

CITY OF WAVELAND

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. This Certificate is issued pursuant to the requirements of the 2012 International Codes Council certifying

Certificate #:1718876

Issued to: WARD, MART

Building Address: 308 NICHOLSON AV

City, State, Zip: WAVELAND, MS 39576

Issued Date: 04-10-2018 Expires: End of occupancy

Occupancy Type: R-1 SFR Home

Sprinkler System Required: NO

Special Conditions: NONE

Building Official

4.9.18

ate

46.1-0130 Sarah

=Jimmie Laduer, Jr

Post Office Box 2428
Bay Saint Louis, MS 39521-2428
Toll Free - 1.888.409.6651
FAX - 228.466-6239

Hancock County Tax Assessor / Collector

Phone Numbers: COLLECTOR - 228.467.4425 ASSESSOR - 228.467.5727 APPRAISAL - 228.467.0130

PROPERTY OWNER PARCEL INFORMATION CHANGE REQUEST FORM

PARCEL NUMBER 161C-0-07-185,000 RRENT TAXES PAID YES NO
Denied Reason For Denial Approved
THIS IS NOT FOR PLANNING & ZONING PURPOSES CHECK WITH YOUR PROPER ZONING AUTHORITY Reason For Change:
Parcel Combination Combine With Parcel Number
Parcels To Be Deleted
Parcel Split Parent Parcel Number 16 C -0 -02 - 185, 000 (House on 19420) Split Into 2 Parcels Billing Address Change New Address
request the above changes be made to the above
Parcel Number (s). Signature: 4-4-18
Phone: 128 - 3103 - 9713

2018 4178
Recorded in the Above
Reed Book & Pase
14-04-2018 08:53:55 AM
Rimothy A Kellar

ancock County

NON-CONVERSION AGREEMENT with CITY OF WAVELAND, MISSISSIPPI

This DI	ECLARATION made this Z day of April 2018, Nach ward (OWNER) having an address at 308 Nichol Son Ave.
By	(OWNER) having an address at 308 10109013 on Ave.
WITNE	ESSETH:
WHER	EAS, the Owner is the record owner of all that real property located at 308 Nichol Sou Ave.
In the C	City of Waveland, MS, in the County of Hancock, designated in the Tax Records as
WHERI	EAS, the Owner has applied for a permit to place a structure on that property that has an enclosed area below the base flood
Manage	on constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of Waveland Floodplain ement Ordinance of Number 342 and under Permit Number 1718876.
WHERE	EAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions and RY
and shal	ons are placed on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner. If the binding on the Owner, his heirs, personal representatives, successors, future owners and descriptions.
123375	I certify this instrument has filed
UPON T	THE TERMS AND SUBJECT TO THE CONDITIONS, as follows: 04-04-2018 08:53:55 AP and recorded in Deed Egology
1.	The structure or part thereof to which these conditions apply is: 2018 at Pages 4178 Timothy A Kellar
· 2.	At this site, the Base Flood Elevation is 20 feet above mean sea level, National Geodetic Vertical Datum.
4.	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. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
	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.
	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 witnes	s whereof the undersigned set their hands and seals this
	State of Mississippi, County of Hancock Egronally appeared before me, the undersigned: authority in and for the said county and state, on this day of

*** 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 - 4178 in said court.

Witness my hand and seal this 4 Day of April, 2018.

Timothy A Kellar

Chancery Clerk

Hancock County, MS

DC:

