

CERTIFICATE OF OCCUPANCY

CITY OF WAVELAND

that at the time of issuance, this structure was in compliance with the various ordinances of the City of Waveland regulating building construction or use. This Certificate is issued pursuant to the requirements of the 2012 International Codes Council certifying

Certificate: # 1800268

Issued to: BILL IVEY

Building Address: 100 ADRIENNE CT

City, State, Zip: WAVELAND, MS 39576

Issued Date: 11.78 .18 Expires: End of occupancy

Occupancy Type: 72-3

Sprinkler System Required: N/ASpecial Conditions: N/A

Building Official

Date 81.82.11

2018 12248
Recorded in the Above
Deed Book & Page
10-03-2018 03:08:50 PM
Fimothy A Kellar
Hancock County

WAVELAND

NONCONVERSION AGREEMENT with

CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this 3 day of UCTOBET, 20 18,	
by Bill Ivry ("Owner") having an address at	w.
WITNESSETH:	
WHEREAS, the Owner is the record owner of all that real property located at	
in the City of Waveland, Ms. in the County of Hancock,	
designated in the Tax Records as VelC - 0 - 02 - 122,000	*
WHEREAS, the Owner has applied for a permil to place a structure on that properly that has an	H 180
enclosed area below the base flood elevation constructed in accordance with the requirements of	3.80 E
Article No. 5, Section "B" paragraph 5 of the Waveland Floodplain Management Ordinance of Number 325 and under Permit Number 1800268.	3 * * *
323 and under Fermit Number 1800 268	
WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the	* fa = 1
following covenants, conditions and restrictions are placed on the affected property as a condition of	
granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner,	
his heirs, personal representatives, successors, future owners, and assigns.	
UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:	2
1. The structure or part thereof to which these conditions apply is:	
2. At this site, the Base Flood Elevation is ZO+ feet above mean sea level, National Geodetic	
Vertical Datum.	
	214-
3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited	II 4
storage, or access to the building. All interior walls, ceilings and floors below the Base Flood	
Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.	
planting devices shall not be installed bolow the babe i lood Elevation.	
4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain	
equipped with openings as shown on the Permit.	
5. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal	
action to correct any violation. Any alterations or changes from these conditions allow may render the	
structure uninsurable or increase the cost for flood insurance.	
The state of the s	
6. A duly appointed representative of the City is authorized to enter the property for the purpose of	9
inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more treguently than once.	
each year. More frequent inspections may be conducted if an annual inspection discovers a violations instru	mest filed
of the Permit.	
of the Permit. 7. Other conditions:	Book-
7. Other conditions:	MUNHIL
Timothy A Kellar	10/001
	(
In witness whereof the undersigned set their hands and seas this day of the undersigned set their hands and seas this	
VILLY M VILL	
Timothy A. Keellar (Seal)	
Charles Charle	
Owner Chancery Clerk My Commission Expires Dec. 31, 2019	

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 owner.

SECTION A - PROPERTY INFORMATION						FOR INSUF	RANCE COMPANY USE
A1. Building Owner's Name					Policy Num	ber:	
Ivey 2018-441							
A2. Building Street Box No. 100 Adrienne Cour						Company N	IAIC Number:
City	•	····		State		ZIP Code	
Waveland	11			Mississippi		39576	
A3. Property Desc 5 & 6 Adrienne Cou		d Block Numbers, Tax	x Parce	l Number, Legal De	scription, etc.)		
		ial, Non-Residential, A	Addition	. Accessory, etc.)	Residential		
A5. Latitude/Longit				3. -		n: 🗍 NAD 1	1927 X NAD 1983
		ns of the building if the		_			
A7. Building Diagra				30.0417 N 10			
	-	pace or enclosure(s):					
a) Square foo	tage of crawls	pace or enclosure(s)		0 sq ft			
b) Number of	permanent flo	od openings in the cra	awlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade0
c) Total net ar	ea of flood op	enings in A8.b) s	sq in			
d) Engineered	flood opening	gs? Yes X N	0				
A9. For a building v	vith an attach	ed darage:					94
		ed garage 0		ea ft			
		-			at above adjacent	arada	0
7		od openings in the att			ot above adjacent	grade	
		enings in A9.b		sq in			
d) Engineered	flood opening	gs? ☐ Yes ☒ N	lo				
	SE	CTION B - FLOOD I	NSURA	NCE RATE MAP	(FIRM) INFORMA	ATION	
B1. NFIP Communi	ity Name & Co	ommunity Number		B2. County Name			B3. State
City of Waveland 2	85262			Hancock			Mississippi
B4. Map/Panel	B5. Suffix	B6. FIRM Index	B7. F	IRM Panel	B8. Flood Zone(s) B9. Bas	se Flood Elevation(s) ne AO, use Base
Number		Date	R	ffective/ evised Date	45	Flo	od Depth)
28045C0361	D	10/16/2009	10/16	3/2009	AE	20	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
		Community Determ					
B11. Indicate eleva	ation datum us	sed for BFE in Item B9	9: 🔲 N	GVD 1929 ⊠ NA	√D 1988 □ O	ther/Source:	
D40 1-11-1-11-11-1		0		······ (ODDO)	or Otherwise Brot	tl A (
					or Otherwise Prot	ected Area (OPA)? ☐ Yes ☒ No
Designation [)ate:		CBRS	☐ OPA			

