U.S. DEPARTMENT OF HOMELAND SECURITY Federál 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 U						
A1. Building Owner's Name Policy Number:						
Daigle 2018-306						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 120 Mollere Dr						
City State	ZIP Code					
Waveland Mississippi	39576					
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) PT 23 2nd Ward Waveland Ere Dr Sub						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential						
A5. Latitude/Longitude: Lat. 30-17-21 Long. 89-22-03 Horizontal Datu	m: NAD 1927 NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insur	rance.					
A7. Building Diagram Number5_						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above	e adjacent grade0					
c) Total net area of flood openings in A8.b sq in						
d) Engineered flood openings?						
A9. For a building with an attached garage:						
a) Square footage of attached garage0 sq ft						
b) Nambor of pormanent need openings in the attached garage main the extra sequence of permanent need openings in the attached garage main the extra sequence of permanent need of permanent nee						
c) Total net area of flood openings in A9.b sq in						
d) Engineered flood openings? Yes No						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMA	ATION					
B1. NFIP Community Name & Community Number City of Waveland 285262 B2. County Name Hancock	B3. State Mississippi					
B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood Zone(s	B9. Base Flood Elevation(s)					
Number Date Effective/	(Zone AO, use Base					
28045C0361 D 10/16/2009 Revised Date 10/16/2009 AE	Flood Depth) 19					
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Iter	m B9:					
☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source:						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 O	ther/Source:					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prot	ected Area (OPA)? Yes No					
Designation Date: CBRS OPA						

hip first the VPC 11014 Observe 111107 CT for			Expiration Bate: November 66, 2016
IMPORTANT: In these spaces, copy the corresponding	information from Se	ction A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or 120 Mollere Dr	Bldg. No.) or P.O. Ro	ute and Box No.	Policy Number:
City Sta Waveland Mis	te ZIP sissippi 395	Code 76	Company NAIC Number
SECTION C – BUILDING EL	EVATION INFORMA	TION (SURVEY RI	EQUIRED)
*A new Elevation Certificate will be required when co		ing is complete.	
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 B ding diagram specified Vertical Datum	in Item A7. In Puert	o Rico only, enter meters.
Indicate elevation datum used for the elevations in it			
□ NGVD 1929 □ NAVD 1988 □ Other/S	1 2 1	w.	
Datum used for building elevations must be the sam		BFF	
Datum used for ballaring clevations must be the same	o do triat dood for trio t		Check the measurement used.
a) Top of bottom floor (including basement, crawlsp	ace, or enclosure floor	20.0	🔀 feet 🗌 meters
b) Top of the next higher floor		N/A _.	X feet meters
c) Bottom of the lowest horizontal structural membe	r (V Zones only)	N/A	50 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
d) Attached garage (top of slab)	(V Zones only)	N/A.	
, , , , ,			300 TO AND APPLICATION
 e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com 	ricing the building ments)	20.0	X feet meters
 f) Lowest adjacent (finished) grade next to building 	(LAG)	<u> </u>	X feet meters
g) Highest adjacent (finished) grade next to building	X feet meters		
 h) Lowest adjacent grade at lowest elevation of dec structural support 	k or stairs, including	N/A	X feet meters
SECTION D - SURVEYOR,	ENGINEER, OR ARC	CHITECT CERTIFI	CATION
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 un	my best efforts to inter	pret the data availa	law to certify elevation information. ble. I understand that any false
Were latitude and longitude in Section A provided by a lic	ensed land surveyor?	⊠Yes □ No	Check here if attachments.
Certifier's Name	License Number		
Jason P Chiniche	P.E. 19732		alling CON P
Title Project Manager			A CENSED PROCES
Company Name James J Chiniche PA INC			Place Erry O. H. Seal
Address 412 HWY 90 Suite 4			Here 79732
City Bay St. Louis	State Mississippi	ZIP Code 39520	MISSISSIP IN THE PROPERTY OF T
Signature	Date 07/06/2018	Telephone (228) 467-6755	
Copy all pages of this Elevation Certificate and all attachme	nts for (1) community of	ficial, (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 Section B4. Recommend verification of (BFE) by loc responsible for coordinating this certificate with contractor construction drawings were not provided. TBM Is a mag	C2(e), if applicable) 2 not to certify the buter building official. The and/or building official	ilding location. The e flood zone is deter	base flood elevation (BFE) is per rmined by graphic plotting, owner is e of this certificate 7/6/18

