t meters
c) Bottom of the lowest horizontal structural	member (V Zones only)		N/A fee	t meters
d) Attached garage (top of slab)			N/A [] fee	t meters
e) Lowest elevation of machinery or equipm (Describe type of equipment and location	ent servicing the building in Comments)	-	19.3 × fee	t meters
f) Lowest adjacent (finished) grade next to	building (LAG)		16.0 X fee	t meters
g) Highest adjacent (finished) grade next to	building (HAG)	1	16.5 X fee	t meters
Lowest adjacent grade at lowest elevation structural support	n of deck or stairs, including		16.2 X fee	t meters
SECTION D - SURV	EYOR, ENGINEER, OR ARC	HITECT CERTIF	ICATION	
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.				d that any false
Were latitude and longitude in Section A provided	by a licensed land surveyor?	△ Yes □ No	Check h	ere if attachments.
Certifier's Name CLIFFORD A. CROSBY, P.L.S.	License Number MS 2539			DA CO
Title OWNER			1/3/	A303 -
Company Name CROSBY SURVEYING				Cayl
Address 716 LIVE OAK DRIVE			Man .	Horesy
City	State	ZIP Code	- Marie	
BILOXI	Mississippi	39532		200 400
Signature	Date 10-14-2021	Telephone (228) 234-1649	Ext.	
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) LOWEST MACHINERY IS THE BOTTOM OF THE ELECTRICAL PANEL.				
FEMA Form 086-0-33 (12/19)	Replaces all previous edition	ıs		Form Page 2 of 6

ELEVATION CERTIFICATE

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

ten der de transporter de la caracter de la caracte	mg mommanon	from Section A.	FOR INS	JRANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and 713 2ND STREET	l/or Bldg. No.) or	P.O. Route and Box N	o. Policy Nu	mber:
i di	State Mississippi	ZIP Code 39501	Company	NAIC Number
SECTION E - BUILDING EL FOR ZONI		RMATION (SURVEY E A (WITHOUT BFE)	NOT REQUIRE	(D)
For Zones AO and A (without BFE), complete Items E1 complete Sections A, B, and C. For Items E1–E4, use nenter meters.	–E5. If the Certif atural grade, if a	icate is intended to sup valiable. Check the me	port a LOMA or asurement used	LOMR-F request, In Puerto Rico only,
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a a) Top of bottom floor (including basement, crawlspace, or enclosure) is	check the appro adjacent grade (L	AG).	esta.	tion is above or below ove or ☐ below the HAG.
 Top of bottom floor (including basement, crawlspace, or enclosure) is 	41.	feet	*****	ove or Delow the LAG.
E2. For Building Diagrams 6–9 with permanent flood o the next higher floor (elevation C2.b in the diagrams) of the building is	penings provided	in Section A Items 8 a	*, * -	es 1–2 of Instructions), ove orbelow the HAG.
E3. Attached garage (top of slab) is				ove or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is		[feet [meters 🔲 abo	ove orbelow the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	e, is the top of th	e bottom floor elevated own. The local official	in accordance v must certify this	vith the community's information in Section G.
SECTION F - PROPERTY OWI	VER (OR OWNE	R'S REPRESENTATIV	E) CERTIFICAT	ION
The property owner or owner's authorized representative	e who complete		for Zone A (with	out a FEMA-issued or
community-issued BFE) or Zone AO must sign here. The	ne statements in	Sections A, B, and E a	re correct to the	best of my knowledge.
community-issued BFE) or Zone AO must sign here. Ti	ne statements in	Sections A, B, and E a	re correct to the	best of my knowledge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative	ne statements in	Sections A, B, and E a	re correct to the	best of my knowledge.
community-issued BFE) or Zone AO must sign here. Ti	ne statements in s Name	Sections A, B, and E a	State	best of my knowledge. ZIP Code
community-issued BFE) or Zone AO must sign here. To Property Owner or Owner's Authorized Representative	ne statements in	Sections A, B, and E a		best of my knowledge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address	ne statements in	Sections A, B, and E a	State	best of my knowledge.
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative Address Signature	ne statements in	Sections A, B, and E a	State	best of my knowledge.
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ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corn	FOR INSURANCE COMPANY USE	
Building Street Address (Including Apt., Unit, St 713 2ND STREET	ulte, and/or Bidg. No.) or P.O. Route and B	ox No. Policy Number:
City GULFPORT	State ZIP Code Mississippi 39501	Company NAIC Number
SECTION	ON G - COMMUNITY INFORMATION (OP	TIONAL)
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 applicable item(s	dplain management ordinance can complete and sign 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 has beer ed by law to certify elevation information. (I	signed and sealed by a licensed surveyor, indicate the source and date of the elevation
G2. A community official completed Section Zone AO.	on E for a building located in Zone A (witho	out a FEMA-issued or community-issued BFE)
G3, The following information (Items G4-	G10) is provided for community floodplain	management purposes.
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction Substantial Improv	ement
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:	☐ feet ☐ meters Datum
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 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 713 2ND STREET	pt., Unit, Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	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

FRONT VIEW 10/12/2021 Photo One Caption

Clear Photo One



Photo Two

REAR VIEW 10/12/2021 Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

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ELEVATION CERTIFICATE

IMPORTANT: In these spaces, cor	FOR INSURANCE COMPANY USE		
Building Street Address (including A 713 2ND STREET	pt., Unit, Suite, and/or Bldg. No.) or	r P.O. Route and Box No.	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 10/12/2021

Clear Photo Three



Photo Four

Photo Four Caption LEFT SIDE VIEW 10/12/2021

Clear Photo Four

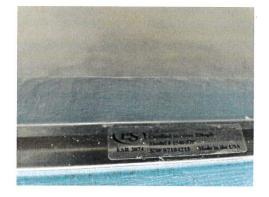
713 2nd Street vent serial numbers



SSN S710214



SSN S7104218



SSN S7104215



SSN S7099163



S7104217



SSN S7104213



SSN S7104216



SSN S7099164

