

Important: Read the instructions on pages 1-8.

ELEVATION CERTIFICATE

OMB No. 1660-0008

Expires February 28, 2009

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| SECTION A - PROPERTY INFORMATION | |
| A1. Building Owner's Name LA POLK | For Insurance Company Use: |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 301 NORTH BEACH | Company NA/C Number |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 40, LAFITTI ESTATES | |

| | | | | |
|---|--|---|-----------------------------|---|
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Res. XX /Non-Res. /Additn. /Accessory. /Other NAD 1927 <input checked="" type="checkbox"/> NAD 1983 | A5. Latitude/Longitude: Lat. 30-17-08.25 N Long. 89-21-57.91 W | A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. | A7. Building Diagram Number | A8. For a building with a crawl space or enclosure(s), provide a) Square footage of crawl space or enclosure(s) 5316sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 7 c) Total net area of flood openings in A8, b 1400 sq in |
| A9. For a building with an attached garage, provide: a) Square footage of attached garage NA b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade NONE c) Total net area of flood openings in A9, b NA sq in | A10. 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 (Describe) _____ B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NAVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____ 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 _____ | | | |

| | | |
|---|----------------------------|---|
| B1. NFIP Community Name & Community Number WAVELAND 285262 | B2. County Name HANCOCK | B3. State MISSISSIPPI |
| B4. Map/Panel Number 285262 0004 | B5. Suffix B | B6. FIRM Index 11-16-83 |
| B7. FIRM Panel Effective/Revised Date 11-16-83 | B8. Flood Zone(s) A-9 | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 13 |

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-g below according to the building diagram specified in Item A7.
 Benchmark Utilized USGS Vertical Datum NGVD1929
 Conversion/Comments NONE

- a) Top of bottom floor (including basement, crawl space, or enclosure floor). 12.1 feet meters (Puerto Rico only)
- b) Top of the next higher floor. 26.4 feet meters (Puerto Rico only)
- c) Bottom of the lowest horizontal structural member (V Zones only). na. feet meters (Puerto Rico only)
- d) Attached garage (top of slab). NA. feet meters (Puerto Rico only)
- e) Lowest elevation of machinery or equipment servicing the building. 26.0 feet meters (Puerto Rico only)
- (Describe type of equipment in Comments)
- f) Lowest adjacent (finished) grade (LAG). 9.6 feet meters (Puerto Rico only)
- g) Highest adjacent (finished) grade (HAG). 11.7 feet meters (Puerto Rico only)

Check the measurement used.

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.

Check here if comments are provided on back of form.

Certifier's Name JAMES J. CHINICHE, PE, PLS
 License Number MS 5666
 Company Name JAMES J. CHINICHE, PA, INC
 City BAY ST LOUIS State MS ZIP Code 30520

Signature R 6/19/07 10/30/08 Date 5/26/06 r 3/18/08 Telephone 228 467 6755

Building Photographs

See Instructions for Item A6.

| | | | |
|----------------------------|--|---|---------------|
| For Insurance Company Use: | | Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. | Policy Number |
| Company NAIC Number | | State | City |
| ZIP Code | | MS | WAVELAND |
| 39576 | | | |

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.



10/30/08 FRONT VIEW



10/30/08 REAR VIEW

CITY OF
WAVELAND
HOSPITALITY CITY

WAVELAND
OCCUPANCY CERTIFICATE

This Certificate issued pursuant to the requirements of the Standard Building Code certifying that at the time of issuance this structure was in compliance with the various ordinances of the

Jurisdiction regulating building construction or use. For the following:

Issued to: **POLK**
Building Address: **301 N BEACH BLVD**
City, State Zip: **WAVELAND, MS 39576**

Permit No. **N/A**
Certificate No. **C00871**
Security ID: **NLAG**

Issued: **11/17/2008**

Expires: **END OF OCCUPANCY**


Building Official

11/17/08
Date:

POST IN A CONSPICUOUS PLACE

Comments:

THIS STRUCTURE MEETS OR EXCEEDS THE IBC/IRC 2003 BUILDING CODE HIGH VELOCITY WIND ZONE AS ADOPTED BY THE CITY OF WAVELAND.