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY US					
Building Street Address (including Apt., Unit, Suite, and/or 100 Adrienne Court	Policy Number:				
City State		Code	Company NAIC Number		
	issippi 3957				
SECTION C – BUILDING ELE	VATION INFORMAT	ION (SURVEY R	EQUIRED)		
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when co	AND 100 100 100 100 100 100 100 100 100 10	ding Under Constr	uction* X Finished Construction		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), V	/E, V1-V30, V (with BI	FE), AR, AR/A, AR	/AE, AR/A1-A30, AR/AH, AR/AO.		
Complete Items C2.a—h below according to the build Benchmark Utilized: GPS Derived	ing diagram specified i Vertical Datum:		to Rico only, enter meters.		
Indicate elevation datum used for the elevations in ite	20 2000 PM PM CO RE				
☐ NGVD 1929 🗵 NAVD 1988 ☐ Other/S	Avenue has be to the a		s = "		
Datum used for building elevations must be the same	as that used for the B	FE.	Check the measurement used.		
a) Top of bottom floor (including basement, crawlspa	ace or enclosure floor)	21.0			
b) Top of the next higher floor	, , , , , , , , , , , , , , , , , , , ,	N/A			
c) Bottom of the lowest horizontal structural member	(V Zones only)	N/A			
d) Attached garage (top of slab)	(* 251155 5111))	N/A			
e) Lowest elevation of machinery or equipment servi (Describe type of equipment and location in Comr	icing the building	21. 0	X feet meters		
f) Lowest adjacent (finished) grade next to building		10. 9	X feet meters		
g) Highest adjacent (finished) grade next to building	• A. (100. 11 50 11 11 10 10 10 10 10 10 10 10 10 10 10	12. 4	⊠ feet ☐ meters		
h) Lowest adjacent grade at lowest elevation of deck structural support		N/A	✓ meters		
SECTION D – SURVEYOR,	ENGINEER OR ARC	CHITECT CERTIF	ICATION		
This certification is to be signed and sealed by a land survivors of the sealed by a land survivors that the information on this Certificate represents statement may be punishable by fine or imprisonment und	reyor, engineer, or arc my best efforts to inter	nitect authorized b	y law to certify elevation information.		
Were latitude and longitude in Section A provided by a lice			X Check here if attachments.		
Certifier's Name	License Number		WINDOWN P		
Jason P Chiniche	P.E. 19732		SON P.		
Title Project Manager			ENGINE OF		
Company Name James J Chiniche PA INC			Place Seal ST		
Address			Here Here		
412 HWY 90 Suite 2			The state of the s		
City Bay St. Louis	State Mississippi	ZIP Code 39520	MISSISSIP IN THE PROPERTY OF T		
Signature Child	Date 10/02/2018	Telephone (228) 467-6755			
Copy all pages of this Elevation Certificate and all attachmen	nts for (1) community of	ficial. (2) insurance	agent/company, and (3) building owner.		
Comments (including type of equipment and location, per	C2(e), if applicable)				
NOTE: The description in A3 above is for information only Map Section B4. Recommend verification of (BFE) by loc responsible for coordinating this certificate with contractor asphalt by power pole. EL: 15.1 Waveland Freeboard = 1	al building official. The and/or building official	e flood zone is det as needed. TBM	ermined by graphic plotting, owner is		
*					

