

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 GLEN ROMERO		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 110 WAVELAND AVE		Company NAIC Number:	
City WAVELAND	State Mississippi	ZIP Code 39576	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL # (162R-0-10-044.000)			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>			
A5. Latitude/Longitude: Lat. <u>N 30-16-20</u> Long. <u>W 89-22-49</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>0</u> sq ft			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>			
c) Total net area of flood openings in A8.b <u>0</u> sq in			
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
A9. For a building with an attached garage:			
a) Square footage of attached garage <u>0</u> sq ft			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>			
c) Total net area of flood openings in A9.b <u>0</u> sq in			
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number WAVELAND 285262		B2. County Name HANCOCK		B3. State Mississippi	
B4. Map/Panel Number 28045C0344	B5. Suffix D	B6. FIRM Index Date 10/16/2009	B7. FIRM Panel Effective/ Revised Date 10/16/2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 20

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

ELEVATION CERTIFICATE

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 Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 110 WAVELAND AVE			Policy Number:
City WAVELAND	State Mississippi	ZIP Code 39576	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: USM NETWORK 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.

- | | | | |
|---|-------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>22.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N/A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>N/A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>11.2</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>12.4</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 checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name DUKE LEVY	License Number 01722
Title SURVEYOR	
Company Name DUKE LEVY & ASSOCIATES	
Address 4412 LEISURE TIME DRIVE	
City DIAMONDHEAD	State Mississippi
	ZIP Code 39526
Signature 	Date 09/21/2018
	Telephone (228) 467-5212



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)

WO # 18-255
BENCHMARK - A NAIL WITH A DISK AND PINK FLAGGING SET IN A POWER POLE AT THE 'SW' CORNER OF THE PROPERTY AT EL = 15.00' FEET.

ELEVATION CERTIFICATE

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City WAVELAND	State Mississippi
	ZIP Code 39576
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL # (162R-0-10-044.000)	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>	
A5. Latitude/Longitude: Lat. <u>N 30-16-20</u> Long. <u>W 89-22-49</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>0</u> sq ft	
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>	
c) Total net area of flood openings in A8.b <u>0</u> sq in	
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A9. For a building with an attached garage:	
a) Square footage of attached garage <u>0</u> sq ft	
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>	
c) Total net area of flood openings in A9.b <u>0</u> sq in	
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number WAVELAND 285262		B2. County Name HANCOCK		B3. State Mississippi	
B4. Map/Panel Number 28045C0344	B5. Suffix D	B6. FIRM Index Date 10/16/2009	B7. FIRM Panel Effective/ Revised Date 10/16/2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 20

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

ELEVATION CERTIFICATE

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 Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 110 WAVELAND AVE			Policy Number:	
City WAVELAND	State Mississippi	ZIP Code 39576	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: USM NETWORK 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.

- | | | | |
|--|------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____ | 23.9 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor _____ | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____ | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) _____ | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) _____ | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) _____ | 11.2 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) _____ | 12.4 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name DUKE LEVY	License Number 01722	
Title SURVEYOR		
Company Name DUKE LEVY & ASSOCIATES		
Address 4412 LEISURE TIME DRIVE		
City DIAMONDHEAD	State Mississippi	
Signature 	Date 12/02/2018	Telephone (228) 467-5212

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)
WO # 18-255-1
BENCHMARK - A NAIL WITH A DISK AND PINK FLAGGING SET IN A POWER POLE AT THE 'SW' CORNER OF THE PROPERTY AT EL = 15.00' FEET.

ELEVATION CERTIFICATE

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A5. Latitude/Longitude: Lat. <u>N 30-16-20</u> Long. <u>W 89-22-49</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>0</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>0</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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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, 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. 110 WAVELAND AVE			Policy Number:
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number

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Benchmark Utilized: USM NETWORK 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.

- | | | | |
|---|------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 23.9 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | N/A | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | 23.1 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 12.7 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 13.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | 12.5 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name DUKE LEVY	License Number 01722	
Title SURVEYOR		
Company Name DUKE LEVY & ASSOCIATES		
Address 4412 LEISURE TIME DRIVE		
City DIAMONDHEAD	State Mississippi	

Signature 	Date 04/15/2019	Telephone (228) 467-5212
---------------	--------------------	-----------------------------

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)

WO # 18-255-1
BENCHMARK - A NAIL WITH A DISK AND PINK FLAGGING SET IN A POWER POLE AT THE 'SW' CORNER OF THE PROPERTY AT EL = 15.00' FEET.
THE LOWEST MACHINERY SERVICING THE HOME IS AN A/C UNIT LOCATED ON THE NORTH SIDE.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

ELEVATION CERTIFICATE

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. 110 WAVELAND AVE			Policy Number:
City WAVELAND	State Mississippi	ZIP Code 39576	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.

