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,

SEC	TION A - PROPERTY	Y INFORI	MATION	Mily (no 1800) and a section of the	FOR INSU	RANCE COMPANY USE
A1. Building Owner's Name 24/7 CONTRACTING				Policy Num	iber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 540 42ND AVENUE				Company t	NAIC Number:	
City		·····	State		ZIP Code	
GÚLFPORT			Mississip	pi .	39501	
A3. Property Description (Lot e PART OF LOT 4 LESS SOUTH						
A4, Bullding Use (e.g., Reside	ntial, Non-Residential,	Addition,	Accessory,	etc.) RESIDE	NTIAL	
A5. Latitude/Longitude: Lat. 3	10-21'34.8"	Long, 89	9-06'40.9"	Horizont	al Datum: 🔲 NAD	1927 X NAD 1983
A6. Attach at least 2 photograp	ohs of the building if th	e Certific	ate is being u	sed to obtain flo	od Insurance.	
A7. Building Diagram Number	5					
A8. For a building with a crawl	space or enclosure(s):		4			
 a) Square footage of craw 	(space or enclosure(s)		0,00 sq ft		
b) Number of permanent fi	ood openings in the cr	rawlspace	or enclosure	e(s) within 1.0 fo	ot above adjacent gr	ade 0
c) Total net area of flood o	penings in A8.b		0.00 sq in			
d) Engineered flood openi	ngs? 🗌 Yes 🔲 I	No			•	
A9. For a building with an attac	hed garage:					
a) Square footage of attac			0.00 sq ft			
b) Number of permanent fi		********		1.0 foot above a	diacent grade 0	
c) Total net area of flood o						
d) Engineered flood openi			4754			
ay mangaran an mana aparti	iao. 🗀 103 🗔 .	10				4
S	ECTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) IN	FORMATION	Professional Control of the Control
B1. NFIP Community Name & Community Number CITY OF GULFPORT 285253		B2, County Name HARRISON			B3. State Mississippi	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	B7. FIRM Panel B8. Flood Zone(s)		B9. Base Flood I (Zone AO, us	39. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)	
28047C-0376 G	12-21-2017	06-16-2		u∧E _{ii}	20.0	
B10. Indicate the source of the				,	ed in Item B9:	
B11. Indicate elevation datum	used for BFE in Item B	39: 🔲 N	GVD 1929	☑ NAVD 1988	Other/Source:	
B12. Is the building located in	a Coastal Barrier Reso	ources Sy	/stem (CBRS) area or Otherw	rise Protected Area (OPA)? Yes No
Designation Date: CBRS OPA						
						•

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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. 540 42ND AVENUE	Policy Number:			
City State ZIP Code GULFPORT Mississippi 39501	Company NAIC Number			
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY R	EQUIRED)			
C1. Building elevations are based on: Construction Drawings* Building Under Construction Provided Prov	/AE, AR/A1–A30, AR/AH, AR/AO. o Rico only, enter meters.			
g) Highest adjacent (finished) grade next to building (HAG)	13.4 🔀 feet 🗌 meters			
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A 🗵 feet 🗌 meters			
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFIC	CATION			
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 MS P.L.S. 2401				
Title PROFESSIONAL LAND SURVEYOR Company Name GARY A DURBIN, P.L.S. Address 1636 POPPS FERRY ROAD, ROOM 228 City BILOXI State Mississippi 39532	Seal OF MISSISS			
Signature Date Telephone (228) 365-3632	Ext.			
Copy all pages of this Elevation Certificate and all attackments for (1) community official, (2) insurance a Comments (including type of equipment and location, per C2(e), if applicable) SITE BENCHMARK TOP OF DRAINAGE MANHOLE ELEV=11.40 C2e AIR CONDITIONER ON PLATFORM EAST SIDE OF BUILDING	gent/company, and (3) building owner.			

Projection

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IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and 540 42ND AVENUE	l/or Bldg. No.) or P.O. R	oute and Box No.	Policy Number:		
		IP Code 9501	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 complete Sections A, B,and C. For Items E1–E4, use n enter meters.	atural grade, if available	e. Check the measure	ment used. 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,	check the appropriate badjacent grade (LAG).	ooxes to show whethe	r the elevation is above or below		
crawlspace, or enclosure) is b) Top of bottom floor (including basement,	-	_	rs above or below the HAG.		
crawlspace, or enclosure) is		feet meter	rs □ above or □ below the LAG.		
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in	penings provided in Sec				
the diagrams) of the building is	OTTO ALAMOS OF THE TOTAL OF THE	feet _ mete			
E3. Attached garage (top of slab) is E4. Top of platform of machinery and/or equipment		_	rs		
servicing the building is		_	1994		
E5, Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	e, is the top of the botto] No Unknown. T	m floor elevated in ac The local official must	certify this information in Section G.		
SECTION F - PROPERTY OW	NER (OR OWNER'S RE	PRESENTATIVE) C	ERTIFICATION		
The property owner or owner's authorized representati community-issued BFE) or Zone AO must sign here. T	ve who completes Secti he statements in Section	ons A, B, and E for Zons A, B, and E are co	one A (without a FEMA-issued or rect to the best of my knowledge.		
Property Owner or Owner's Authorized Représentative	s Name				
Address	City	Si	tate ZIP Code		
Signature	Date	Te	elephone		
Comments					
			•		
			:		
·					
			Check here if attachments.		

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iMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, St 540 42ND AVENUE	No. Policy Number:				
City GULFPORT	State ZIP Code Mississippi 39501	Company NAIC Number			
SECTIO	ON G - COMMUNITY INFORMATION (OPTIO	NAL)			
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) as	ain management ordinance can complete nd sign below. Check the measurement			
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 Zone AO.	on E for a building located in Zone A (without	a FEMA-issued or community-issued BFE)			
G3, The following information (Items G4-	G10) is provided for community floodplain man	nagement 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 Improvem	ent			
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:	<u> </u>	feet meters Datum			
Local Official's Name	Title				
Community Name	Telephone				
Signature	Date				
Comments (including type of equipment and lo	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.

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

540 42ND AVENUE

City

State

ZIP Code
GULFPORT

Mississippi

39501

FOR INSURANCE COMPANY USE

FOR INSURANCE COMPANY USE

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.

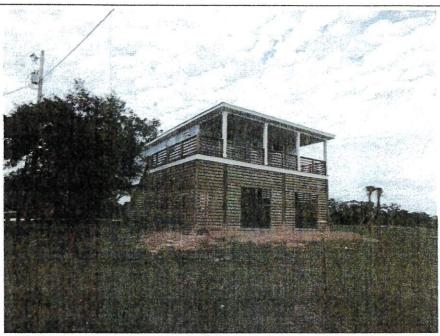


Photo One

Photo One Caption SOUTHWEST CORNER 11/17/2022

Clear Photo One



Photo Two

Photo Two Caption SOUTHEAST CORNER

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

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. 540 42ND AVENUE			FOR INSURANCE COMPANY USE Policy Number:	
GULFPORT	Mississippi	39501		

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.



7.0001150

Photo Three Caption NORTHEAST CORNER

Clear Photo Three



Photo Four

Photo Four Caption NORTHWEST CORNER

Clear Photo Four