

# 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 TOM & SHARON DUPUY					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 324 HILLCREST 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 # (161E-0-02-051.000)						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)					RESIDENTIAL	
A5. Latitude/Longitude: Lat. N 30-17-17 Long. W 89-22-18 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>227.00</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>256.00</u> sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" 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 285254				B2. County Name HANCOCK		B3. State Mississippi
B4. Map/Panel Number 28045C0361	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. 324 HILLCREST 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)   | <u>16.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | <u>31.3</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>31.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <u>15.6</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | <u>16.0</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>15.9</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 DUKE LEVY & ASSOCIATES			
Address 4412 LEISURE TIME DRIVE			
City DIAMONDHEAD	State Mississippi		ZIP Code 39525
Signature 	Date 03-05-2020	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 # 19-257-1

BENCHMARK - A MAG NAIL WITH A DISK WAS SET IN THE CENTERLINE OF HILLCREST STREET AT THE PROPERTY AND AT A CONCRETE DRIVE. THE ELEVATION ON TOP OF THE MAG NAIL IS (15.00') FEET.

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

# BUILDING PHOTOGRAPHS

OMB No. 1660-0008  
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## 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

Photo One Caption

Clear Photo One



Photo Two

Photo Two Caption

Clear Photo Two

**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

Continuation Page

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. 324 HILLCREST 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

Clear Photo Three

Photo Four

Photo Four

Photo Four Caption

Clear Photo Four

# WAVELAND

2020 270  
Recorded in the Above  
Deed Book & Page  
01-07-2020 08:53:52 AM  
Timothy A Kellar  
Hancock County

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

This DECLARATION made this 7<sup>th</sup> day of January 20 20,  
By: THOMAS DUPUY (OWNER) having an address at 324 HILLCREST ST.

WITNESSETH:

WHEREAS, the Owner is the record owner of all that real property located at 324 Hillcrest St.  
In the City of Waveland, MS, in the County of Hancock, designated in the Tax Records as 161E-0-02-051.000  
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 1900384

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" = 20 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 7<sup>th</sup> day of Jan 20 20.

THOMAS DUPUY (Print)  
Thomas Dupuy (Signature)  
OWNER

Timothy A. Kellar (Print)  
Chancery Clerk  
By: Waddi DG (Signature)  
Waddi



Hancock County  
I certify this instrument was filed on  
01-07-2020 08:53:52 AM  
and recorded in Deed Book  
270 Pages 270  
Timothy A. Kellar





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 #: 1900384

Issued to: DUPUY, TOM & SHARON

Building Address: 324 HILLCREST ST

City, State, Zip: WAVELAND, MS 39576

Issued Date: 03/13/2020 Expires: End of occupancy

Occupancy Type: SINGLE FAMILY RESIDENTIAL

Sprinkler System Required: NO

Special Conditions: NO

A handwritten signature in black ink, appearing to read "T. Dupuy".

Building Official

3.13.20

Date