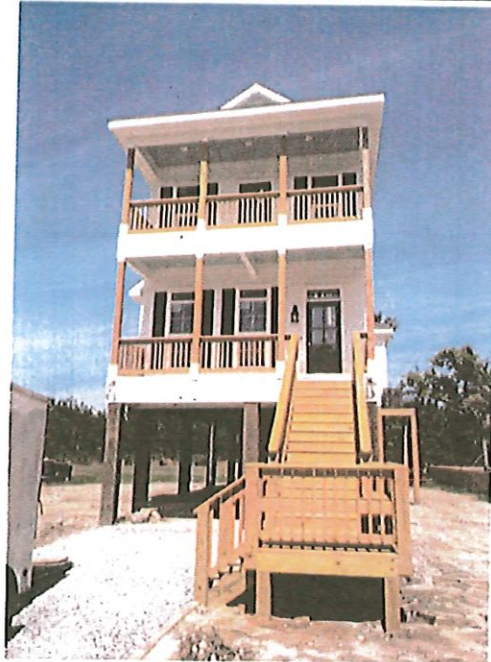


Photo One

Photo One Caption



Photo Two

Photo Two Caption

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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

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City WAVELAND	State Mississippi	ZIP Code 39576	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.

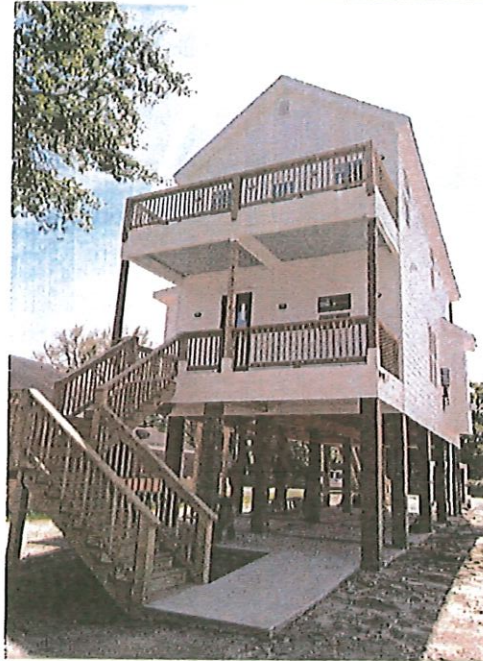


Photo One

Photo One Caption



Photo Two

Photo Two Caption

2019 5421
Recorded in the Above
Deed Book & Page
05-03-2019 02:57:42 PM
Timothy A Kellar
Hancock County

WAVELAND

NONCONVERSION AGREEMENT
with
CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this April day of 2019
by Glen + Sherrie Romero ("Owner") having an address at
110 Waveland Ave

WITNESSETH:

WHEREAS, the Owner is the record owner of all that real property located at
110 Waveland Ave in the City of Waveland, Ms. in the County of Hancock,
designated in the Tax Records as 16ZR-0-10-044.000

WHEREAS, the Owner has applied for a permit to place a structure on that property that has an
enclosed area below the base flood elevation constructed in accordance with the requirements of
Article No. 5, Section "B" paragraph 5 of the Waveland Floodplain Management Ordinance of Number
325 and under Permit Number 1800469

WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the
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:

1. The structure or part thereof to which these conditions apply is:

2. At this site, the Base Flood Elevation is 20+1 feet above mean sea level, National Geodetic
Vertical Datum.

3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited
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.

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:

Hancock County
I certify this instrument was filed on
05-03-2019 02:57:42 PM
and recorded in Deed Book
2019 at page 5421 - 5421
Timothy A Kellar



Kati R. De...

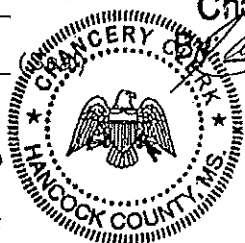
In witness whereof the undersigned set their hands and seals this 3rd day of May, 2019

Glen Romero
Sherrie Romero
Owner

State of Mississippi
County of Hancock
(Seal)

Personally appeared before me, the undersigned
authority in and for the said county and state, on
this 3 day of May, 2019, within
my jurisdiction, the within named, Sherrie Romero
who acknowledged that she executed and
delivered the above and foregoing instrument.

Timothy A. Kellar
Chancery Clerk



*** Certified Copy Page ***

I, Timothy A Kellar, Chancery Clerk, do hereby certify that the foregoing is a FULL, TRUE and CORRECT copy of the Instruments(s) herewith set out as same appears of record in: Deed BOOK - 2019, AT PAGE - 5421 in said court.

Witness my hand and seal this 3 Day of May, 2019.

Timothy A Kellar
Chancery Clerk
Hancock County, MS
DC: _____

