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

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

# **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 INFORM	FOR INSURAN	ICE COMPANY USE		
A1. Building Owner's Name	Policy Number:	:		
Alkire-Burden 2022-137				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Num Box No.			C Number:	
341 Gordon St.				
City	State	ZIP Code		
Waveland  A3 Property Description (Lot and Block Numbers, Tay Parcel N	Mississippi	39576		
A3. Property Description (Lot and Block Numbers, Tax Parcel N 162H-0-03-169.000	number, Legai Description, etc. <i>)</i>			
A4. Building Use (e.g., Residential, Non-Residential, Addition, A	Accessory, etc.) Residential			
A5. Latitude/Longitude: Lat. 30-16-57 Long. 89-	22-42 Horizontal D	Datum: NAD 1927	7 🗵 NAD 1983	
A6. Attach at least 2 photographs of the building if the Certificat	e is being used to obtain flood i	insurance.		
A7. Building Diagram Number5_				
A8. For a building with a crawlspace or enclosure(s):				
a) Square footage of crawlspace or enclosure(s)	0.00 sq ft			
b) Number of permanent flood openings in the crawlspace	or enclosure(s) within 1.0 foot a	bove adjacent grade	0	
c) Total net area of flood openings in A8.b	0.00 sq in			
d) Engineered flood openings? ☐ Yes ☒ No	<del></del>			
A9. For a building with an attached garage:				
a) Square footage of attached garage	0.00 sq ft			
b) Number of permanent flood openings in the attached gar		cent grade 0		
c) Total net area of flood openings in A9.b	0.00 sq in			
	5q III			
d) Engineered flood openings? ☐ Yes ☒ No				
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION				
B1. NFIP Community Name & Community Number B2. County Name B3. State				
City of Waveland 285262	Hancock	M	lississippi	
B4. Map/Panel B5. Suffix B6. FIRM Index Effect Paying		B9. Base Flood Eleva (Zone AO, use Ba		
28045C 0342 D 10-16-2009 10-16-20		19.0'		
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 NAVD 1988 Other/Source:				
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?   Yes   No				
Designation Date: CBRS OPA				

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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, and/or Bldg. No.) or P.O. Route and Box No. 341 Gordon St.	Policy Number:		
CityStateZIP CodeWavelandMississippi39576	Company NAIC Number		
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY R	EQUIRED)		
C1. Building elevations are based on:			
g) Highest adjacent (finished) grade next to building (HAG)  h) Lowest adjacent grade at lowest elevation of deck or stairs, including			
structural support	17.3 🗵 feet 🗌 meters		
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFE  This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by a land the information on this Certificate represents my best efforts to interpret the data avails 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?	by law to certify elevation information.		
Certifier's Name Jason P. Chiniche  Title Project Manager  Company Name Chiniche Engineering & Surveying  Address 407 Hwy 90  City Bay Saint Louis  License Number P.E. 19732   License Number P.E. 19732   State Vision State Mississippi  State Mississippi  39520	Place Sonation of the Seal Action of the Seal Actio		
Signature Date Telephone (228) 467-6755	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)  NOTE: The description in A3 above is for information only & not to certify the building location. Th  Map Section B4. Recommend verification of (BFE) by local building official. The flood zone is det responsible for coordinating this certificate with contractor and/or building official as needed. TBM  of Gordon St. EL: 15.8' City of Waveland Freeboard= 1 ft.  C2e is a mechanical air handler	ermined by graphic plotting, owner is		

FEMA Form 086-0-33 (12/19)

