

CERTIFICATE OF OCCUPANCY

CITY OF WAVELAND

This Certificate is issued pursuant to the requirements of the 2012 International Codes Council certifying 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.

Permit #: 1718747

Certificate: # 1718747

Issued to: LADNER BROTHERS

Building Address: 102 BIENVILLE DRIVE

City, State, Zip: WAVELAND, MS 39576

Expires: End of occupancy

Issued Date: 02-28-2018

Occupancy Type: SFR Home

Sprinkler System Required:NO

Special Conditions: ~ NONE

Building Official

81.82.2

Date

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				RANCE COMPANY USE		
A1. Building Owner's Name B. MAGEE #2017-108						ber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 102 BIENVILLE DRIVE (vacant land) Company NAIC Number:						IAIC Number:
City WAVELAND			State Mississippi	25	ZIP Code 39576	
A3. Property Description (Lot and TAX PARCEL #:161A-2-01-037.00		Parcel	Number, Legal De	escription, etc.)		
A4. Building Use (e.g., Residential	ıl, Non-Residential, Ad	ldition,	Accessory, etc.)	Residential		
A5. Latitude/Longitude: Lat. 30-1	7-35.5 Lc	ong. <u>-</u> 8	9-20-57.4	Horizontal Datum	:	1927 X NAD 1983
A6. Attach at least 2 photographs	of the building if the C	ertific	ate is being used to	o obtain flood insura	ince.	
A7. Building Diagram Number	5					
A8. For a building with a crawlspace	ce or enclosure(s):					
a) Square footage of crawlspa	ace or enclosure(s) _		0 sq ft			
b) Number of permanent flood	d openings in the craw	Ispace	e or enclosure(s) w	ithin 1.0 foot above	adjacent gra	ade0
c) Total net area of flood open	nings in A8.b0	S	q in			
d) Engineered flood openings'	? ☐ Yes ☒ No					
A9. For a building with an attached	i garage:					
a) Square footage of attached		c	sa ft			
b) Number of permanent flood				ot above adjacent d	rade	0
				ot above adjacent g		
c) Total net area of flood open			sq in			
d) Engineered flood openings?	? Yes X No					
SECT	TION B - FLOOD INS	URAI	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Community Name & Com WAVELAND 285262	munity Number		B2. County Name HANCOCK			B3. State Mississippi
B4. Map/Panel B5. Suffix B	36. FIRM Index	B7 EII	RM Panel	B8. Flood Zone(s)	RO Boo	e Flood Elevation(s)
Number B3. Guillx B	Date	Eff	ective/	Bo. Plood Zone(s)	(Zor	ne AO, use Base ad Depth)
28045C 0361 D 1	0/16/2009	10/16/		VE	21	а Берш)
B10. Indicate the source of the Bas	se Flood Elevation (BF	E) da	ta or base flood de	pth entered in Item	B9:	
☐ FIS Profile ☒ FIRM ☐	Community Determine	ed [Other/Source: _			
B11. Indicate elevation datum used	d for BFE in Item B9: [□ NO	6VD 1929 ⊠ NA	VD 1988 🔲 Oth	er/Source:	
B12. Is the building located in a Co	pastal Barrier Resource	es Sys	stem (CBRS) area	or Otherwise Protec	cted Area (C	PA)? ☐ Yes ☒ No
Designation Date:		122	□ OPA	ervoner eddi eine eranen era Tetta Tetta (1900)		
		!				
			and the second s			