Printed: 04-04-2018 08:54:33 AM Optical file reference: D1052.7E2

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

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

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					OR INSUF	RANCE COMPANY USE	
A1. Building Owne	er's Name					Policy Num	ber:
Ward		2018-1	1000011				
A2. Building Stree Box No.	t Address (inc	cluding Apt., Unit, Suite	e, and/c	or Bldg. No.) or P.O.	Route and	Company N	IAIC Number:
308 Nicholson Ave							
City				State		ZIP Code	
Waveland				Mississippi	3	39576	
A3. Property Desc BLK 6 19 & 20 30 8	CALL TO SERVICE CONTROL OF THE PARTY OF THE	nd Block Numbers, Tax an Man Subd.	Parce	l Number, Legal De	escription, etc.)		
A4. Building Use (e.g., Residen	tial, Non-Residential, A	Addition	, Accessory, etc.)	Residential		
A5. Latitude/Longi	tude: Lat. 30)-17-33	Long. 8	9-21-43	Horizontal Datum:	□ NAD ′	1927 🗵 NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certific	cate is being used to	o obtain flood insura	nce.	
A7. Building Diagra	am Number	5					
A8. For a building	with a crawlsp	pace or enclosure(s):					
a) Square foo	tage of crawls	space or enclosure(s)		0 sq ft			
b) Number of	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 0
c) Total net ar	ea of flood op	enings in A8.b 0		sq in			
		gs? Yes 🗆 No					
			,				
A9. For a building v		T1 170		•			
		ed garage 0					
b) Number of	permanent flo	od openings in the atta	ached (garage within 1.0 fo	ot above adjacent gr	ade	0
c) Total net are	ea of flood op	enings in A9.b	0	sq in			
d) Engineered	flood opening	gs? 🗌 Yes 🗵 N	0				
						· Comment	
		CTION B - FLOOD IN	ISURA	 	<u>` </u>	ION	
B1. NFIP Communi City of Waveland 2		ommunity Number		B2. County Name Hancock			B3. State Mississippi
City of vvaveland 2	00202		:+	Haricock			Iviississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base
28045C0361	D	10/16/2009	1	evised Date d/2009	AE	19	od Depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile	FIRM [Community Determ	ined [Other/Source:			
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:							
D40 Is des building							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🗵 No							
Designation D)ate:		CBRS	□ ОРА			

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, Suite, and/or 308 Nicholson Ave	Policy Number:							
City Stat	Company NAIC Number							
Waveland Miss	sissippi 395	576						
SECTION C – BUILDING ELI	EVATION INFORMA	TION (SURVEY RE	EQUIRED)					
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when construction		lding Under Construing is complete.	ction* X Finished Construction					
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 ite ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/S	5 4 45 155	ow.						
Datum used for building elevations must be the same	e as that used for the E	BFE.	Charlette management word					
a) Top of bottom floor (including basement, crawlsp.	ace or enclosure floor	·)21. 1	Check the measurement used					
b) Top of the next higher floor	ace, or enclosure noor	N/A.						
c) Bottom of the lowest horizontal structural membe	r (V Zones only)	N/A	A STATE OF THE STA					
d) Attached garage (top of slab)	(V Zones only)	N/A	X feet meters					
e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com-	ricing the building	21. 0	X feet meters					
f) Lowest adjacent (finished) grade next to building		15.8	X feet meters					
g) Highest adjacent (finished) grade next to building		16.3						
h) Lowest adjacent grade at lowest elevation of decl structural support		N/A.	X feet meters					
	ENGINEED OF AR	CUITECT CEPTIEI	CATION					
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 lic			Check here if attachments.					
Certifier's Name	License Number		MINIMARIO.					
Jason P Chiniche	P.E. 19732		ASON A					
Title Project Manager			CENSED APO					
Company Name			Place Vera Sign C					
James J Chiniche PA INC			TA Seal ONA					
Address 412 HWY 90 Suite 2			The shere					
City Bay St. Louis	State Mississippi	ZIP Code 39520	SSISSIPPINI					
Signature	Date 04/03/2018	Telephone (228) 467-6755						
Copy all pages of this Elevation Certificate and all attachmen			agent/company, and (3) building owner					
		iliciai, (2) ilisurance a	genizeompany, and (5) building owner.					
Comments (including type of equipment and location, per NOTE: The description in A3 above is for information only Map Section B4. Recommend verification of (BFE) by loc responsible for coordinating this certificate with contractor lot EL: 17.2 C2e. is a/c unit. Waveland Free board = 1'.	& not to certify the bu al building official. The and/or building officia	e flood zone is deter I as needed. TBM	mined by graphic plotting, owner is					
	ï							