IMPORTANT: In these spaces, copy the correspond	ling information	from Section A.		FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, an	d/or Bldg. No.) or	P.O. Route and B	Box No.	Policy Number:	
100 Adrienne Court					
City	State	ZIP Code		Company NAIC Number	
I was all the control of the control	Mississippi	39576		Company in no riames	
			VEV NOT	DECILIDED)	
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 E complete Sections A, B,and C. For Items E1–E4, use enter meters.	1–E5. If the Certif natural grade, if a	icate is intended t vailable. Check th	o support a e measure	LOMA or LOMR-F request, ment used. In Puerto Rico only,	
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		fee	t 🔲 meter	s above or below the HAG.	
b) Top of bottom floor (including basement, crawlspace, or enclosure) is			t \square meter	rs □ above or □ below the LAG.	
FO For Duilding Diagrams C. O. with a second flood				0 (
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in	penings provided	in Section A Iten	ns 8 and/or	9 (see pages 1–2 of instructions),	
the diagrams) of the building is		fee	meter	s above or below the HAG.	
E3. Attached garage (top of slab) is		fee	meter	rs above or below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is		feet	meter	s above or below the HAG.	
E5. Zone AO only: If no flood depth number is availab floodplain management ordinance? Yes	le, is the top of the	e bottom floor ele own. The local of	vated in ac ficial must	cordance with the community's certify this information in Section G.	
SECTION F - PROPERTY OW	NER (OR OWNE	R'S REPRESENT	ATIVE) CE	ERTIFICATION	
The property owner or owner's authorized representati	ve who complete:	s Sections A. B. a	nd E for Zo	ne A (without a FEMA-issued or	
community-issued BFE) or Zone AO must sign here. T	he statements in	Sections A, B, an	d E are cor	rect to the best of my knowledge.	
Property Owner or Owner's Authorized Representative	's Name				
Address	(City	St	ate ZIP Code	
Signature		Date	Te	lephone	
Comments					
X-					
				Check here if attachments.	

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, S	Policy Number:				
100 Adrienne Court					
City Waveland	State Mississippi	ZIP Code 39576	Company NAIC Number		
SECTION	ON G - COMMUNITY INF		L)		
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) and s	management ordinance can complete 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.)					
G2. A community official completed Section Zone AO.	ion E for a building located	d in Zone A (without a FE	EMA-issued or community-issued BFE)		
G3. The following information (Items G4-	-G10) is provided for comm	nunity floodplain manag	ement purposes.		
G4. Permit Number	G5. Date Permit Issued	G6	i. Date Certificate of Compliance/Occupancy Issued		
			Compliance/Coodpanity 199ded		
G7. This permit has been issued for:	New Construction So	ubstantial Improvement			
G8. Elevation of as-built lowest floor (including of the building:	g basement)	fe	eet meters Datum		
G9. BFE or (in Zone AO) depth of flooding at	the building site:	fe	eet meters Datum		
G10. Community's design flood elevation:			eet meters Datum		
Local Official's Name	Т	itle			
Community Name	Т	elephone			
Signature	D	Pate			
Comments (including type of equipment and loc	cation, per C2(e), if applica	able)			
			Check here if attachments.		

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces,	FOR INSURANCE COMPANY USE		
Building Street Address (includin 100 Adrienne Court	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Waveland	Mississippi	39576	

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 TBM EL:15.1



Photo Two

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 100 Adrienne Court	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Waveland	Mississippi	39576	

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 On

Photo One Caption REAR

Photo Two

Photo Two

Photo Two Caption

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 owner.