OMB No. 1660-0008 **ELEVATION CERTIFICATE** Expiration Date: November 30, 2018 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. Policy Number: 102 BIENVILLE DRIVE (vacant land) Company NAIC Number City ZIP Code State WAVELAND Mississippi 39576 SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: *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: SLV-13 1970 Vertical Datum: NAVD 1988 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. 24 0 a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _ x feet meters N/A x feet b) Top of the next higher floor meters 22 0 c) Bottom of the lowest horizontal structural member (V Zones only) x feet meters N/A.___ d) Attached garage (top of slab) x feet meters N/A. ___ e) Lowest elevation of machinery or equipment servicing the building x feet meters (Describe type of equipment and location in Comments) 6.7 f) Lowest adjacent (finished) grade next to building (LAG) x feet meters 10 5 g) Highest adjacent (finished) grade next to building (HAG) X feet meters N/A h) Lowest adjacent grade at lowest elevation of deck or stairs, including |X | feet meters structural support 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 License Number JASON P. CHINICHE P.E. 19732 Title PROJECT MANAGER Company Name Seal JAMES J. CHINICHE, PA, INC. Address 412 HWY. 90, SUITE 2 City State ZIP Code BAY ST. LOUIS Mississippi 39520 **Signature** Date Telephone 03/24/2017 (228) 464-6755 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, per 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 in section B4. Recommend verification of (BFE) by local building official. The flood zone is determined by graphic plotting only. Owner is responsible for coordinating this certificate with Contractor and/or Building Official as needed. Waveland freeboard = 1 ft.. TBM is a found nail in power pole @ SW corner of property elevation 9.2 ft.. Mid lot ground elevation is 8.8 ft.+/-

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					RANCE COMPANY USE		
A1. Building Owner's Name B. MAGEE #2017-302 Policy Number:						ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 102 BIENVILLE DRIVE Company NAIC Number:						IAIC Number:	
City State ZIP Code WAVELAND Mississippi 39576							
A3. Property Desc TAX PARCEL #:16	MANUAL CALLS NOW WITH ADDRESS OF THE	id Block Numbers, Tax 000	Parce	l Number, Legal De	scription, etc.)		
A4. Building Use (e.g., Resident	ial, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longit	ude: Lat. 30	-17-35.5	_ong8	39-20-57.4	Horizontal Datum	: NAD 1	1927 X NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certific	ate is being used to	o obtain flood insura	nce.	
A7. Building Diagra	ım Number	5					
A8. For a building	with a crawlsp	pace or enclosure(s):					
a) Square foot	age of crawls	pace or enclosure(s)		0 sq ft			
b) Number of p	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	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 v	vith an attach	ed garage:					
a) Square foot	age of attach	ed garage0		sq ft			
The second secon		od openings in the atta			ot above adjacent g	rade	0
		enings in A9.b		sq in			
		gs? ∏Yes ⊠ N					
u) Engineered	nood oponing	,o	3				
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION	•
B1. NFIP Communi WAVELAND 28526	•	ommunity Number		B2. County Name HANCOCK			B3. State Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Et	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base
28045C 0361	D	10/16/2009		/2009	VE	21	od Depth)
		Base Flood Elevation (60		epth entered in Item	B9:	
B11. Indicate eleva	tion datum us	sed for BFE in Item B9	: 🔲 N	GVD 1929 🗵 NA	.VD 1988 ☐ Oth	er/Source:	
B12. Is the building	located in a	Coastal Barrier Resou	rces Sy	stem (CBRS) area	or Otherwise Prote	cted Area (0	DPA)? ☐ Yes ☒ No
Designation D	ate:	П	CBRS	□ ОРА			