IMP	ORTANT: In these spaces, copy the corresp	FOR IN	SURANCE COMPANY USE					
	lding Street Address (including Apt., Unit, Suite 3 Nicholson Ave	No. Policy N	Number:					
City	/ veland	State Mississippi	ZIP Code 39576	Compa	ny NAIC Number			
13 1004 J WYSSAM	SECTION E – BUILDING FOR Z	ELEVATION INFORM ONE AO AND ZONE A	ATION (SURVE (WITHOUT BFI	Y NOT REQUIF E)	RED)			
con	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 b) Top of bottom floor (including basement,		feet [meters a	bove or Delow the HAG.			
	crawlspace, or enclosure) is		feet [The state of the s	bove or below the LAG.			
E2.	For Building Diagrams 6–9 with permanent flo- the next higher floor (elevation C2.b in the diagrams) of the building is	od openings provided in		20 2000	ages 1–2 of Instructions), bove or □ below the HAG.			
E3.	Attached garage (top of slab) is		feet [bove or below the HAG.			
E4.	Top of platform of machinery and/or equipment servicing the building is	t	feet [] meters 🔲 a	bove or _ below the HAG.			
E5.	Zone AO only: If no flood depth number is ava floodplain management ordinance? Yes	ilable, is the top of the bo	ottom floor elevate The local officia	ed in accordance al must certify this	with the community's s information in Section G.			
	SECTION F - PROPERTY	OWNER (OR OWNER'S	REPRESENTAT	IVE) CERTIFICA	ATION			
The	property owner or owner's authorized represer nmunity-issued BFE) or Zone AO must sign here	stative who completes See. The statements in Sec	ections A, B, and I tions A, B, and E	E for Zone A (wit	hout a FEMA-issued or e best of my knowledge.			
	perty Owner or Owner's Authorized Representa		3					
Add	ress	City	weenway when a man man and a state	State	ZIP Code			
Sigi	nature	Date	9	Telephone				
Con	nments							
					Check here if attachments.			

IMPORTANT: In these spaces, copy the cor	responding information fron	Section A.	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, S 308 Nicholson Ave	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 Sector Zone AO.	tion E for a building located in	Zone A (without a FE	MA-issued or community-issued BFE)				
G3.	-G10) is provided for commun	ity floodplain manage	ment purposes.				
G4. Permit Number	G5. Date Permit Issued	G6	Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for:	☐ New Construction ☐ Subs	tantial Improvement					
G8. Elevation of as-built lowest floor (includin of the building:	g basement)	fe	eet meters Datum				
G9. BFE or (in Zone AO) depth of flooding at	the building site:	fe	eet meters Datum				
G10. Community's design flood elevation:		fe	eet meters Datum				
Local Official's Name	Title						
Community Name	Tele	phone					
Signature	Date						
Comments (including type of equipment and lo	cation, per C2(e), if applicable)					
			Check here if attachments.				
			hamad				

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces,	FOR INSURANCE COMPANY USE		
Building Street Address (including 308 Nicholson Ave	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Waveland	Mississippi	39576	-

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 Caption Front



Photo Two

Photo Two Caption Rear/Mech

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including 308 Nicholson Ave	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 TBM EL: 17.3

Photo Two

Photo Two

Photo Two Caption

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

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

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.