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					FOR INSU	RANCE COMPANY USE	
A1. Building Owner's Name Policy Number: Daigle 2018-469						nber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 120 Mollere Dr							NAIC Number:
City				State		ZIP Code	
Waveland				Mississippi		39576	
A3. Property Desc PT 23 2nd Ward W	•	nd Block Numbers, Ta Dr Sub	x Parce	el Number, Legal De	escription, etc.)		
A4. Building Use (e.g., Residen	tial, Non-Residential, /	Addition	, Accessory, etc.)	Residential		
A5. Latitude/Longi	tude: Lat. <u>30</u>	-17-21	Long. 8	9-22-03	Horizontal Datun	n: NAD	1927 🗵 NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certific	cate is being used t	o obtain flood insura	ance.	
A7. Building Diagra	am Number	5					
A8. For a building	with a crawls _l	pace or enclosure(s):					
a) Square foo	tage of crawls	space or enclosure(s)		0 sq ft			
b) Number of	permanent flo	od openings in the cra	awlspac	ce or enclosure(s) v	vithin 1.0 foot above	adjacent gr	rade0
c) Total net ar	ea of flood op	enings in A8.b)	sq in			
d) Engineered	flood openin	gs? ☐ Yes ⊠ N	0				
A9. For a building v	with an attach	ed garage:					
a) Square foot	tage of attach	ed garage0		sq ft			
b) Number of	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0					0	
c) Total net area of flood openings in A9.b 0 sq in							
d) Engineered flood openings?							
		CTION B - FLOOD II	VSUR/	1		TION	1
B1. NFIP Communi City of Waveland 2	-	ommunity Number		B2. County Name Hancock	9		B3. State Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
28045C0361	D	10/16/2009		6/2009	AE	19	
		Base Flood Elevation (epth entered in Item	В9:	
B11. Indicate eleva	ition datum u	sed for BFE in Item B	9: 🔲 N	IGVD 1929 ⊠ NA	AVD 1988 🔲 Oti	ner/Source:	
B12. Is the building	located in a	Coastal Barrier Resou	irces S	ystem (CBRS) area	or Otherwise Prote	cted Area (OPA)? ☐ Yes ⊠ No
Designation [Date:		CBRS	OPA			

	The state of the s
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 120 Mollere Dr	Box No. Policy Number:
City State ZIP Code Waveland Mississippi 39576	Company NAIC Number
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)
	nder Construction*
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), Al Complete Items C2.a–h below according to the building diagram specified in Item Benchmark Utilized: GPS Derived Vertical Datum: NAVD	A7. In Puerto Rico only, enter meters.
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)	26. 4 X feet Meters
b) Top of the next higher floor	N/A.
c) Bottom of the lowest horizontal structural member (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 servicing the building (Describe type of equipment and location in Comments) ———	N/A 0 🔀 feet 🗌 meters
f) Lowest adjacent (finished) grade next to building (LAG)	15. 1 X feet meters
g) Highest adjacent (finished) grade next to building (HAG)	16. 1 X feet meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A
SECTION D – SURVEYOR, ENGINEER, OR ARCHITE	CT CERTIFICATION
This certification is to be signed and sealed by a land surveyor, engineer, or architect a l certify that the information on this Certificate represents my best efforts to interpret the statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 10	authorized by law to certify elevation information.
Were latitude and longitude in Section A provided by a licensed land surveyor?	
Certifier's Name License Number	
Jason P Chiniche P.E. 19732	WILLIAM SON P
Title Project Manager	CENSED AROCE
Company Name James J Chiniche PA INC	Place G _{Meta} os COH
Address 412 HWY 90 Suite 4	10732 de
City State ZIP C Bay St. Louis Mississippi 3952	2 001501 411
11/12/2018 (228)	ohone) 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, per C2(e), if applicable) NOTE: The description in A3 above is for information only & not to certify the building I Map Section B4. Recommend verification of (BFE) by local building official. The flood responsible for coordinating this certificate with contractor and/or building official as ne pavement and center of lot. EL: 14.3 Waveland Freeboard = 1'	zone is determined by graphic plotting, owner is

IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, a 120 Mollere Dr), Route and Box No.	Policy Number:	
City Waveland	State Mississippi	ZIP Code 39576	Company NAIC Number
SECTION E – BUILDING E FOR ZO	LEVATION INFORM NE AO AND ZONE A	IATION (SURVEY NOT (WITHOUT BFE)	REQUIRED)
For Zones AO and A (without BFE), complete Items I complete Sections A, B,and C. For Items E1–E4, use enter meters.	E1–E5. If the Certificate natural grade, if available	e is intended to support ε able. Check the measure	LOMA or LOMR-F request, ment used. In Puerto Rico only,
E1. Provide elevation information for the following ar the highest adjacent grade (HAG) and the lowesa) Top of bottom floor (including basement,			r the elevation is above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet meter	rs 🔲 above or 🔲 below the HAG.
crawlspace, or enclosure) is		feet meter	
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided in	Section A Items 8 and/or	
E3. Attached garage (top of slab) is	·	feet	rs 🔲 above or 🔲 below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is			rs 🔲 above or 🔲 below the HAG.
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance? Tyes [cordance with the community's certify this information in Section G.
SECTION F - PROPERTY OV	WNER (OR OWNER'S	REPRESENTATIVE) C	RTIFICATION
The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.	tive who completes Se The statements in Sec	ections A, B, and E for Zo tions A, B, and E are cor	ne A (without a FEMA-issued or rect to the best of my knowledge.
Property Owner or Owner's Authorized Representativ	e's Name		
Address	City	St	ate ZIP Code
Signature	Date	Te	lephone
Comments			
			!
			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, S 120 Mollere Dr	Policy Number:					
City Waveland	State Mississippi	ZIP Code 39576	Company NAIC Number			
	ON G - COMMUNITY INFOR					
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	dinance to administer the co Certificate. Complete the ap	mmunity's floodplain ma				
	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation					
G2. A community official completed Section Zone AO.	on E for a building located ir	Zone A (without a FEN	IA-issued or community-issued BFE)			
G3. The following information (Items G4-	G10) is provided for commu	nity floodplain managen	nent purposes.			
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction Subs	stantial Improvement				
G8. Elevation of as-built lowest floor (including of the building:) basement)		t 🗌 meters Datum			
G9. BFE or (in Zone AO) depth of flooding at t	he building site:		t meters			
G10. Community's design flood elevation:	•	fee	t 🔲 meters Datum			
Local Official's Name	Title	•				
Community Name	Tele	ephone				
Signature	Dat	Э				
Comments (including type of equipment and loc	ation, per C2(e), if applicabl	∍)				
			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, copy the	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Un 120 Mollere Dr	g Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. ollere Dr				
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.

