

# 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 STACEY OLSON				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 253 FARRAR LANE				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 # (163J-0-10-134.000)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>N 30-16-48</u> Long. <u>W 89-22-52</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>0.00</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>0.00</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>0.00</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) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 19
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

<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. 253 FARRAR LANE			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>26.8</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<br>(Describe type of equipment and location in Comments) | <u>25.2</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <u>16.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | <u>16.3</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>16.2</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 DIKE LEVY & ASSOCIATES			
Address 4412 LEISURE TIME DRIVE			
City DIAMONDHEAD	State Mississippi		ZIP Code 39525
Signature 	Date 06-25-2020	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 # 2020-19-255-1  
BENCHMARK - A MAG NAIL WITH A DISK WAS SET IN THE CENTERLINE OF THE ROAD AT A DRIVEWAY ENTRANCE TO THE PROPERTY AT 253 FARRAR LANE. THE ELEVATION ON TOP OF THE MAG NAIL IS (16.00') FEET. THE LOWEST MACHINERY SERVICING THE HOME IS AN A/C UNIT LOCATED ON THE SOUTH SIDE.

## BUILDING PHOTOGRAPHS

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

### ELEVATION CERTIFICATE

See Instructions for Item A6.

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 253 FARRAR LANE			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

Clear Photo One



Photo Two

Photo Two Caption

Clear Photo Two

# BUILDING PHOTOGRAPHS

Continuation Page

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

## 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. 253 FARRAR LANE			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 Three

Photo Three Caption

Clear Photo Three



Photo Four

Photo Four Caption

Clear Photo Four

# WAVELAND

020 5893  
Recorded in the Above  
Deed Book & Page  
06-09-2020 01:32:33 PM  
Timothy A Kellar  
Hancock County

## NON-CONVERSION AGREEMENT with CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this 9<sup>th</sup> day of June 2020  
By Eric & Stacey Olson (OWNER) having an address at 253 Farrar Ln.

**WITNESSETH:**

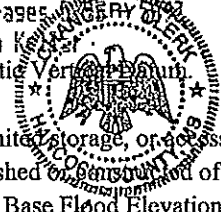
WHEREAS, the Owner is the record owner of all that real property located at 253 Farrar Ln.  
In the City of Waveland, MS, in the County of Hancock, designated in the Tax Records as 1625-0-10-134.000  
WHEREAS, the Owner has applied for a permit to place a structure on that property that has an enclosed 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 1900457.

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 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  
06-09-2020 01:32:33 PM  
and recorded in Deed Book  
2020 at pages  
Timothy A Kellar  
Chancery Clerk



In witness whereof the undersigned set their hands and seals this 9<sup>th</sup> day of June 2020.

Stacey Olson (Print)  
Stacey Olson (Signature)  
OWNER



Timothy A. Kellar (Print)  
Chancery Clerk  
By: [Signature] (Signature)  
DC  
WITNESS

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 - 2020, AT PAGE - 5893 in said court.

Witness my hand and seal this 9 Day of June, 2020.

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





The Hospitality City

## CERTIFICATE OF OCCUPANCY CITY OF WAVELAND

This Certificate is issued pursuant to the requirements of the 2018 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 #: 1900457

Issued to: OLSON, ERIC & STACEY

Building Address: 253 FARRAR LN

City, State, Zip: WAVELAND, MS 39576

Issued Date: 06/30/2020

Expires: End of occupancy

Occupancy Type: SINGLE FAMILY RESIDENTIAL

Sprinkler System Required: NO

Special Conditions: NO

Building Official

A handwritten signature in black ink, appearing to be "S. L. Brown", written over a horizontal line.

Date

6.30.20