	SEC	TION A - PROPERTY	INFO	RMATION		FOR INSU	RANCE COMPANY USE
A1. Building Owner's Name WARD #2017-446 (#2017-312 A)						Policy Num	iber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 308 NICHOLSON AVENUE						Company N	NAIC Number:
City WAVELAND				State Mississippi		ZIP Code 39576	The second secon
A3. Property Desc LOTS 19 & 20, BL		ind Block Numbers, Ta IA W. ULMAN S/D	x Parce	el Number, Legal De	escription, etc.)		
A4. Building Use	(e.g., Resider	ntial, Non-Residential, A	Addition	n, Accessory, etc.)	Residential		
A5. Latitude/Long	itude: Lat. 3	0-17-32.9	Long	89-21-43.6	Horizontal Datum	□ NAD	1927 X NAD 1983
A6. Attach at leas	t 2 photograp	hs of the building if the	Certifi	cate is being used to	o obtain flood insura	nce.	
A7. Building Diagr	am Number	5					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)		0 sq ft			
b) Number of	permanent fl	ood openings in the cra	wlspad	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 0
c) Total net ar	ea of flood o	penings in A8.b0	·	sq in			
d) Engineered	I flood openir	ngs? Yes X No)				
A9. For a building	with an attacl	ned garage:					
a) Square foo	tage of attach	ned garage 0	-	sq ft			
b) Number of	permanent flo	ood openings in the atta	ached (garage within 1.0 fo	ot above adjacent gr	ade	0
c) Total net ar	ea of flood op	enings in A9.b	D	sq in			
d) Engineered	flood openin	gs? Yes X No)				
			***************************************			***************************************	
W	***************************************	CTION B - FLOOD IN	SURA	NCE RATE MAP	(FIRM) INFORMAT	ION	
B1. NFIP Communi WAVELAND 28520	All the second of the second	ommunity Number		B2. County Name HANCOCK			B3. State Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel fective/	B8. Flood Zone(s)	(Zor	e Flood Elevation(s) ne AO, use Base
28045C 0361	D	10/16/2009		evised Date /2009	AE	19	od Depth)
B10. Indicate the se	ource of the E	Base Flood Elevation (E	BFE) da	ata or base flood de	pth entered in Item I	39:	
☐ FIS Profile	X FIRM	Community Determi	ned [Other/Source:			
B11. Indicate eleva	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 Resour	ces Sy	stem (CBRS) area	or Otherwise Protec	ted Area (C	PA)? ☐ Yes ☒ No
Designation D	ate:	C	BRS	☐ OPA			и молочого и — о
	***************************************						I

IMPORTANT: In these spaces, copy the corresponding information from	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P. 308 NICHOLSON AVENUE	Policy Number:		
City State WAVELAND Mississippi	Company NAIC Number		
SECTION C - BUILDING ELEVATION INFO	RMATION (SURVEY R	EQUIRED)	
C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of the C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (Complete Items C2.a–h below according to the building diagram spe	Building Under Construe building is complete. with BFE), AR, AR/A, AR/A, in Puert Datum: NAVD 1988 below. r the BFE. e floor)	iction* Finished Construction	
SECTION D - SURVEYOR, ENGINEER, OF	R ARCHITECT CERTIFI	CATION	
This certification is to be signed and sealed by a land surveyor, engineer, a certify that the information on this Certificate represents my best efforts to statement may be punishable by fine or imprisonment under 18 U.S. Code Were latitude and longitude in Section A provided by a licensed land surveyor. Certifier's Name JASON P. CHINICHE PROJECT MANAGER Company Name JAMES J. CHINICHE, PA, INC. Address 412 HWY. 90, SUITE 2 City State Mississippi	or architect authorized by interpret the data available, Section 1001. Byor? Yes No	law to certify elevation information	
Signature Date	Telephone	<u> </u>	
Janu Chall 11/13/2017	(228) 464-6755		
Copy all pages of this Elevation Certificate and all attachments for (1) commur		gent/company, and (3) building owner.	
Comments (including type of equipment and location, per C2(e), if applicab NOTE: The description in A3. above is for information only & not to certify the map in section B4. Recommend verification of (BFE) by local building official Owner is responsible for coordinating this certificate with Contractor and/or is a 40d nail thru marker in power pole, elevation 17.2 ft.	he building location. The l	mined by graphic plotting only	

IMPORTANT: In these spaces, copy the corresponding in	formation from Se	ection A.	FOR	INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or B 308 NICHOLSON AVENUE	ldg. No.) or P.O. Ro	oute and Box N	lo. Polic	y Number:
City State WAVELAND Missis		Code 576	Comp	pany NAIC Number
SECTION E – BUILDING ELEVA FOR ZONE AO	TION INFORMATION AND ZONE A (W			JIRED)
 For Zones AO and A (without BFE), complete Items E1–E5. complete Sections A, B,and C. For Items E1–E4, use natura enter meters. E1. Provide elevation information for the following and check the highest adjacent grade (HAG) and the lowest adjacent Top of bottom floor (including basement, 	grade, if available. the appropriate bo	Check the me	asurement u	sed. In Puerto Rico only,
crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is				above or below the HAG.
E2. For Building Diagrams 6–9 with permanent flood openin	as provided in Sect	✓ feet ☐	-	above or below the LAG.
the next higher floor (elevation C2.b in the diagrams) of the building is	· ·	⊠ feet □		above or below the HAG.
E3. Attached garage (top of slab) is		X 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 floodplain management ordinance? Yes No				ce with the community's his information in Section G.
SECTION F - PROPERTY OWNER (OR OWNER'S REP	RESENTATIV	/E) CERTIFIC	CATION
The property owner or owner's authorized representative who community-issued BFE) or Zone AO must sign here. The state	ements in Sections	is A, B, and E A, B, and E ai	for Zone A (v	vithout a FEMA-issued or the best of my knowledge.
Property Owner or Owner's Authorized Representative's Nam	ie			
Address	City	WWW.	State	ZIP Code
Signature	Date		Telephon	е
Comments		manusio estás en estados en entre en estados en estados en estados en estados en estados en entre en estados en estados en estados en estados en entre en estados en estados en estados en estados en entre en estados en entre en estados en entre en estados en entre entre en entre en entre en entre entre en entre entre entre en entre		
			185.01	
				Check here if attachments.

