



The Hospitality City

**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.

Certificate #: 1800007

Issued to: LEMOINE, JOSEPH

Building Address: 200 ST JOSEPH ST

City, State, Zip: WAVELAND, MS 39576

Issued Date: 06/08/18\_


Expires: End of occupancy

Occupancy Type: R-3

Sprinkler System Required: no

Special Conditions: None

  
\_\_\_\_\_  
Building Official

  
\_\_\_\_\_  
Date

# ELEVATION CERTIFICATE

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 200 ST. JOSEPH STREET			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: BH0959 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)   | 25.0 | <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)   | 23.0 | <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<br>(Describe type of equipment and location in Comments) | 23.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | 9.8  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | 11.4 | <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 JASON P. CHINICHE	License Number P.E. 19732	
Title PROJECT MANAGER		
Company Name JAMES J. CHINICHE, PA, INC.		
Address 412 HWY. 90, SUITE 2		
City BAY ST. LOUIS	State Mississippi	
Signature <i>Jason Chiniche</i>	Date 11/07/2017	Telephone (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. Section C1 Construction Drawings: As of this date, no constructions plans have been provided by client. TBM is the painted top rim bolt on fire hydrant located near the SE corner of property, elevation 11.6 ft.

# 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 JOSEPH LEMOINE #2017-440				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 200 ST. JOSEPH STREET				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 #: 161E-0-02-226.000					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30-16-59.4</u> Long. <u>89-22-18.1</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 checked="" 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 checked="" 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	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
28045C 0361	D	10/16/2009	10/16/2009	VE	22
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

**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 Lemoine	2018-020	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 200 St. Joseph St		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 #161E-0-02-226.00		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>30-16-59</u> Long. <u>82-22-18</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 checked="" 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 checked="" type="checkbox"/> No		

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Waveland 285262		B2. County Name Hancock		B3. State Mississippi	
B4. Map/Panel Number 28045C0361	B5. Suffix D	B6. FIRM Index Date 10/16/2009	B7. FIRM Panel Effective/ Revised Date 10/16/2009	B8. Flood Zone(s) VE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 22
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 type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

# ELEVATION CERTIFICATE

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 200 St. Joseph St			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: BH0959 Vertical Datum: NAVD88

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)   | 28. 21 | <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)   | 27. 21 | <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<br>(Describe type of equipment and location in Comments) | 28. 28 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | 10. 46 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | 11. 56 | <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 Jason P. Chiniche	License Number P.E. 19732	
Title Project Manager		
Company Name James J. Chiniche PA. INC		
Address 412 Hwy 90 Suite 2		
City Bay St. Louis	State Mississippi	
Signature <i>Jason Chiniche</i>	Date 1-25-18	Telephone (228) 467-6755

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, 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 Section B4. Recommend verification of (BFE) by local building official. The flood zone is determined by graphic plotting, owner is responsible for coordinating this certificate with contractor and/or building official as needed.

TBM is a painted top rim bolt on fire hydrant located near SE corner of property EL:11.

# ELEVATION CERTIFICATE

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 200 St. Joseph St			Policy Number:
City Waveland	State Mississippi	ZIP Code 39576	Company NAIC Number

## 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 \_\_\_\_\_ . \_\_\_\_\_  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 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 \_\_\_\_\_ . \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_ . \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_ . \_\_\_\_\_  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

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 200 St. Joseph St			Policy Number:
City Waveland	State Mississippi	ZIP Code 39576	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

See Instructions for Item A6.

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

## ELEVATION CERTIFICATE

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 200 St. Joseph St			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 Front



Photo Two

Photo Two Caption Right Side



# BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

## ELEVATION CERTIFICATE

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 200 St. Joseph St			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 Mech



Photo Two

Photo Two Caption TBM EL: 11.6

# 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 Lemoine 2018-181			Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 200 St. Joseph St			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 #161E-0-02-226.00					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30-16-59</u> Long. <u>82-22-18</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 checked="" 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 checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Waveland 285262			B2. County Name Hancock		B3. State Mississippi
B4. Map/Panel Number 28045C0361	B5. Suffix D	B6. FIRM Index Date 10/16/2009	B7. FIRM Panel Effective/ Revised Date 10/16/2009	B8. Flood Zone(s) VE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 22
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 type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

# ELEVATION CERTIFICATE

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 200 St. Joseph St			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: GPS Derived Vertical Datum: NAVD88

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>28.5</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>27.5</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<br>(Describe type of equipment and location in Comments) | <u>28.6</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <u>11.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | <u>11.7</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 Jason P. Chiniche	License Number P.E. 19732	
Title Project Manager		
Company Name James J. Chiniche PA. INC		
Address 412 Hwy 90 Suite 2		
City Bay St. Louis	State Mississippi	
Signature 	Date 04/15/2018	Telephone (228) 467-6755

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, 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 Section B4. Recommend verification of (BFE) by local building official. The flood zone is determined by graphic plotting, owner is responsible for coordinating this certificate with contractor and/or building official as needed.  
 TBM is a painted top rim bolt on fire hydrant located near SE corner of property EL:11.6 C2e. is air handler unit.