IMPORTANT: In these spaces, copy the corresponding	nformation from Sec	tion A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or 102 BIENVILLE DRIVE	te and Box No.	Policy Number:				
City State WAVELAND Miss	ZIP (issippi 3957		Company NAIC Number			
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when co C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), V Complete Items C2.a–h below according to the buildid Benchmark Utilized: SLV-13 1970 Indicate elevation datum used for the elevations in item NGVD 1929 NAVD 1988 Other/Sc Datum used for building elevations must be the same a) Top of bottom floor (including basement, crawlspane) b) Top of the next higher floor c) Bottom of the lowest horizontal structural members d) Attached garage (top of slab)	n Drawings*	ding Under Construing is complete. SE), AR, AR/A, AR/A, Item A7. In Puerto NAVD 1988 V. SE. SE), AR, AR/A, A	Check the measurement used. X feet meters X feet meters			
 e) Lowest elevation of machinery or equipment servi (Describe type of equipment and location in Comr f) Lowest adjacent (finished) grade next to building g) Highest adjacent (finished) grade next to building h) Lowest adjacent grade at lowest elevation of deck structural support 	nents) LAG) (HAG)	9. 1 10. 3 N/A.				
SECTION D – SURVEYOR, I	ENGINEER, OR ARC	HITECT CERTIFI	CATION			
This certification is to be signed and sealed by a land surval certify that the information on this Certificate represents a statement may be punishable by fine or imprisonment under Were latitude and longitude in Section A provided by a lice Certifier's Name	eyor, engineer, or arch my best efforts to inter- ler 18 U.S. Code, Sect ensed land surveyor? License Number	nitect authorized by oret the data availation 1001.	law to certify elevation information.			
JASON P. CHINICHE Title PROJECT MANAGER Company Name JAMES J. CHINICHE, PA, INC. Address 412 HWY. 90, SUITE 2	P.E. 19732		Seal Here			
City BAY ST. LOUIS	State Mississippi	ZIP Code 39520	OF MISSISSIY			
Signature Copy all pages of this Elevation Certificate and all attachmen	Date 08/02/2017 ts for (1) community off	Telephone (228) 464-6755 icial, (2) insurance a	agent/company, and (3) building owner.			
Comments (including type of equipment and location, per NOTE: The description in A3. above is for information only map in section B4. Recommend verification of (BFE) by lo Owner is responsible for coordinating this certificate with C is a found nail in power pole @ SW corner of property elevants.	C2(e), if applicable) & not to certify the building official. The contractor and/or Build	Iding location. The eflood zone is detenged for the detengence of	Base Flood Elevation (BFE) is per ermined by graphic plotting only. led. Waveland freeboard = 1 ft TBM			

	RTANT: In these spaces, copy the correspond				FOR INSURANCE COMPANY USE
Buildi	ng Street Address (including Apt., Unit, Suite, ar BENVILLE DRIVE			x No.	Policy Number:
City WAVI	ELAND	State Mississippi	ZIP Code 39576		Company NAIC Number
	SECTION E – BUILDING E FOR ZON	LEVATION INFO	RMATION (SURV A (WITHOUT BI	EY NOT FE)	REQUIRED)
comp enter E1. F	ones AO and A (without BFE), complete Items E lete Sections A, B,and C. For Items E1–E4, use meters. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a) Top of bottom floor (including basement,	natural grade, if av	railable. Check the oriate boxes to show AG).	measurer w whether	the elevation is above or below
b	crawlspace, or enclosure) is) Top of bottom floor (including basement, crawlspace, or enclosure) is			☐ meters	
E3. A E4. T	For Building Diagrams 6–9 with permanent flood he next higher floor (elevation C2.b in he diagrams) of the building is Attached garage (top of slab) is Top of platform of machinery and/or equipment servicing the building is Zone AO only: If no flood depth number is available loodplain management ordinance?	ole, is the top of the	X feet X feet X feet E bottom floor eleva	meters meters meters	above or below the HAG. above or below the HAG. above or below the HAG. below the HAG. cordance with the community's
	SECTION F - PROPERTY OW	VNER (OR OWNER	R'S REPRESENTA	TIVE) CE	RTIFICATION
The p	property owner or owner's authorized representation	tive who completes The statements in S	Sections A, B, and Sections A, B, and	d E for Zor E are corr	ne A (without a FEMA-issued or rect to the best of my knowledge.
Prope	erty Owner or Owner's Authorized Representative	e's Name			
Addre	ess	C	City	Sta	ate ZIP Code
Signa	ature	С	Date	Tel	lephone
Comr	ments				
					Check here if attachments.