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. 308 NICHOLSON AVENUE	Policy Number:						
City State ZIP Code WAVELAND Mississippi 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 FE or Zone AO.	MA-issued or community-issued BFE)						
G3. The following information (Items G4–G10) is provided for community floodplain manage	ement 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:	et meters Datum						
G9. BFE or (in Zone AO) depth of flooding at the building site:	et 🗌 meters Datum						
	et 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

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including 308 NICHOLSON AVENUE	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.

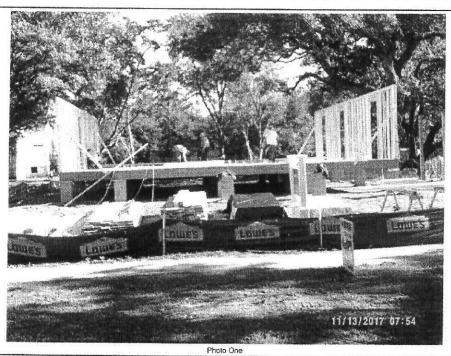


Photo One Caption FRONT VIEW ONLY 11/12/2017

Photo Two

Photo Two

Photo Two Caption

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

OMB No. 1660-0008 Expiration Date: November 30, 201

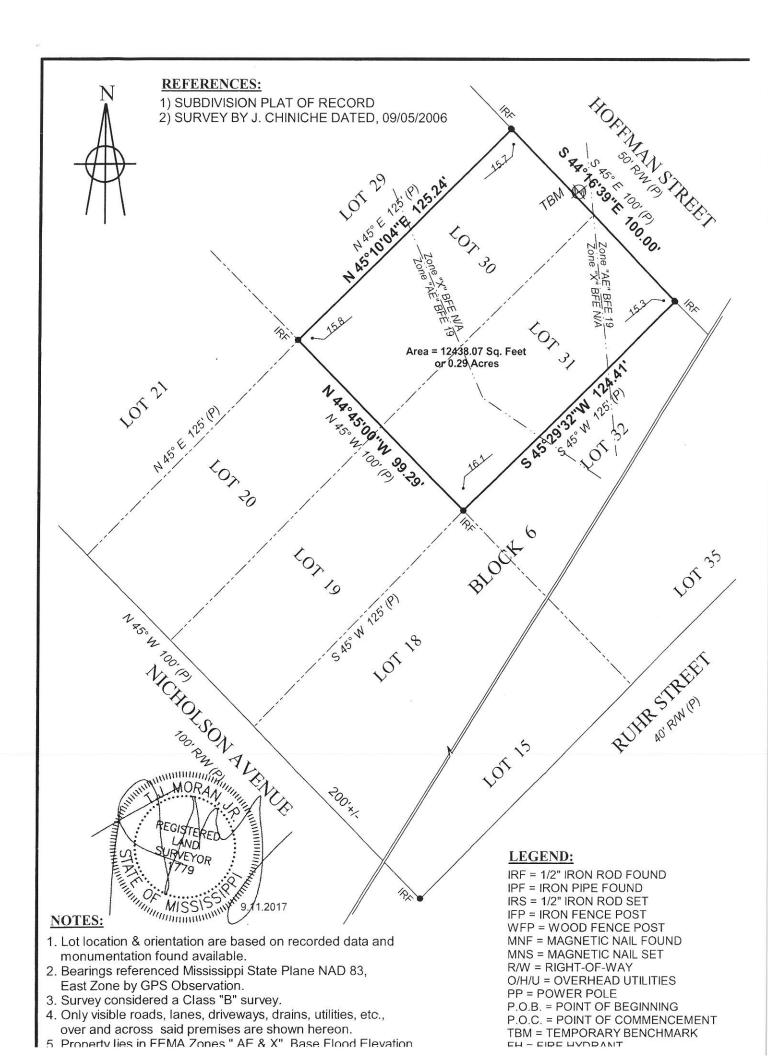
ELEVATION CERTIFICATE

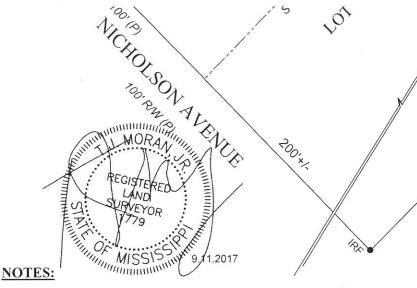
Important: Follow the instructions on pages 1-9.

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 WARD #2017-312 A					Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 308 NICHOLSON AVENUE (VACANT LAND)					Company NAIC Number:		
City State 2						ZIP Code 39576	
A3. Property Desc LOTS 19 & 20, BL0		nd Block Numbers, Tax A W. ULMAN S/D	Parce	l Number, Legal De	scription, etc.)		
