

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Errergency 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.

	SEC	TION A - PROPERTY	INFOR	MATION		FOR INSUR	ANCE COMPANY USE
A1. Building Owner's Name LADNER				Policy Numb	per:		
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 542 WOODWARD AVENUE 				Company N	AIC Number:		
City GULFPORT				ZIP Code 39501	and de the control of		
		ind Block Numbers, Te LOT 35, LESS NORTH		and the second s			074.000
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Long	tude: Lat. 3	0-21'31.6"	Long. 89	9-06'56.6"	Horizontal	Datum: NAD 1	927 🛛 NAD 1983
A6. Attach at leas	t 2 photograp	hs of the building if the	e Certific	ate is being u	sed to obtain floor	insurance.	
A7. Building Diagr	am Number	5					
A8. For a building	with a crawls	space or enclosure(s):					
a) Square foo	tage of craw	Ispace or enclosure(s)	(A.TOLIC HOLD DAME)		0.00 sq ft		
b) Number of	permanent flo	ood openings in the cr	awispace	or enclosure	e(s) within 1.0 foot	above adjacent gra	de 0
c) Total net a	ea of flood o	penings in A8.b	MANUFACTURE CONCENSION OF	0.00 sq in			
d) Engineered	flood openir	ngs? Yes N	lo				
A9. For a building	with an attach	ned garage:					
a) Square foo	tage of attach	ned garage		0.00 sq ft			
b) Number of	permanent flo	ood openings in the at	ached o	arage within	1.0 foot above adia	acent grade 0	
		penings in A9.b	•	0.00 sq	The same of the same same same same same same same sam	(COMUNICATEUR) DE	ILLEY-PROMPT SPERMITTERS
		ngs? Yes	lo	0.00			
				OKKINOSI (PRIEKS SINKS MAKAMAKISA)	NO NETWORK CONTRACTOR OF THE PARTY OF THE PA	d and the contribution of	
ALDERSON SHIER SHI		ECTION B - FLOOD	NSURA	POLICE STATE OF THE PARTY OF TH	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	ORMATION	
B1. NFIP Commur CITY OF GULFPO		Community Number		B2. County HARRISON			B3. State Mississippi
34. Map/Panel Number	B5. Suffix	86. FIRM Index Date		RM Panel	B8. Flood Zone(s)	B9. Base Flood E	levation(s) a Base Flood Depth)
28047C-0376	G	12-21-2017	06-16-2	vised Date	"AE"	18.0	baco rioda bopiny
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)? Yes X No							
Declaration Date:							
Designation	oute,	MANAGEMENT AND ADDRESS OF THE PROPERTY OF THE	CDRG	LI OFA			

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Building Street Address (Including Apt., Unit, § 542 WOODWARD AVENUE	Policy Number:			
City GULFPORT		ZIP Code 39501	Company NAIC Number	
SECTION C - BU	ILDING ELEVATION INFORM	MATION (SURVEY	REQUIRED)	
C1. Building elevations are based on. "A new Elevation Certificate will be requived." C2. Elevations – Zones A1–A30, AE, AH, A Complete Items C2.a-h below according Benchmark Utilized: GPS MS EAST US Indicate elevation datum used for the electric NGVD 1929 NAVD 1988 Datum used for building elevations must a) Top of bottom floor (including basement) Top of the next higher floor c) Bottom of the lowest horizontal struct d) Attached garage (top of slab) e) Lowest elevation of machinery or equal to the property of eq	Construction Drawings* [] ired when construction of the building diagram specific of the same as the same as that used for the same as that used for the same as the same as the building of the same of the sa	Building Under Const uilding is complete. h BFE), AR, AR/A, Al ed in Item A7. In Pue um: NAVD 88 elow.	Check the measurement used 25.8 feet meters N/A feet meters N/A feet meters N/A feet meters	
the school type of equipment and local Lowest adjacent (finished) grade next	tion in Comments) to building (LAG)	AREA LITERARIANCE CONTROL OF A	25.5 teet meters 14.9 teet meters	
g) Highest adjacent (finished) grade nex		MASSACRA CONTRACTOR OF THE STATE OF THE STAT	16.0 Feet meters	
h) Lowest adjacent grade at lowest elev- structural support	ation of deck or stairs, including	A STATE OF THE PARTY AND THE PARTY AND THE	15.5 🗵 feet 📋 meters	
SECTION D - SU	RVEYOR, ENGINEER, OR A	RCHITECT CERTIF	FICATION	
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- Were latitude and longitude in Section A provi	sonment under 18 U.S. Code, S	ection 1001	by law to certify elevation information. I understand that any false Check here if attachments.	
Certifier's Name GARY A DURBIN	License Number MS P.L.S. 2401	PCV-3 in Jacob Care Detail and American Details of the Contract Andread		
Title PROFESSIONAL LAND SURVEYOR Company Name GARY A DURBIN, P.L.S. Address 2081 TRAILWOOD DRIVE City BILOXI	State Mississippi	ZIP Code 39532	Seal Property Seal	
Signature Copy all pages of this Call.	Date 07-20-2021	Telephone (228) 365-3632	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) SITE BENCHMARK TOP OF SEWER MANHOLE SW CORNER LOT 31 ELEV=11.41 C2e AIR CONDITIONER on PLATFORM SOUTH SIDE OF BUILDING				
HIS CARTAINE AND AN ANY SHAP I COCCURATE MATERIAL CARACTERS (NAME). AND AN AND AN AND AN AND AN AND AN AND AND				