# ELEVATION CERTIFICATE

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 200 St. Joseph St			Policy Number:
City Waveland	State Mississippi	ZIP Code 39576	Company NAIC Number

**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 \_\_\_\_\_ . \_\_\_\_\_  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 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 \_\_\_\_\_ . \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_ . \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_ . \_\_\_\_\_  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

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 200 St. Joseph St			Policy Number:
City Waveland	State Mississippi	ZIP Code 39576	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

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

## ELEVATION CERTIFICATE

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 200 St. Joseph St			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 Front



Photo Two

Photo Two Caption Right Side

**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

Continuation Page

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.  
200 St. Joseph St

Policy Number:

City State ZIP Code  
Waveland Mississippi 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.

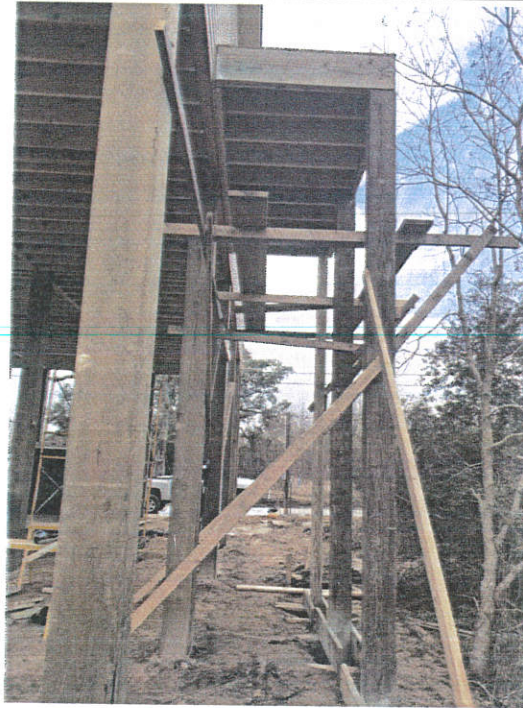


Photo One

Photo One Caption Mech



Photo Two

Photo Two Caption TBM EL: 11.6

# V-ZONE CERTIFICATE

Name: Joseph Lemoine

Policy Number (*Insurance Co. Use*):

Building Address or

Other Description: 200 St. Joseph Street

City: Waveland

State: Mississippi

Zip Code: 39571

## SECTION I: Flood Insurance Rate Map (FIRM) Information

Community Number:285262 Panel Number:28045C-0361 Suffix:D Date of FIRM Index: 10/16/09 FIRM Zone: VE 22

## SECTION II: Elevation Information

**Note: This Certificate does not substitute for an Elevation Certificate**

1. Elevation of the Bottom of Lowest Horizontal Structural Member.....24.0 feet (NAVD)
2. Base Flood Elevation (BFE).....22.0 feet (NAVD)
3. Elevation of Lowest Adjacent Grade..... 9.8 feet (NAVD)
4. Approximate Depth of Anticipated Scour/Erosion used for Foundation Design..... 2.5 feet
5. Embedment Depth of Pilings or Foundation Below Lowest Adjacent Grade..... 9.5 feet

## SECTION III: V-Zone Certification Statement

**Note: This section must be certified by a registered engineer or architect**

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

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE; and
- The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

## SECTION IV: Breakaway Wall Certification Statement

**Note: This section must be certified by a registered engineer or architect**

**When breakaway walls exceed a design safe loading resistance of 20 pounds per square foot**

I certify that I have developed or reviewed the structural design, plans, and specifications for construction and that the 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 wall collapse shall result from a water load less than that which would occur during the base flood; and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (wind and water loading values to be used are defined in Section III).

## SECTION V: Certification

**Signature below certifies: X Section III;    Section IV**

Certifiers Name: Stuart Williamson, P.E., C.F.M.

Title: Civil Engineer

Address: P.O. Box 3145

City: Bay St Louis

Company Name:

License Number: 13199

State: Mississippi

Zip Code: 39521

Signature: 

Date: 08/03/14

Telephone Number: (228) 243-4066

FS No. 5 – V-Zone Design and Construction Certification

Home Builders Guide to Coastal Construction 08/05







NONCONVERSION AGREEMENT  
with  
CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this 17<sup>th</sup> day of April, 2018, by Joseph Lemoine  
(OWNER) having an address at 200 St. Joseph St.