A4. Building Use (e.g., Resident	tiạl, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longit	ude: Lat. <u>30</u>	-17-32.9 L	ong. <u>-</u>	39-21-43.6	Horizontal Datu	m: NAD	1927 X NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certific	cate is being used to	o obtain flood insu	ance.	
A7. Building Diagra	m Number	5					
A8. For a building	with a crawlsp	pace or enclosure(s):					
a) Square foot	age of crawls	space or enclosure(s)		0 sq ft			
b) Number of p	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot abov	e adjacent gr	ade0
c) Total net ar	ea of flood op	enings in A8.b0		sq in			
d) Engineered	flood opening	gs? ☐ Yes ⊠ No)				
A9. For a building v	vith an attach	ed garage:					
77. 99.97.0 02 04.37.0 04.00.0 04.00.0 04.00.0 04.00.0		ed garage0		sa ff			
					ot above adjacent	grade	0
		ood openings in the atta			ot above adjacent		
200		enings in A9.b		_ sq in			
d) Engineered flood openings? ☐ Yes ☒ No							
	SE	CTION B - FLOOD IN	ISUR/	NCE RATE MAP	(FIRM) INFORM	ATION	
		ommunity Number		B2. County Name			B3. State Mississippi
WAVELAND 2852	52			HANCOCK			
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	FIRM Panel Effective/ Revised Date	B8. Flood Zone((Zo Flo	se Flood Elevation(s) one AO, use Base od Depth)
28045C 0361	D	10/16/2009	10/16	3/2009	AE	19	
☐ FIS Profile	e ⊠ FIRM	Base Flood Elevation (I Community Determ	ined	Other/Source:			
B12. Is the building	g located in a	Coastal Barrier Resou	rces S	ystem (CBRS) area	or Otherwise Pro	tected Area (OPA)? ☐ Yes ☒ No
Designation Date: CBRS DPA							
				1.			

