U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

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

ELEVATION CERTIFICATEImportant: 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 F					FOR INSUR	ANCE COMPANY USE		
A1. Building Owner's Name Policy Number: TREY QUEYROUZE					per:			
		cluding Apt., Unit, Suit	e and/or	r Blda No.) o	r P O. F	Poute and		
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 304 ROBERTS STREET 					AIC Number:			
City				State			ZIP Code	, ,,,,,
WAVELAND		<u> </u>		Mississip			39576	
A3. Property Desc TAX PARCEL # (16		nd Block Numbers, Ta 8.000)	x Parcel	Number, Leg	gal Des	cription, etc.)	
A4. Building Use (e.g., Resider	ntiał, Non-Residential,	Addition	, Accessory, e	etc.)	RESIDENT	IAL	
A5. Latitude/Longit	ude: Lat. <u>N</u>	30-16-33.74	Long. <u>W</u>	/ 89-29-09.03		Horizontal I	Datum: 🔲 NAD 1	927 🗵 NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	sed to	obtain flood	insurance.	
A7. Building Diagra	am Number	5						
A8. For a building	with a crawls	pace or enclosure(s):						
a) Square foot	tage of crawl	space or enclosure(s)			0.00	sq ft		
b) Number of p	ermanent flo	ood openings in the cra	awlspace	e or enclosure	e(s) with	nin 1.0 foot a	nbove adjacent gra	de <u>0</u>
c) Total net are	ea of flood op	penings in A8.b		0.00 sq in				•
d) Engineered	flood openir	ngs? 🗌 Yes 🔲 N	10					
A9. For a building w	A9. For a building with an attached garage:							
a) Square footage of attached garage0.00 sq ft								
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0								
c) Total net area of flood openings in A9.b 0.00 sq in								
	d) Engineered flood openings?							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
	B1. NFIP Community Name & Community Number B2. County Name B3. State							
WAVELAND 28526	2			HANCOCK				Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ /ised Date	B8. FI Zone(B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
28045C-0344	ם	10-16-2009	10-16-2			AE		20
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:								
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:								
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:								
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes X No								
Designation Date: CBRS OPA								

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IMPORTANT: In these spaces, copy the corresponding in	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or BI 304 ROBERTS STREET	Policy Number:					
CityStateZIP CodeWAVELANDMississippi39576			Company NAIC Number			
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)						
 C1. Building elevations are based on: Construction Drawings* Building Under Construction*						
Indicate elevation datum used for the elevations in item		<i>'</i> .				
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Son Datum used for building elevations must be the same a		E.	Check the measurement used.			
a) Top of bottom floor (including basement, crawlspace	e, or enclosure floor)		24.7 X feet meters			
b) Top of the next higher floor		-	N/A X feet meters			
c) Bottom of the lowest horizontal structural member (V Zones only)	<u> </u>	N/A Feet meters N/A feet meters			
d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment service (Described and State of State o	ing the building		24.5 X feet meters			
(Describe type of equipment and location in Commo	3.50	***************************************	13.2 X feet meters			
f) Lowest adjacent (finished) grade next to building (Lg) Highest adjacent (finished) grade next to building (I			13.4 X feet meters			
h) Lowest adjacent grade at lowest elevation of deck	19 34V 9400 150V 640		14.1 X feet 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.						
	License Number					
	01722		441111111111111111111111111111111111111			
Title SURVEYOR Company Name DUKE LEVY & ASSOCIATES	PROFESS PROFESS ENGINEER SURVEYOR PE - 7448					
Address 4412 LEISURE TIME DRIVE			G 7448			
	State Mississippi	ZIP Code 39525	OF MISSISSIN			
	Date 05-09-2022	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 # 2021-239-2 BENCHMARK - AN EXISTING MAG NAIL WITH A SURVEYORS CAP WAS SET IN THE CENTERLINE OF THE ROAD AT 304 ROBERTS STREET AND A CONCRETE DRIVEWAY ENTRANCE TO THE PROPERTY. THE ELEVATION ON TOP OF THE MAG NAIL IS (12.10') FEET. THE LOWEST MACHINERY SERVICING THE HOME IS AN A/C UNIT LOCATED ON THE EAST SIDE.						

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, a 304 ROBERTS STREET	No.	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 lowes a) Top of bottom floor (including basement, crawlspace, or enclosure) is	et adjacent grade (LAG	i). ∏ feet [meters	s ☐ above or ☐ below the HAG.		
b) Top of bottom floor (including basement, crawlspace, or enclosure) is			meters			
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	l openings provided in	Section A Items 8	8 and/or 9			
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			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 O	WNER (OR OWNER'S	REPRESENTAT	TIVE) CE	RTIFICATION		
The property owner or owner's authorized represents community-issued BFE) or Zone AO must sign here.	ative who completes S The statements in Se	ections A, B, and ctions A, B, and E	E for Zor	ne A (without a FEMA-issued or ect to the best of my knowledge.		
Property Owner or Owner's Authorized Representation	ve's Name					
Address	City	,	Sta	te ZIP Code		
Signature	Dat	е	Tel	ephone		
Comments				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				Check here if attachments.		

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IMPORTANT: In these spaces, copy the corr	FOR IN	ISURANCE COMPANY USE			
Building Street Address (including Apt., Unit, S 304 ROBERTS STREET	No. Policy I	Number:			
City WAVELAND	State ZIP Code Mississippi 39576	Compa	ny NAIC Number		
SECTION	ON G - COMMUNITY INFORMATION (OPTI	NAL)			
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 Sect or Zone AO.	ion E for a building located in Zone A (withou	a FEMA-issued	or community-issued BFE)		
G3. The following information (Items G4-	-G10) is provided for community floodplain m	nagement purpo	oses.		
G4. Permit Number	G5. Date Permit Issued	G6. Date Ceri Complian	tificate of ce/Occupancy Issued		
G7. This permit has been issued for:	New Construction ☐ Substantial Improver	ent			
G8. Elevation of as-built lowest floor (includin of the building:	g basement)	☐ feet ☐ met	ers Datum		
G9. BFE or (in Zone AO) depth of flooding at	the building site:	feet met	ers Datum		
G10. Community's design flood elevation:		☐ feet ☐ met	ers Datum		
Local Official's Name	Title				
Community Name	Telephone				
Signature	Date				
Comments (including type of equipment and lo	cation, per C2(e), if applicable)				
			Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

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

FRONT AND RIGHT Photo One Caption

Clear Photo One



Photo Two Caption FRONT AND LEFT SIDE

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt 304 ROBERTS STREET	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 REAR AND LEFT SIDE

Clear Photo Three



Photo Four

Photo Four Caption REAR AND RIGHT SIDE

Clear Photo Four