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY US						
Building Street Address (including Apt., Unit, Suite, 102 BIENVILLE DRIVE	, and/or Bldg. No.) or P.O. Ro	ute and Box No.	Policy Number:			
City WAVELAND	State ZIP Mississippi 395	Code 576	Company NAIC Number			
	G - COMMUNITY INFORMAT	TION (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 or Zone AO.	E for a building located in Zon	e A (without a FEMA	\-issued or community-issued BFE)			
G3. The following information (Items G4–G10	0) is provided for community fl	oodplain manageme	ent purposes.			
G4. Permit Number G5	5. Date Permit Issued		Pate Certificate of ompliance/Occupancy Issued			
G7. This permit has been issued for:	ew Construction Substanti	al Improvement				
G8. Elevation of as-built lowest floor (including ba of the building:	asement)	feet	meters Datum			
G9. BFE or (in Zone AO) depth of flooding at the building site: feet meters						
G10. Community's design flood elevation:		feet	meters Datum			
Local Official's Name	Title					
Community Name	Telepho	ne				
Signature	Date					
Comments (including type of equipment and location	on, per C2(e), if applicable)					
			a .			
			☐ Check here if attachments.			
			Shesk flore if attachments.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including A 102 BIENVILLE DRIVE	ot., Unit, Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	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 FRONT VIEW 08/02/2017



Photo Two

Photo Two Caption RIGHT SIDE VIEW 08/02/2017

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

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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 INFOR	MATION		FOR INSUF	RANCE COMPANY USE
A1. Building Owner B. MAGEE	er's Name	#2017-431				Policy Num	ber:
A2. Building Stree Box No. 102 BIENVILLE DI		cluding Apt., Unit, Suit	te, and/o	r Bldg. No.) or P.O	. Route and	Company N	IAIC Number:
City WAVELAND				State Mississippi		ZIP Code 39576	
A3. Property Desc TAX PARCEL #:16	and the same of the same of	nd Block Numbers, Ta .000	ax Parcel	Number, Legal De	escription, etc.)		
A4. Building Use (e.g., Residen	tial, Non-Residential,	Addition	, Accessory, etc.)	Residential		
A5. Latitude/Longi	tude: Lat. 30)-17-35.5	Long8	9-20-57.4	Horizontal Datun	n: NAD 1	927 X NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	e Certific	ate is being used t	o obtain flood insura	ance.	
A7. Building Diagra	am Number	6					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawls	space or enclosure(s)		142 sq ft			
b) Number of	permanent flo	od openings in the cr	awlspace	e or enclosure(s) v	vithin 1.0 foot above	adjacent gra	ade 0
c) Total net ar	ea of flood op	enings in A8.b	0 s	q in			
d) Engineered	flood openin	gs? ☐ Yes ☒ N	10				
A9. For a building	with an attach	ed garage:					
		ed garage 0		sa ft			
		od openings in the at		o	not above adjacent o	rade	0
				9.19	ot above adjacent (
		-	0	sq in			
a) Engineered	1100a openin	gs? ☐ Yes ☒ N	VO .				
	SE	CTION B - FLOOD I	NSURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Communi	ty Name & Co	ommunity Number		B2. County Name	9		B3. State
WAVELAND 2852	32			HANCOCK			Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Ef	RM Panel fective/ evised Date	B8. Flood Zone(s)	(Zoi	se Flood Elevation(s) ne AO, use Base od Depth)
28045C 0361	D	10/16/2009	10/16/		VE	21	a Dopuly
B10. Indicate the s	ource of the E	Base Flood Elevation	(BFE) da	ita or base flood de	epth entered in Item	B9:	
		Community Deterr	27. (2				
B11. Indicate eleva	tion datum us	sed for BFE in Item B	9: 🔲 NO	GVD 1929 🗵 NA	AVD 1988	ner/Source:	
B12. Is the building	located in a	Coastal Barrier Reso	urces Sy	stem (CBRS) area	or Otherwise Prote	cted Area (C	DPA)? ☐ Yes ☒ No
Designation D)ate:		CBRS	☐ OPA			