2000000 (2010)			
IMPORTANT: In these spaces, copy the corresponding information from Sec	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rou 308 NICHOLSON AVENUE (VACANT LAND)	Policy Number:		
CityStateZIP of the control of t	Code 76	Company NAIC Number	
SECTION C - BUILDING ELEVATION INFORMAT	ION (SURVEY RE	EQUIRED)	
C1. Building elevations are based on: Construction Drawings* Building elevation Certificate will be required when construction of the building elevation.	ng is complete.		
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BF Complete Items C2.a–h below according to the building diagram specified in Benchmark Utilized: GPS DERIVED Vertical Datum:	n Item A7. In Puerto	S Rico only; enter meters.	
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 B	FE.	Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	20.0		
b) Top of the next higher floor	N/A	X feet meters	
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	X feet meters	
d) Attached garage (top of slab)	N/A	X feet meters	
e) Lowest elevation of machinery or equipment servicing the building	N/A.	🔀 feet 🗌 meters	
(Describe type of equipment and location in Comments)	15.8		
f) Lowest adjacent (finished) grade next to building (LAG)	X feet meters		
g) Highest adjacent (finished) grade next to building (HAG)	X feet meters		
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 	N/A	X feet meters	
SECTION D – SURVEYOR, ENGINEER, OR ARC	HITECT CERTIFI	CATION	
This certification is to be signed and sealed by a land surveyor, engineer, or arch I certify that the information on this Certificate represents my best efforts to interpstatement may be punishable by fine or imprisonment under 18 U.S. Code, Section 18 U.S. Code,	pret the data availal	law to certify elevation information. ble. I understand that any false	
Were latitude and longitude in Section A provided by a licensed land surveyor?	⊠ Yes □ No	Check here if attachments.	
Certifier's Name License Number JASON P. CHINICHE P.E. 19732		ON P. C	
Title PROJECT MANAGER		SENGED PROPERTY OF THE PROPERT	
Company Name JAMES J. CHINICHE, PA, INC.		Seal Seal Here	
Address 412 HWY. 90, SUITE 2		19732	
City State BAY ST. LOUIS Mississippi	ZIP Code 39520	MISSISS!	
Signature Date 09/01/2017	Telephone (228) 464-6755		
Copy all pages of this Elevation Certificate and all attachments for (1) community offi	icial, (2) insurance a	gent/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 bui map in section B4. Recommend verification of (BFE) by local building official. The Owner is responsible for coordinating this certificate with Contractor and/or Buildi is a 40d nail thru marker in power pole, elevation 17.2 ft Section C1 Construction have been provided by client.	e flood zone is dete ng Official as need	ermined by graphic plotting only. ed. Waveland freeboard = 1 ft. TBM	





 Lot location & orientation are based on recorded data and monumentation found available.

2. Bearings referenced Mississippi State Plane NAD 83, East Zone by GPS Observation.

3. Survey considered a Class "B" survey.

4. Only visible roads, lanes, driveways, drains, utilities, etc., over and across said premises are shown hereon.

5. Property lies in FEMA Zones " AE & X", Base Flood Elevation, 19 ft. & N/A, as per FEMA Map 28045C 0361D, Dated 10/16/09.

6. Flood Zone boundaries determined by graphic plotting.

7. 16.1 indicates ground elevations.

8. TBM is top rim bolt between city & state on fire hydrant, elevation 17.9 ft.

9. This survey was prepared without a current title report nor were County records researched for easements by this surveyor.

LEGEND:

101 15

IRF = 1/2" IRON ROD FOUND
IPF = IRON PIPE FOUND
IRS = 1/2" IRON ROD SET
IFP = IRON FENCE POST
WFP = WOOD FENCE POST
MNF = MAGNETIC NAIL FOUND
MNS = MAGNETIC NAIL SET
R/W = RIGHT-OF-WAY
O/H/U = OVERHEAD UTILITIES
PP = POWER POLE
P.O.B. = POINT OF BEGINNING
P.O.C. = POINT OF COMMENCEMENT

TBM = TEMPORARY BENCHMARK

FH = FIRE HYDRANT

SMH = SEWER MANHOLE

C/L = CENTERLINE

EOA = EDGE OF ASPHALT

(P) = PLAT OF RECORD

(D) = DEED OF RECORD

(R) = RECORD

Rev. 3 Date:	PLAT OF SURVEY OF					
Rev. 2 Date:	Lots 30 and 31,					
Rev. 1 Date:09/07/17	Block 6 of the Emma W. Ulman Subdivision,					
Date:08/26/17	Second Ward, Town of Waveland, Hancock County, Mississippi					
Scale: 1" = 40'	riancock County, Mississippi					
Drawn by: dmr	Job # 2017-312 B Sht. 1 of 1 FOR: WARD					

JAMES J. CHINICHE, PA, INC.

Engineering

Surveying



Office: 412 Hwy. 90. Suite 2 Bay St. Louis, MS 39520

(228) 467-6755