					FOR INSU	RANCE COMPANY USE	
A1. Building Owner livey	er's Name	2018-307				Policy Num	nber:
	+ Addrage (in		1/-	514 No. > - B O			
Box No.		cluding Apt., Unit, Suite	ana/o	or Bldg. No.) or P.O	. Route and	Company N	NAIC Number:
100 Adrienne Cour	t						
City Waveland				State		ZIP Code	
	rintian (Lot a	ad Diagle Numbers To	Dares	Mississippi		39576	
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 5 & 6 Adrienne Court Subd						
A4. Building Use (e.g., Residen	itial, Non-Residential, A	Addition	n, Accessory, etc.)	Residential		
A5. Latitude/Longi	tude: Lat. <u>30</u>)-17-27	Long. 8	9-21-55	Horizontal Datum	ı: NAD	1927 X NAD 1983
A6. Attach at least	2 photograpi	hs of the building if the	Certific	cate is being used to			_
A7. Building Diagra		5					
	9	pace or enclosure(s):					
W 1888	(V)	space or enclosure(s)		0 sq ft			
		ood openings in the cra			uithin 1.0 foot above	adiacent ar	d.a. 0
l		penings in A8.b 0		sq in	TILLING T.O TOOL ADOVE	aujacem y	ade0
		·		sq III			
a) Engineered	tiooa openin	gs? ☐ Yes ☒ No)				7,8
A9. For a building v	with an attach	ed garage:					
a) Square foot	age of attach	ed garage0		sq ft			
b) Number of	permanent flo	ood openings in the atta	ached (garage within 1.0 fo	ot above adjacent g	rade	0
8 88 E		enings in A9.b		sq in			
		Por 20010 100 100		- 34 111			
d) Engineered	nood opening	gs? ☐ Yes ☒ No	5				
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Communi	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.		B2. County Name		11011	B3. State
City of Waveland 28		The College and the Party and the second and the se		Hancock			Mississippi
B4. Map/Panel	B5. Suffix	B6. FIRM Index	B7 F	RM Panel	B8. Flood Zone(s)	I PO Pos	
Number	20.02	Date	Ef	fective/ evised Date	DO. FIOOU ZUITE(S)	(Zor	se Flood Elevation(s) ne AO, use Base
28045C0361	D	10/16/2009	1 2 00 1	/2009	AE	20	od Depth)
		Base Flood Elevation (E			pth entered in Item	B9:	
☐ FIS Profile	☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source:						
B11. Indicate eleva	tion datum us	sed for BFF in Item B9	-	GVD 1929 🔽 NA	VD 1988 🗀 Oth	or/Course:	
	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 Resour	ces Sy	stem (CBRS) area	or Otherwise Protec	ted Area (C	PA)? ☐ Yes ⊠ No
Designation D	ate:	C	BRS	☐ OPA			

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or 100 Adrienne Court	Policy Number:		
City Stat Waveland Miss	e ZIP C sissippi 39576	2000	Company NAIC Number
SECTION C - BUILDING ELI	EVATION INFORMATI	ON (SURVEY RE	EQUIRED)
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when co		ing Under Constru g is complete.	ction*
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the build Benchmark Utilized: GPS Derived	VE V1-V30 V (with BE	E), AR, AR/A, AR/ I Item A7. In Puert	AE, AR/A1–A30, AR/AH, AR/AO. o Rico only, enter meters.
Indicate elevation datum used for the elevations in it	-		
Indicate elevation datum used for the elevations in the NGVD 1929 ⊠ NAVD 1988 ☐ Other/S			Provide the second seco
Datum used for building elevations must be the sam		E.	Check the measurement used.
a) Top of bottom floor (including basement, crawlsp	ace, or enclosure floor)	21.0	
b) Top of the next higher floor	• Control or annual designation of the control of t	N/A	feet meters
c) Bottom of the lowest horizontal structural member	er (V Zones only)	N/A	X feet meters
d) Attached garage (top of slab)		N/A	x feet meters
e) Lowest elevation of machinery or equipment sen (Describe type of equipment and location in Com-	vicing the building iments)	21. 0	X feet meters
f) Lowest adjacent (finished) grade next to building	(LAG)	<u>12</u> . <u>1</u>	x feet ☐ meters
g) Highest adjacent (finished) grade next to building	g (HAG)	<u>12</u> . <u>6</u>	ifeet meters
h) Lowest adjacent grade at lowest elevation of dec structural support	ck or stairs, including	N/A	X feet meters
SECTION D - SURVEYOR,		THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER,	
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment ur	s my nest ellolts to illell	stel life uala availa	y law to certify elevation information. able. I understand that any false
Were latitude and longitude in Section A provided by a li	censed land surveyor?	⊠Yes □ No	Check here if attachments.
Certifier's Name	License Number		MINISTER SED PROFESSION
Jason P Chiniche	P.E. 19732		PO GED PROA
Title Project Manager			Place P
Company Name James J Chiniche PA INC		-	Seal 19792
Address 412 HWY 90 Suite 2	ā.		OF MISSIS
City Bay St. Louis	State Mississippi	ZIP Code 39520	Secretarion 1885
Signature Copy all pages of this Elevation Certificate and all attachments	Date 06/28/2018	Telephone (228) 467-6755	
	ents for (1) community of	ficial, (2) insurance	agent/company, and (3) building owner.

