

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 MAURICE GERNHAUSER				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 209 SECOND 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 # (162Q-1-10-138.000)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>N 30-16-08</u> Long. <u>W 89-23-17</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>6</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>228.00</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>2</u>					
c) Total net area of flood openings in A8.b <u>400.00</u> sq in					
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>0.00</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>0.00</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 28045C-0344	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) 21
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 209 SECOND 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: 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) _____ | 13.9 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor _____ | 26.0 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____ | 23.8 | <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) _____ | 24.7 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) _____ | 12.8 | <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 _____ | 12.9 | <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 39525
Signature <i>Duke Levy</i>	Date 03-01-2021	Telephone (228) 343-9691	Ext.

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

Comments (including type of equipment and location, per C2(e), if applicable)

WO # 21-18-284

THE LOWEST MACHINERY SERVICING THE HOME IS AN A/C UNIT LOCATED ON THE EAST SIDE.

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**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
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Signature	Date	Telephone
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Comments

Check here if attachments.

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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
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- 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
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Community Name	Telephone
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Signature	Date
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Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

BUILDING PHOTOGRAPHS

OMB No. 1660-0008
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See Instructions for Item A6.

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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 AND RIGHT SIDE

Clear Photo One



Photo Two

Photo Two Caption RIGHT SIDE AND REAR

Clear Photo Two

BUILDING PHOTOGRAPHS

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ELEVATION CERTIFICATE

Continuation Page

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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 Three

Photo Three Caption LEFT SIDE AND REAR

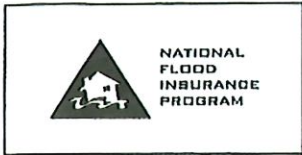
Clear Photo Three



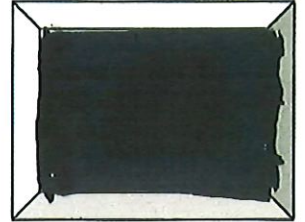
Photo Four

Photo Four Caption FRONT AND LEFT SIDE

Clear Photo Four



Coastal AE Zone / VE Zone Design & Performance Certificate



New Construction / Substantial Improvements / Repairs

To be completed by a Registered Professional Engineer or Architect

Permit # _____

Building Owner MAURICE GERNHAUSER

Mailing Address 209 SECOND ST.

City WAVELAND State MS Zip Code 39576

Building Location 209 SECOND ST.

Latitude N30-16-08 Longitude W89-23-17 County HANCOCK

Other Legal Description (parcel #) 1622-1-10-138.00

Within City Limits? Y X / N ___ /

Section 1: Flood Insurance Rate Map (FIRM) Data

This Certificate is NOT a substitute for an Elevation Certificate.

Community Name WAVELAND Community ID Number 285262 FIRM Panel Number 28045C0344

Panel Suffix D FIRM Zone VER1 Date of FIRM Panel 10/16/09 Date of Index 10/16/09

Section 2: Elevation Information

Record elevations to the one tenth (1/10) of a foot.

1. Elevation of the bottom of the Lowest Horizontal Structural Member..... 23.0 feet
2. Base Flood Elevation (BFE)..... 21.0 feet
3. Design Flood Elevation (DFE)..... 21.0 feet
4. Elevation of Lowest Adjacent Grade (LAG)..... 12.0 feet
5. Foundation type: Piling X / Post ___ / Pier ___ / Column ___ / Fill ___ / Shear Wall ___ / Enclosed Wall ___
Foundation Description: 12" x 12" PRESSURE TREATED COLUMN
DRIVEN A MINIMUM OF 8' INTO NAT. SOIL OR 15 KIPS
6. Approximate depth of scour/erosion used for foundation design..... 1.0 feet
7. Embedment depth of pilings or foundation below LAG..... 8.0 MIN feet
8. Datum used: NGVD 29 ___ / NAVD 88 X / Other _____

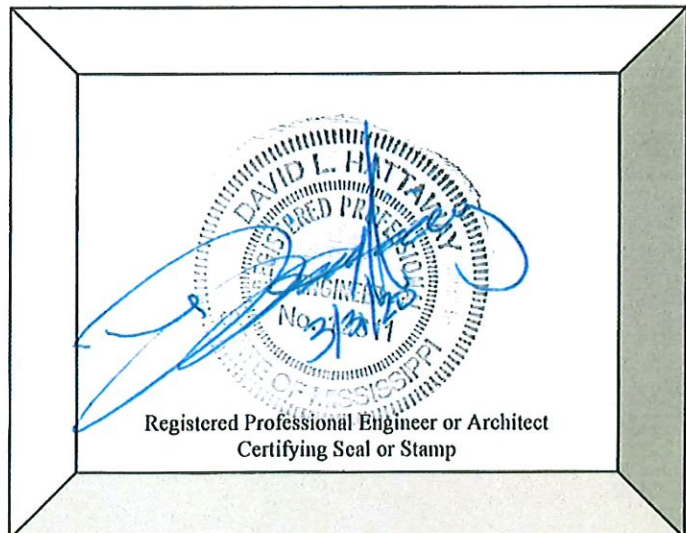
Section 3: Breakaway Wall Certification Statement

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

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

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

Name DAVID L. HATTAWAY Title OWNER
Representing HATTAWAY ENGINEERING License 12611
Address P.O. BOX 363
City CARRIERE State MS Zip Code 39426
Ph Number 601-916-1978 EMAIL hatteng@bellsouth.net
Signature [Signature] Date 3-31-20



WAVELAND

2021 4665

Recorded in the Above
Deed Book & Page

03-26-2021 03:56:21 PM

Timothy A Kellar
Hancock County

NON-CONVERSION AGREEMENT

with

CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this 22nd day of FEBRUARY 20 21,
By MAURICE GERNHAUSER (OWNER) having an address at 209 SECOND ST.

WITNESSETH:

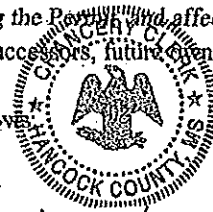
WHEREAS, the Owner is the record owner of all that real property located at 209 SECOND ST.

In the City of Waveland, MS, in the County of Hancock, designated in the Tax Records as 162Q-1-10-138.000

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 2000110

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:



Hancock County

I certify this instrument was filed on
03-26-2021 03:56:21 PM

and recorded in Deed Book
2021 at pages 4665 - 4665
Timothy A Kellar

1. The structure or part thereof to which these conditions apply is:
2. At this site, the Base Flood Elevation is 21 + 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 26th day of March 20 21

Maurice V. Gernhauser Sr (Print)
Maurice V. Gernhauser Sr (Signature)
OWNER
Maurice V. Gernhauser Sr

Timothy A. Kellar
Chancery Clerk
By [Signature] DC



(Print)

(Signature)

My Commission Expires Dec. 31, 2023

*** 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 - 2021, AT PAGE - 4665 in said court.

Witness my hand and seal this 26 Day of March, 2021.

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