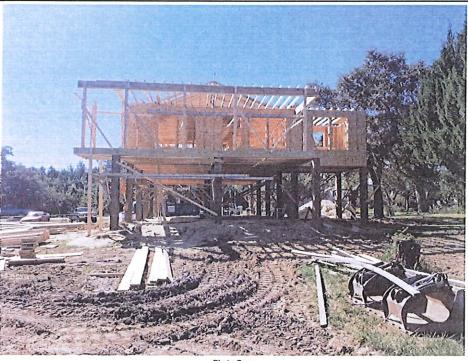


Photo One

Photo One Caption Front

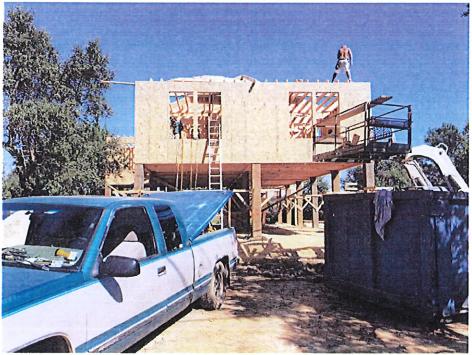


Photo Two

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 COMPA					RANCE COMPANY USE		
A1. Building Owner's Name Policy Number:					ber:		
Daigle	Daigle 2018-306						
A2. Building Street Box No. 120 Mollere Dr							IAIC Number:
City				State		ZIP Code	
Waveland				Mississippi		39576	
A3. Property Desc PT 23 2nd Ward W		nd Block Numbers, Tax Or Sub	(Parce	l Number, Legal De	scription, etc.)		
A4. Building Use (e.g., Resident	ial, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longi	tude: Lat.30	-17-21	Long. 8	9-22-03	Horizontal Datum	ı: NAD 1	1927 × NAD 1983
A6. Attach at least	2 photograph	s of the building if the	_		o obtain flood insura	ince.	
A7. Building Diagra		_		•			
	-	pace or enclosure(s):					
	·	pace or enclosure(s)		0 sq.ft			
	•	od openings in the cra	wlspac	· ·	ithin 1.0 foot above	adiacent gr	ade 0
,		enings in A8.b	•	sq in		, ,	
d) Engineered							
			J				
A9. For a building							
a) Square foo	tage of attach	ed garage 0		sq ft			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade0					0		
c) Total net area of flood openings in A9.b sq in							
d) Engineered	I flood opening	gs? ☐ Yes ⊠ N	0				
	SE	CTION B - FLOOD II	NSUR#	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Commun	•	ommunity Number		B2. County Name	•		B3. State
City of Waveland 2	85262			Hancock			Mississippi
B4. Map/Panel	B5. Suffix	B6. FIRM Index Date		IRM Panel ffective/	B8. Flood Zone(s)	B9. Ba	se Flood Elevation(s) ne AO, use Base
Number			R	evised Date		Flo	od Depth)
28045C0361	D	10/16/2009	10/16	6/2009	AE	19	
D10 Indicate the s	ourse of the I	Base Flood Elevation (DEC/ 4	ata or base flood de	anth antered in Item	BO.	
		Community Detern			spin chiered in item	ъ.	
	•		•	-			
B11. Indicate eleva	ation datum u	sed for BFE in Item B9	9: 🔲 N	IGVD 1929 ⊠ NA	AVD 1988 ☐ Ot	ner/Source:	
B12. Is the buildin	g located in a	Coastal Barrier Resou	ırces S	ystem (CBRS) area	or Otherwise Prote	cted Area (OPA)? ☐ Yes ⊠ No
Designation Date: CBRS CPA							
				Tanasa da la casa da l			