MPORTANT: In these spaces, copy the corresponding	information from Section	on A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or	and Box No.	Policy Number:			
100 Adrienne Court					
City State	e ZIP Co	ode	Company NAIC Number		
	sissippi 39576				
SECTION E – BUILDING ELEVA	ATION INFORMATION O AND ZONE A (WITH	(SURVEY NOT OUT BFE)	REQUIRED)		
For Zenes AO and A (without BEE) complete Items E1_E/	If the Certificate is inter	nded to support a	LOMA or LOMR-F request,		
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 che the highest adjacent grade (HAG) and the lowest gra	eck the appropriate boxes scent grade (LAG).	s to show whethe	r the elevation is above or below		
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is 	[feet meter	rs above or below the HAG.		
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 	[feet meter	rs 🗌 above or 🔲 below the LAG.		
E2. For Building Diagrams 6-9 with permanent flood oper	nings 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 meter			
E3. Attached garage (top of slab) is	[feet meter	rs above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is		feet meter	rs above or below the HAG.		
E5. Zone AO only: If no flood depth number is available, if floodplain management ordinance? Yes N	s the top of the bottom floo Unknown. The le	oor elevated in ac ocal official must	cordance with the community's certify this information in Section G.		
SECTION F - PROPERTY OWNER	R (OR OWNER'S REPR	ESENTATIVE) CI	ERTIFICATION		
The property owner or owner's authorized representative v community-issued BFE) or Zone AO must sign here. The	who completes Sections A statements in Sections A	A, B, and E for Zo , B, and E are cor	one A (without a FEMA-issued or rrect to the best of my knowledge.		
Property Owner or Owner's Authorized Representative's N	lame				
Address	City	St	tate ZIP Code		
Cimatura	Date	Te	elephone		
Signature	Date		5.00		
Comments					

MPORTANT: 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. Policy Number:							
City Waveland	State Mississippi	ZIP Code 39576	Company NAIC Number				
SECTIO	ON G - COMMUNITY INFOR	MATION (OPTIONAL)					
Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	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 tak engineer, or architect who is authoriz data in the Comments area below.)	ed by law to certify elevation	information. (Indicate th	e source and date of the elevation				
G2. A community official completed Section Zone AO.							
G3. The following information (Items G4-	-G10) is provided for commu						
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for:	New Construction Sub	stantial Improvement					
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:			t meters Datum				
Local Official's Name	Titl	e					
Community Name	Tel	ephone					
Signature	Da	te					
Comments (including type of equipment and lo	cation, per C2(e), if applicab	le)					
			Check here if attachments.				

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

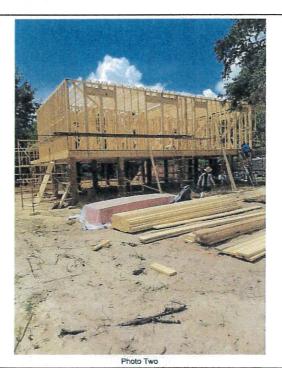
IMPORTANT: In these spaces,	FOR INSURANCE COMPANY USE		
Building Street Address (includin 100 Adrienne Court	Policy Number:		
City	Company NAIC Number		
Waveland	Mississippi	39576	

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 TBM EL:15.1



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ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE			
Building Street Address (including 100 Adrienne Court	Policy Number:			
City	State	ZIP Code	Company NAIC Number	
Waveland	Mississippi	39576		

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.

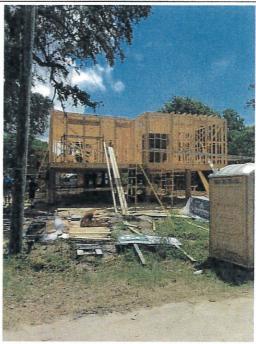


Photo One

Photo One Caption Front

Photo Two

Photo Two

Photo Two Caption

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 owner.

