

Ried & Associates, PLS., LLC

9526 Benesheewah Trail  
Pass Christian MS 39571

# Invoice

Date 9/21/2022  
Invoice # 2971A

**Bill To**

Jason Thornhill  
Thornhill Construction  
703-A Dunbar St.  
Bay St. Louis, MS 39520

**Ship To**

Dale Thibodeaux  
105 St Joseph St.  
Waveland, MS 39576

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
22-21-126	Due on receipt		9/21/2022			
Quantity	Item Code	Description			Price Each	Amount
1	G-Final Elevation	Final FEMA Elevation Certificate with pictures \$150 less 10%			135.00	135.00

Thank you for your continued patronage.

**Total** \$135.00

# 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 DALE THIBODEAUX					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 105 ST JOSEPH ST					Company NAIC Number:	
City WAVELAND		State MS		ZIP Code 39576		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL ID 161M-0-11-013.000						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____						
A5. Latitude/Longitude: Lat. <u>30-56-37.2</u> Long. <u>89-22-17.4</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>5</u>						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>						
c) Total net area of flood openings in A8.b <u>N/A</u> sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
A9. For a building with an attached garage:						
a) Square footage of attached garage <u>N/A</u> sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>						
c) Total net area of flood openings in A9.b <u>N/A</u> sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number 285261 WAVELAND				B2. County Name HARRISON		B3. State MS
B4. Map/Panel Number 28045C0361	B5. Suffix D	B6. FIRM Index Date 10/16/09	B7. FIRM Panel Effective/ Revised Date 10/16/09	B8. Flood Zone(s) VE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 23	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____						
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA						



# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

**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.  
105 ST JOSEPH ST

City  
WAVELAND

State  
MS

ZIP Code  
39576

FOR INSURANCE COMPANY USE  
Policy Number:

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: TRIMBLE VRS NOW 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)   | <u>27.8</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | <u>N/A</u>  | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | <u>26.8</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | <u>N/A</u>  | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | <u>26.8</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <u>8.5</u>  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | <u>9.1</u>  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | <u>N/A</u>  | <input 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 DONALD E RIED		License Number PLS 3037		
Title LAND SURVEYOR				
Company Name RIED & ASSOCIATES LLC				
Address 9526 BENESHEEWAH TRAIL				
City PASS CHRISTIAN	State MS	ZIP Code 39571		
Signature 	Date 09/22/22	Telephone 228 205-4007	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)  
SLAB UNDER RESIDENCE IS AT 10.4 FEET. LOWEST MACHINERY AIR CONDITIONER CONDENSOR AT 26.80 FEET

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b> Policy Number:  Company NAIC Number
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 105 ST JOSEPH ST			
City WAVELAND	State MS	ZIP Code 39576	

## 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 \_\_\_\_\_ N/A       feet    meters    above or    below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ N/A       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 \_\_\_\_\_ N/A       feet    meters    above or    below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_ N/A       feet    meters    above or    below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_ N/A       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.



# ELEVATION CERTIFICATE

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

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105 ST JOSEPH ST

City  
WAVELAND

State  
MS

ZIP Code  
39576

FOR INSURANCE COMPANY USE  
Policy Number:

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.

OMB No. 1660-0008

Expiration Date: November 30, 2022

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105 JOSEPH ST

City  
WAVELAND

State MS

ZIP Code 39576

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.



FRONT 09/22/22

Clear Photo One



REAR 09/22/22

Clear Photo Two

**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

**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.  
105 JOSEPH ST

City  
WAVELAND

State  
MS

ZIP Code  
39576

**FOR INSURANCE COMPANY USE**  
Policy Number:

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

Photo Three

Photo Three Caption

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four