IMPORTANT: In these spaces, copy the corresponding inf	ormation from Sec	tion A	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Blo	Policy Number:		
102 BIENVILLE DRIVE			
City State		Code	Company NAIC Number
WAVELAND Mississ	ippi 3957	76 	
SECTION C – BUILDING ELEVA	ATION INFORMAT	ION (SURVEY R	EQUIRED)
C1. Building elevations are based on: Construction D *A new Elevation Certificate will be required when const	rawings*		uction* X Finished Construction
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE,			/AE, AR/A1-A30, AR/AH, AR/AO.
Complete Items C2.a-h below according to the building Benchmark Utilized: SLV-13 1970		n Ítem A7. In Puer	
Indicate elevation datum used for the elevations in items		probably and the second	and the second of the second o
□ NGVD 1929 □ NAVD 1988 □ Other/Soul		w.	
Datum used for building elevations must be the same as		FE.	
· · · · · · · · · · · · · · · · · · ·			Check the measurement used.
 a) Top of bottom floor (including basement, crawlspace 	, or enclosure floor)	<u>10</u> . <u>6</u>	X feet meters
b) Top of the next higher floor		27. 3	X feet meters
c) Bottom of the lowest horizontal structural member (V	Zones only)	26. 3	X feet meters
d) Attached garage (top of slab)		N/A.	
e) Lowest elevation of machinery or equipment servicing	a the building	N/A	X feet meters
(Describe type of equipment and location in Comme	nts)		
f) Lowest adjacent (finished) grade next to building (LA	(G)	<u>9</u> . <u>1</u>	X feet meters
g) Highest adjacent (finished) grade next to building (Ha	AG)	10. 3	X feet meters
 h) Lowest adjacent grade at lowest elevation of deck or structural support 	stairs, including	10. 1	X feet meters
SECTION D - SURVEYOR, EN	GINEER, OR ARC	HITECT CERTIF	ICATION
This certification is to be signed and sealed by a land survey I certify that the information on this Certificate represents my statement may be punishable by fine or imprisonment under	or, engineer, or arch	nitect authorized by	/ law to certify elevation information.
Were latitude and longitude in Section A provided by a licens			Check here if attachments.
	cense Number		
JASON P. CHINICHE P.	E. 19732		AND ON P. CHIN
Title PROJECT MANAGER			ENGINEER OF
Company Name JAMES J. CHINICHE, PA, INC.			Place Seal
Address 412 HWY. 90, SUITE 2		202 g	Here 19732
Annual of the second se	ate ississippi	ZIP Code 39520	OF MISSIPHER
	ate 1/01/2017	Telephone (228) 464-6755	
Copy all pages of this Elevation Certificate and all attachments	for (1) community off	icial, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and location, per C2: NOTE: The description in A3. above is for information only & map in section B4. Recommend verification of (BFE) by local Owner is responsible for coordinating this certificate with Con is a found nail in power pole @ SW corner of property elevation A/C condensers on a braced elevated platform.	not to certify the building official. The tractor and/or Building	e flood zone is dete ing Official as need	ermined by graphic plotting only. ded. Waveland freeboard = 1 ft TBM