SECTION A - PROPERTY INFORMATION						FOR INSURANCE COMPANY USE		
A1. Building Owner's Name						Policy Num	ber:	
lvey		2018-251						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.						Company N	AIC Number:	
100 Adrienne Court		_						
City Waveland	State Mississippi						ZIP Code 39576	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 5 & 6 Adrienne Court Subd								
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)				Residential				
A5. Latitude/Longit	ude: Lat. <u>30</u>	-17-27 [ong. 8	9-21-55		Horizontal Datun	n: NAD 1	927 X NAD 1983
A6. Attach at least	2 photograph	s of the building if the	Certific	ate is beir	ng used to	obtain flood insura	ance.	
A7. Building Diagra	m Number _	5						
A8. For a building v	vith a crawlsp	ace or enclosure(s):						
a) Square foot	age of crawls	pace or enclosure(s)		0	sq ft			
b) Number of p	ermanent flo	od openings in the cra	wlspac	e or enclo	sure(s) wi	ithin 1.0 foot above	adjacent gr	ade0
c) Total net are	ea of flood op	enings in A8.b0	s	q in				
d) Engineered	flood opening	gs? ☐ Yes ☒ No)					
A9. For a building with an attached garage:							31*	
a) Square footage of attached garage0 sq ft								
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0								
d) Engineered flood openings? Yes No								
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
B1. NFIP Community Name & Community Number			B2. County Name			B3. State		
City of Waveland 285262 Hancock Mississippi						Mississippi		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date 10/16/2009		B8. Flood Zone(s	(Zo	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 20	
28045C0361	D	10/16/2009			AE			
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								

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and/o	Policy Number:						
100 Adrienne Court							
City	ite ZIP	Code	Company NAIC Number				
Waveland Mis	ssissippi 395	576					
SECTION C - BUILDING EL	EVATION INFORMA	TION (SURVEY R	EQUIRED)				
C1. Building elevations are based on: X Construction	on Drawings* 🔲 Bui	lding Under Constr	uction*				
*A new Elevation Certificate will be required when c							
 Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the buil 	VE, V1–V30, V (with E ding diagram specified	FE), AR, AR/A, AR in Item A7. In Puer	/AE, AR/A1–A30, AR/AH, AR/AO. to Rico only, enter meters.				
Benchmark Utilized: GPS Derived	Vertical Datum	: NAVD88					
Indicate elevation datum used for the elevations in i	tems a) through h) belo	ow.					
☐ NGVD 1929 区 NAVD 1988 ☐ Other/	The state of the s						
Datum used for building elevations must be the same	ne as that used for the l	BFE.	Check the measurement used.				
a) Top of bottom floor (including basement, crawls;	pace, or enclosure floor	21.0	X feet meters				
b) Top of the next higher floor		N/A	X feet meters				
c) Bottom of the lowest horizontal structural member	er (V Zones only)	N/A	X feet meters				
d) Attached garage (top of slab)	er (v Zories orily)	N/A	X feet meters				
	vising the building	21 0					
 e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Con 	nments)	<u></u>	X feet meters				
f) Lowest adjacent (finished) grade next to building	(LAG)	10.9	X feet meters				
g) Highest adjacent (finished) grade next to building	g (HAG)	12.4	✓ feet meters				
 h) Lowest adjacent grade at lowest elevation of dec structural support 	ck or stairs, including	N/A.	∑ feet ☐ meters				
SECTION D - SURVEYOR	ENGINEED OF AR	CHITECT CERTIE	CATION				
		NOTICE DESCRIPTION OF THE PARTY					
This certification is to be signed and sealed by a land su I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment un	my best efforts to inte	rpret the data availa	able. I understand that any false				
Were latitude and longitude in Section A provided by a li	censed land surveyor?	⊠Yes □ No					
Certifier's Name	License Number						
Jason P Chiniche	P.E. 19732		MINIMASON P				
Title Project Manager			STAT Seal Here				
Company Name			Platter St. C.				
James J Chiniche PA INC			STI Seal NA				
Address			TATE 19/32				
412 HWY 90 Suite 2			Of the same of the same				
City Bay St. Louis	State Mississippi	ZIP Code 39520	MISSISSIP III				
Signature	Date	Telephone					
Jam Chile	05/23/2018	(228) 467-6755					
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, pe	r C2(e), if applicable)						
NOTE: The description in A3 above is for information only & not to certify the building location. The base flood elevation (BFE) is per							
Map Section B4. Recommend verification of (BFE) by local building official. The flood zone is determined by graphic plotting, owner is responsible for coordinating this certificate with contractor and/or building official as needed. At time of this certificate construction							
drawings were not provided. TBM Is a mag nail w/thru marker set in asphalt by power pole. EL: 15.1 Waveland Freeboard = 1'							