WITNESSETH:

WHEREAS, the Owner is the record owner of all that real property located at 200 St. Joseph St.  
In the City of Waveland, MS, in the County of Hancock, designated in the Tax Records as 161E-0-02-226.000  
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 Waveland  
Floodplain Management Ordinance of Number 342 and under Permit Number 1718934.

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 22+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:

In witness whereof the undersigned set their hands and seals this 18 day of April, 2018

Joseph Lemoine  
\_\_\_\_\_

\_\_\_\_\_  
(Seal)

State of Mississippi, County of Hancock  
Personally appeared before me, the undersigned  
authority in and for the said county and state,  
on this 18 day of April, 2018, within  
my jurisdiction, the within named  
who acknowledged that Joseph Lemoine executed the  
above and foregoing instrument.



Timothy A. Kellar  
Chancery Clerk  
By: [Signature] DC

Witness

4/18/2018 REAL PROPERTY APPRAISAL MASTER FILE INQUIRY 09:41:39  
 State ID: 161E-0-02-226.000 ACCOUNT # 704 YEAR APPRAISED:  
 -----ACREAGE----- TAX MTG REC JUD EXMPT  
 MAP PARCEL SCT QTR TWN RNG DEEDED CALCULATED DIST CODE LOC DST CODE  
 02 09 14W 1450 0  
 Taxable: BEAT: 2 CITY: 2 SCHOOL: 1 SPECIAL: 0  
 OWNER CODE...: Status: \_\_\_\_\_

OWNER NAME....: LEMOINE JOSEPH A ETUX  
 IN CARE OF....: LAST UPDATED Date: 8/23/2016  
 MAILING ADDR...: 402 NINTH STREET BY: RLOPER  
 CITY/STATE/ZIP: SLIDELL LA 70458-1463  
 PROPERTY STR ADDR: No. 200 Name: ST JOSEPH ST  
 Contact: Town: \_\_\_\_\_  
 BRIEF DESCR: 55 2ND WARD WAVELAND  
 SUBDIVISION: BLOCK: LOT#: LOT SIZE:  
 ZONED: \_\_\_\_\_

DEED INFO:	DATE	BOOK	PAGE	DATE	BOOK	PAGE	DATE	BOOK	PAGE
	12/20/2013	2013	15111	5/17/2004	BB283	722	2/26/2004	B278	634
	1/28/2000	BB203	424	6/12/1997	B155	0454	5/05/1984	AA83	-713

CD BENEFIT CD BENEFIT CD BENEFIT CD BENEFIT CD BENEFIT CD BENEFIT  
 SPL: \_\_\_\_\_  
 F1 - Deeds F4 - View Entire Legal F6 - Land Info F7 - Building Info  
 F8 - Homestead F12 - Exit F15 - Print PRC F20 - View Images

2018 4835  
 Deed Book & Page



Hancock County  
 I certify this instrument was filed on  
 04-18-2018 09:43:25 AM  
 and recorded in Deed Book  
 2018 at Pages 4834 - 4835  
 Timothy A Kellar