IMPORTANT: In these spaces, copy the corresponding in	formation from Section	n A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or BI 102 BIENVILLE DRIVE	dg. No.) or P.O. Route	and Box No.	Policy Number:
City State WAVELAND Missis	ZIP Co sippi 39576	de	Company NAIC Number
SECTION E – BUILDING ELEVAT FOR ZONE AO	TION INFORMATION (AND ZONE A (WITH)		REQUIRED)
For Zones AO and A (without BFE), complete Items E1–E5. complete Sections A, B,and C. For Items E1–E4, use natural enter meters.			
E1. Provide elevation information for the following and check the highest adjacent grade (HAG) and the lowest adjacent a) Top of bottom floor (including basement,		to show whether	the elevation is above or below
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 opening the next higher floor (elevation C2.b in the diagrams) of the building is		Items 8 and/or 9	
E3. Attached garage (top of slab) is	podľa ods	feet meters	15 <u></u> 1-1
E4. Top of platform of machinery and/or equipment servicing the building is	100	feet meters	
E5. Zone AO only: If no flood depth number is available, is the	ne top of the bottom floo	r elevated in acc	
SECTION F - PROPERTY OWNER (0	OR OWNER'S REPRES	SENTATIVE) CEI	RTIFICATION
The property owner or owner's authorized representative who	completes Sections A	B, and E for Zon	e A (without a FEMA-issued or
community-issued BFE) or Zone AO must sign here. The state	ements in Sections A, I	and E are corre	ect to the best of my knowledge.
Property Owner or Owner's Authorized Representative's Nam	ements in Sections A, I	3, and E are corre	ect to the best of my knowledge.
Property Owner or Owner's Authorized Representative's Name of Seven MAGEE	ements in Sections A, I	3, and E are corre	te ZIP Code
Property Owner or Owner's Authorized Representative's Name of the Service of the	City CETA	Stat	zie ZIP Code
Property Owner or Owner's Authorized Representative's Name of the Second	City PETAL Date	Stat M Tele	zip Code 39465 sphone
Property Owner or Owner's Authorized Representative's Name of the Service of the	City CETA	Stat M Tele	zie ZIP Code
Property Owner or Owner's Authorized Representative's Name of Server Mages Address 443 Fadian Springs Ro Signature Mages	City PETAL Date	Stat M Tele	zip Code 39465 sphone
Property Owner or Owner's Authorized Representative's Name of Server Mages Address 443 Fadian Springs Ro Signature Mages	City PETAL Date	Stat M Tele	zip Code 39465 sphone
Property Owner or Owner's Authorized Representative's Name of Server Mages Address 443 Fadian Springs Ro Signature Mages	City PETAL Date	Stat M Tele	zip Code 39465 sphone
Property Owner or Owner's Authorized Representative's Name of Server Mages Address 443 Fadian Springs Ro Signature Mages	City PETAL Date	Stat M Tele	zip Code 39465 sphone
Property Owner or Owner's Authorized Representative's Name of Server Mages Address 443 Fadian Springs Ro Signature Mages	City PETAL Date	Stat M Tele	zip Code 39465 sphone
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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 102 BIENVILLE DRIVE	No. Policy Number:
CityStateZIP CodeWAVELANDMississippi39576	Company NAIC Number
SECTION G - COMMUNITY INFORMATION (OPTIO	ONAL)
The local official who is authorized by law or ordinance to administer the community's floodp Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) a 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 significantly and the community's floodpost to the community is floodpost to the community in the community is floodpost to the commun	and sign below. Check the measurement
engineer, or architect who is authorized by law to certify elevation information. (Indicate in the Comments area below.)	dicate the source and date of the elevation
G2. A community official completed Section E for a building located in Zone A (without or Zone AO.	
G3. The following information (Items G4–G10) is provided for community floodplain ma	anagement 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	nent
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.

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

IMPORTANT: In these spaces, of	opy the corresponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including 102 BIENVILLE DRIVE	g Apt., Unit, Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	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 FRONT VIEW 11/01/2017



Photo Two Caption RIGHT SIDE VIEW 11/01/2017

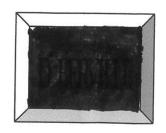


NONCONVERSION AGREEMENT with CITY OF WAVELAND, MISSISSIPPI

This D	ECLARATION made this Z day of FEBRUARY, 20 18, by BRUCE MAGE					
WHER In the WHER flood e	(OWNER) having an address at 443 Tabian Sprints Ro Petal, ms 39465 ESSETH: EAS, the Owner is the record owner of all that real property located at 102 Bienville City of Waveland, MS, in the County of Hancock, designated in the Tax Records as EAS, the Owner has applied for a permit to place a structure on that property that has an enclosed area below the base levation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of Waveland lain Management Ordinance of Number 342 and under Permit Number					
condition	EAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, ons and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and ions of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, signs.					
UPON	THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:					
1.	The structure or part thereof to which these conditions apply is:					
2.	At this site, the Base Flood Elevation is 21 feet above mean sea level, National Geodetic Vertical Datum.					
3.						
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 also may render the structure uninsurable or increase the cost for flood insurance.					
6.	A duly appointed representative of the City is authorized to enter the property for the purpose of 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 frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.					
7.	Other conditions:					
	In witness whereof the undersigned set their hands and seals this Z day of FESEvacy , 20 18 .					
	BRUCE MAGEE Shelly D. Herring to of Miss. Shelly D. Herring to of Miss.					