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IMPORTANT: In these spaces, copy the correspo			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, a 542 WOODWARD AVENUE	and/or Bidg. No.) or	P.O. Route and Box No.	Policy Number:	
City GULFPORT	State Mississippi	ZIP Code 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. 				
crawispace, or enclosure) is b) Top of bottom floor (including basement, crawispace, or enclosure) is		Cleat C me		
E2. For Building Diagrams 6–9 with permanent floor the next higher floor (elevation C2.b in	d openings provided	t in Section A Items 8 and	or 9 (see pages 1-2 of Instructions),	
the diagrams) of the building is E3. Attached garage (top of slab) is		[] feet [] me		
E4. Top of platform of machinery and/or equipment servicing the building is	The standard at a constant of the standard of	[] feet [] me		
E5. Zone AO only: If no flood depth number is availated floodplain management ordinance? Yes	able, is the top of the	a haltam flaar alaustad in	and the concerns a still disconnection	
SECTION F - PROPERTY OF	WNER (OR OWNE	R'S REPRESENTATIVE	CERTIFICATION	
The property owner or owner's authorized represents community-issued BFE) or Zone AO must sign here.	ative who compiese	Continue A D and City	Town A faith and a page 6 4 1 and a line	
Properly Owner or Owner's Authorized Representative		kkaran menengan dipungkan pangan kanan dipungkan dipungkan pangan dipungkan pendadahan mengan basis banda pang	ntitrogati Kang pagyang di Endonder mendakan ang palamin melalaminyangan di kalamannan mengangkan ang sa pamahakan	
Address	anti-province describes after annual travel dad travelaria. Immagraphic des	ready (annul from sometiments to landgramment that the first facility and their trees of the temperature of the trees of the tr	State ZIP Code	
Signature) 610	slephone .	
Comments	THE COLUMN TO SERVE AND ADDRESS OF THE PROPERTY AND ADDRESS.	enter de la companya	THE THE PROPERTY OF THE PROPER	
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IMPORTANT: In these spaces, copy the	corresponding information from	Section A. FOR INSURANCE COMPANY US					
Building Street Address (including Apt., U 542 WOODWARD AVENUE	Route and Box No. Policy Number:						
City GULFPORT		ZIP Code Company NAIC Number 39501					
SI	CTION G - COMMUNITY INFORM	MATION (OPTIONAL)					
The local official who is authorized by law	or ordinance to administer the compation Cartilloste. Camplete the compation of the compati	nmunity's floodplain management ordinance can complete olloable item(s) and sign below. Check the measurement					
G1. The Information in Section C was engineer, or architect who is audata in the Comments area belowed.	UIONZMII DV IRW IN CAITIIV AIDVAIMIC II	that has been signed and sealed by a licensed surveyor, information. (Indicate the source and date of the elevation					
G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.							
G3. [] The following information (items G4–G10) is provided for community floodplain management purposes.							
G4. Permit Number	G5. Date Permit leaued	G6. Date Certificate of Compliance/Occupancy Issued					
G7. This permit has been issued for:	☐ New Construction ☐ Substa	antial improvement					
38. Elevation of as-built lowest floor (incl of the building:	uding basement)	[] feet [] meters Dalum					
39. BFE or (In Zone AO) depth of floodin	g at the building site:	[] feet [] meters Datum					
310. Community's design flood elevation:	ng Self production principal control c	[] feet [] meters Datum					
ocal Official's Name	THE						
Community Name	Tolepi	hone					
ignature	Date						
Comments (including type of equipment an	d location, per C2(e), if applicable)	athras da estamonari ma movani disampa estambasha prampikon desigurajar da salar estab establica designi desig					
		ì					
		Check here if attachments.					

BUILDING PHOTOGRAPHS

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See Instructions for Item A6.

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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.

542 WOODWARD AVENUE

City
GULFPORT

State
Mississippi
39501

FOR INSURANCE COMPANY USE
Policy Number:

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.

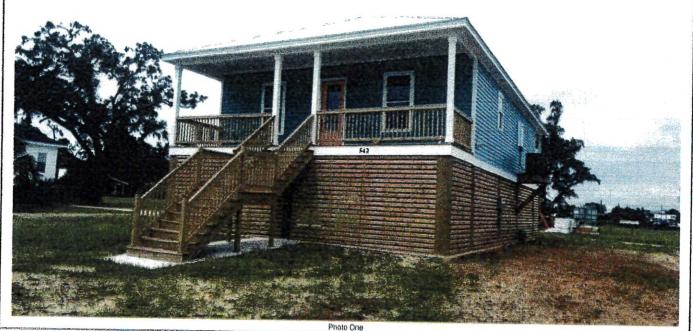


Photo One Caption 07/20/2021 FRONT

Clear Photo One



Photo Two Caption FRONT

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy the corresp	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, 542 WOODWARD AVENUE	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 Caption REAR

Clear Photo Three



Photo Four Caption REAR

Clear Photo Four