*Katie R. Orr*

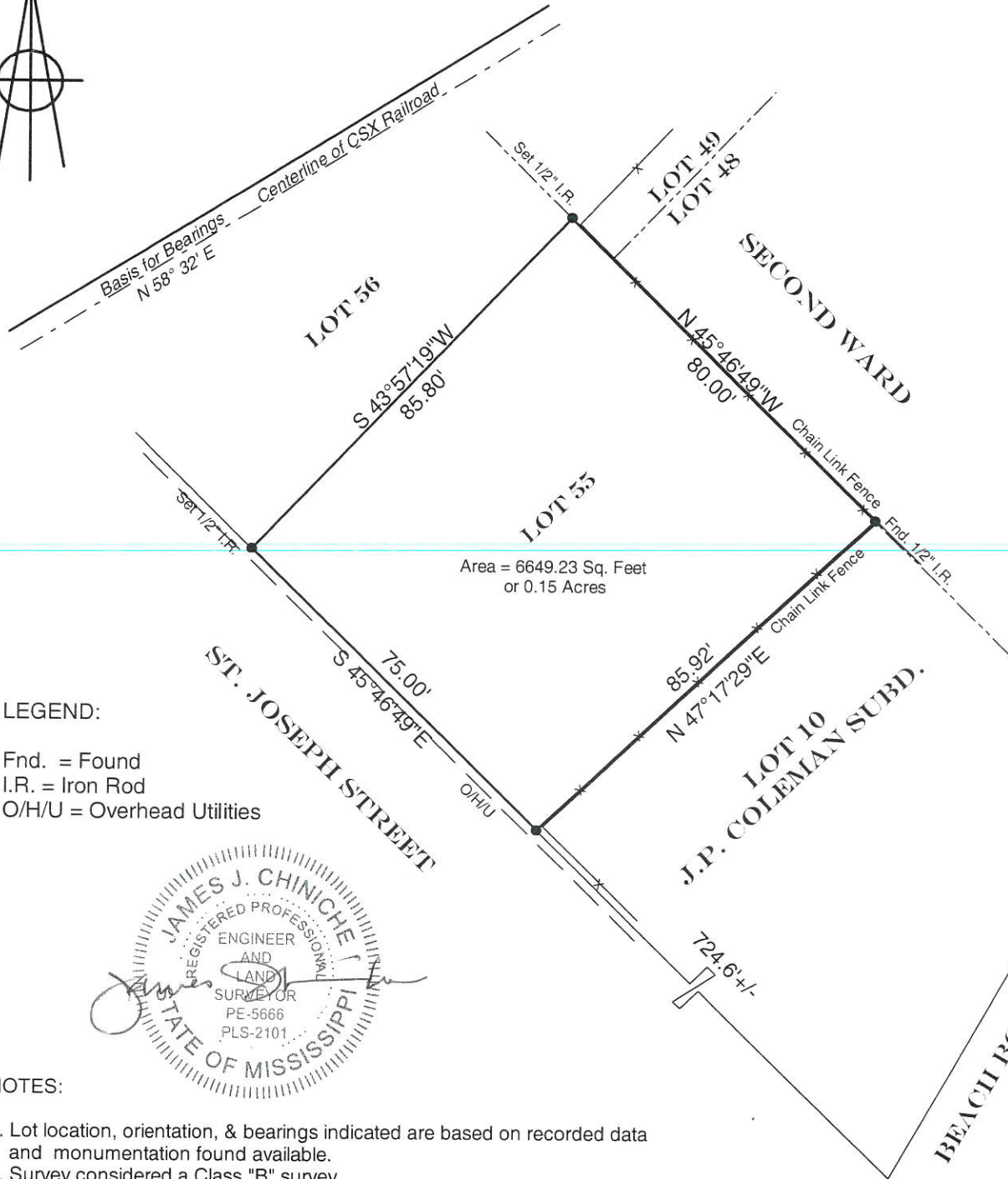
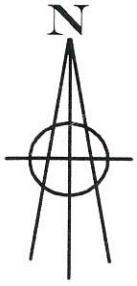
\*\*\* Certified Copy Page \*\*\*

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 - 2018, AT PAGE - 4834 in said court.

Witness my hand and seal this 18 Day of April, 2018.

Timothy A Kellar  
Chancery Clerk  
Hancock County, MS  
DC: \_\_\_\_\_

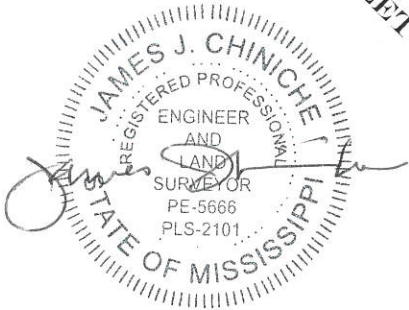




Area = 6649.23 Sq. Feet  
or 0.15 Acres

**LEGEND:**

Fnd. = Found  
I.R. = Iron Rod  
O/H/U = Overhead Utilities




**NOTES:**

1. Lot location, orientation, & bearings indicated are based on recorded data and monumentation found available.
2. Survey considered a Class "B" survey.
3. The County Records were not researched for recorded Easements.
4. Only visible roads, lanes, driveways, drains, utilities, etc., over and across said premises are shown hereon.
5. Values in ( ) per deed or subdivision plat.
6. Deed Book BB-283, Page 722.

Rev. # 3 Date:
Rev. # 2 Date:
Rev. # 1 Date: 04/02/14
Date: 03/13/06
Scale: 1" = 30'
Drawn by: dmr

**PLAT OF SURVEY OF  
PART OF LOT 55,  
SECOND WARD,  
TOWN OF WAVELAND,  
HANCOCK COUNTY, MISSISSIPPI**

FOR: J. Lemoine



**JAMES J. CHINICHE, PA, INC.**  
Civil Engineer  
Land Surveyor

DESIGN - CONSULTING - SURVEYS - PLATS

(228) 467-6755      Bay St. Louis, MS 39520  
(228) 466-4643      Office: 721 Old Spanish Trail

Job #2014-025      Sht. 1 of 1