Coastal AE Zone / VE Zone Design & Performance Certificate



New Construction / Substantial Improvements / Repairs

To be completed by a Registered Professional Engineer or Architect

	Permit #		
Ви	ilding Owner_BRUCE MAGEE		
Ma	ailing Address 102 BIENVILLE DAVE		
City WAVELAND State MS Zip Code 39576			
Building Location 102 BIENVILLE DRIVE,			
Latitude 30 - 17-35.5 Longitude - 89-20:57. 4 county LANCOCK			
Other Legal Description (parcel #) TAX PARCEL #161A-2-01-037, 000			
Within City Limits? YX_/ N/			
Section 1: Flood Insurance Rate Map (FIRM) Data This Certificate is NOT a substitute for an Elevation Certificate.			
Community Name WAVELAND Community ID Number 285262 FIRM Panel Number 28045C 036 Panel Suffix D FIRM Zone VE21 Date of FIRM Panel 10 16 09 Date of Index 10 16 09			
	Section 2: Elevation Information Record elevations to the one tenth (1/10) of a foot.		
1.	Elevation of the bottom of the Lowest Horizontal Structural Member 26.6 feet		
2.	Base Flood Elevation (BFE)feet		
3.	Design Flood Elevation (DFE)		
4.	Elevation of Lowest Adjacent Grade (LAG)		
5.	Foundation type: Piling X / Post / Pier / Column X / Fill / Shear Wall / Enclosed Wall /		
	Foundation Description: 16" DIA FOUR IN PLACE CONCRETE SET		
6.			
	Approximate depth of scour/erosion used for foundation design		
	Embedment depth of pilings or foundation below LAG		

Section 3: Breakaway Wall Certification Statement

Certificate must be signed and sealed by a Registered Professional Engineer or Architect. A signed/sealed copy of this statement must also appear on the approved construction plans detailing Breakaway Wall construction.

I certify that I have developed or reviewed the structural design, plans, and specifications for construction of Breakaway Walls and that the proposed design and methods of construction to be used for the Breakaway Walls are in accordance with accepted standards of practice for meeting the following provisions:

- Breakaway Walls have a design safe loading resistance of not less than 10 and no more than 20 pounds per square foot.
- Breakaway Wall Collapse shall result from a water load less than that which would occur during the Base Flood.
- The elevated portion of the structure and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the combined effects of wind and water loads acting simultaneously on all structure components, structural and non-structural.
- The pile or column foundation and structure attached thereto is anchored to resist floatation, collapse, and lateral movement due to the effects of wind and water loads acting simultaneously on all structure components, structural and non-structural.
- The potential for scour and erosion at the foundation has been anticipated for conditions associated with the Base Flood, including wave action.
- The bottom of the lowest horizontal structural member of the lowest floor (including piles and columns) is elevated to the DFE.
- ⊇ Wind loading values used are those required by applicable State or local building standards.
- Water loading values used are those associated with the Base Flood.
- Enclosed space is used solely for parking of vehicles, building access, or limited storage of maintenance items.

Name DAVID LUATIAN	Title OWNER		
Representing WATTAWAY ENGINEERING INC. License PE 1861			
Address +0 80x 363			
CityStateState	195 zip Code 39426		
Ph Number 601-798 1978 EMAIL hatteng @ bell 50 oth net			
Signature	Date		
	HATTA		
	PAFES A		
	Eligible Company		
	THE WAR THE WA		
4	Registered Professional Engineer or Architect		
	Certifying Seal or Stamp		