LLLVATION OLIVIII TOATL			Expiration bate.	140Vellibel 30, 2010
IMPORTANT: In these spaces, copy the correspond	ling information from Sect	ion A.	FOR INSURAN	CE COMPANY USE
Building Street Address (including Apt., Unit, Suite, an 120 Mollere Dr	d/or Bldg. No.) or P.O. Rout	e and Box No.	Policy Number:	
City	Company NAIC Number			
Waveland	Mississippi 3957	6		
SECTION C – BUILDING	ELEVATION INFORMAT	ION (SURVEY R	EQUIRED)	
C1. Building elevations are based on: Constru	uction Drawings*		uction* ⊠ Finis	shed Construction
C2. Elevations – Zones A1–A30, AE, AH, A (with BF Complete Items C2.a–h below according to the I Benchmark Utilized: GPS Derived		item A7. In Puert		
Indicate elevation datum used for the elevations				
☐ NGVD 1929 ☒ NAVD 1988 ☐ Oth				
Datum used for building elevations must be the				
				easurement used.
a) Top of bottom floor (including basement, crav	vispace, or enclosure floor)			meters
b) Top of the next higher floor		N/A	_	meters meters
c) Bottom of the lowest horizontal structural men	mber (V Zones only)	N/A		meters meters
d) Attached garage (top of slab)		N/A	X feet	meters me
 e) Lowest elevation of machinery or equipment (Describe type of equipment and location in C 	servicing the building Comments)	<u>25</u> . <u>4</u>	X feet	meters
f) Lowest adjacent (finished) grade next to build	ding (LAG)	<u>15</u> . <u>1</u>	X feet	meters
g) Highest adjacent (finished) grade next to buil	ding (HAG)	<u>16</u> . <u>1</u>	x feet	meters
 h) Lowest adjacent grade at lowest elevation of structural support 	deck or stairs, including	N/A	X feet	☐ meters
SECTION D - SURVEYO	OR, ENGINEER, OR ARC	HITECT CERTIF	ICATION	
This certification is to be signed and sealed by a land I certify that the information on this Certificate repress statement may be punishable by fine or imprisonment	ents my best efforts to intern	oret the data availa	/ law to certify ele able. I understand	vation information. that any false
Were latitude and longitude in Section A provided by	a licensed land surveyor?	⊠Yes □ No	Check he	re if attachments.
Certifier's Name	License Number			N P
Jason P Chiniche	P.E. 19732		- miles	ON P. CH
Title Project Manager			Market Sign	ENGINEER OF
Company Name James J Chiniche PA INC			S S	lace ZAM
Address 412 HWY 90 Suite 4			and Triday	19732
City Bay St. Louis	State Mississippi	ZIP Code 39520		10188189
Signature Chile	Date 03/12/2019	Telephone (228) 467-6755		
Copy all pages of this Elevation Certificate and all attac	hments for (1) community off	icial, (2) insurance	agent/company, a	nd (3) building owner.
Comments (including type of equipment and location, NOTE: The description in A3 above is for information Map Section B4. Recommend verification of (BFE) b responsible for coordinating this certificate with contrastreet EL: 14.3 Waveland Freeboard = 1' C2e is med	only & not to certify the buil y local building official. The actor and/or building official	flood zone is dete	ermined by graphic	c plotting, owner is
9 2 2.				

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

			The same of the sa
IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., L 120 Mollere Dr	Jnit, 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



Photo Two

BUILDING PHOTOGRAPHS

OMB No. 1660-0008

ELEVATION CERTIFICATE

Continuation Page

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, at 120 Mollere Dr	Policy Number:		
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 TBM EL: 14.3

Photo Two

Photo Two

Photo Two Caption

WAVELAND

NONCONVERSION AGREEMENT with

WILLI
CITY OF WAVELAND, MISSISSIPPI
This DECLARATION made this 19th day of March, 20 19, by David Daigle ("Owner") having an address at 170 Mollere Dr. WITNESSETH:
WHEREAS, the Owner is the record owner of all that real property localed atin the City of Waveland, Ms. in the County of Hancock, designated in the Tax Records as
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 \(\frac{1}{2000}\)\(\frac{103}{103}\).
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 19 +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

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 day of OF MISSISSION (Seal) Sign Expires Witness Witness OP/20/2021 Witness OP/20/2021 Witness OP/20/2021 Witness OP/20/2021 Witness OP/20/2021 OF MISSISSION Expires OP/20/2021 OF MI