

SCAN TO FILE

ELC

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 INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name  
WALLACE LADNER

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
555 ALSTON AVENUE

Company NAIC Number:

City  
GULFPORT

State  
Mississippi

ZIP Code  
39501

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
TRACT 1, RESUBDIVISION LOTS 22-25, BLOCK 4, GASTON POINT BEACH ADDITION, PARCEL 07110-03-074.001

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 30-21'32.2" Long. 89-06'53.8" Horizontal Datum:  NAD 1927  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 5

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) 0.00 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 0.00 sq in

d) Engineered flood openings?  Yes  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 1.0 foot above adjacent grade 0

c) Total net area of flood openings in A9.b 0.00 sq in

d) Engineered flood openings?  Yes  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  
Mississippi

B4. Map/Panel Number  
28047C-0376

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)  
18.0

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  No  
Designation Date: \_\_\_\_\_  CBRS  OPA

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 555 ALSTON AVENUE			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: GPS MS EAST USM NETWORK Vertical Datum: NAVD 88

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.

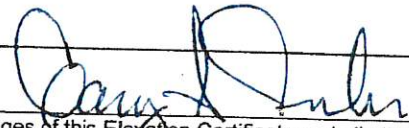
				Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	26.2	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
b) Top of the next higher floor	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
d) Attached garage (top of slab)	N/A	<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)	25.8	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
f) Lowest adjacent (finished) grade next to building (LAG)	14.9	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
g) Highest adjacent (finished) grade next to building (HAG)	15.5	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	<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 GARY A DURBIN	License Number MS P.L.S. 2401	
Title PROFESSIONAL LAND SURVEYOR		
Company Name GARY A DURBIN, P.L.S.		
Address 2081 TRAILWOOD DRIVE		
City BILOXI		State Mississippi

Signature 	Date 11-16-2021	Telephone (228) 365-3632	Ext.
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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 ELEV=15.5  
C2e AIR CONDITIONER ON PLATFORM SOUTH SIDE OF BUILDING

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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, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.

E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name \_\_\_\_\_

Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	

Comments \_\_\_\_\_

Check here if attachments.

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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.  
555 ALSTON AVENUE

**FOR INSURANCE COMPANY USE**

Policy Number:

City

GULFPORT

State

Mississippi

ZIP Code

39501

Company NAIC Number

## SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters.

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- 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 Issued

G6. Date Certificate of Compliance/Occupancy Issued

G7. This permit has been issued for:  New Construction  Substantial Improvement

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

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

# BUILDING PHOTOGRAPHS

## ELEVATION CERTIFICATE

See Instructions for Item A6.

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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 11/16/2021 FRONT

Clear Photo One



Photo Two

Photo Two Caption FRONT

Clear Photo Two

**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

Continuation Page

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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 REAR

Clear Photo Three

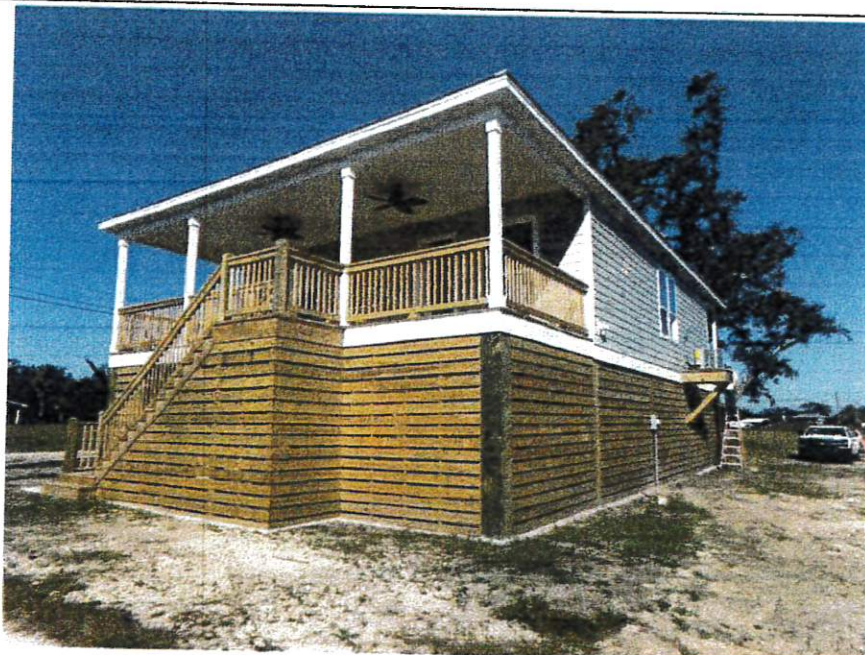


Photo Four

Photo Four Caption REAR

Clear Photo Four