# **ELEVATION CERTIFICATE**

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IMP	ORTANT: In these spaces, copy the correspor	nding information fror	n Section A.	T	FOR INSURAN	CE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 341 Gordon St.			Policy Number:			
City Wa	veland	State Mississippi	ZIP Code 39576		Company NAIC	Number
	SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)					
com	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.					
<ul><li>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).</li><li>a) Top of bottom floor (including basement,</li></ul>						
	crawlspace, or enclosure) is b) Top of bottom floor (including basement,		leet	meters	s above or	below the HAG.
	crawlspace, or enclosure) is		leet	meter:	s above or	below the LAG.
E2.	For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided in S	Section A Items	_		2 of Instructions),  ☐ below the HAG.
E3.	Attached garage (top of slab) is	<del></del>	leet	meter:	s 🔲 above or	below the HAG.
E4.	Top of platform of machinery and/or equipment servicing the building is		leet	meter:	s above or	below the HAG.
E5.	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 OV	WNER (OR OWNER'S	REPRESENTA	ATIVE) CE	RTIFICATION	
The	property owner or owner's authorized representa munity-issued BFE) or Zone AO must sign here.	tive who completes Se The statements in Sec	ctions A, B, an tions A, B, and	d E for Zo E are corr	ne A (without a F rect to the best o	EMA-issued or f my knowledge.
Prop	perty Owner or Owner's Authorized Representative	ve's Name	<u>1442 - 1750 - 25, 1871 - 34, 188 - 25, 188</u>			
Add	ress	City		Sta	ate	ZIP Code
Sigr	nature	Date	)	Tel	ephone	
Con	nments					
					☐ Check h	nere if attachments.

# **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the corresponding information from Secti	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route 341 Gordon St.	Policy Number:			
City State ZIP C Waveland Mississippi 3957		Company NAIC Number		
SECTION G - COMMUNITY INFORMATION	N (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 or Zone AO.	A (without a FEM	A-issued or community-issued BFE)		
G3. The following information (Items G4–G10) is provided for community floor	odplain managem	ent purposes.		
G4. Permit Number G5. Date Permit Issued	te 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:	meters Datum			
G9. BFE or (in Zone AO) depth of flooding at the building site:	feet	meters Datum		
G10. Community's design flood elevation: feet _ meters				
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, 2022

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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.

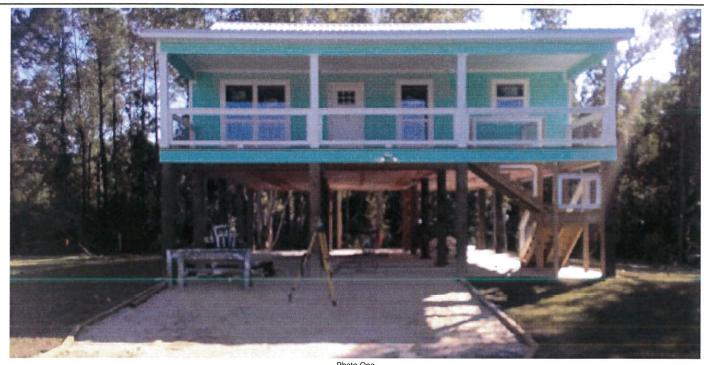


Photo One

Photo One Caption Front View Clear Photo One

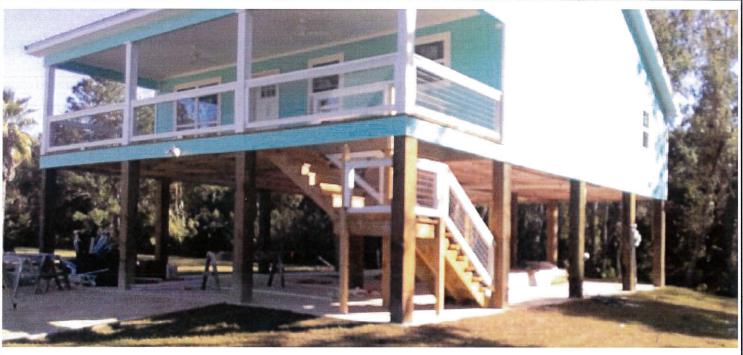


Photo Two

Photo Two Caption Front/ Side View

Clear Photo Two

### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

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

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. 341 Gordon St.			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 View

Clear Photo Three

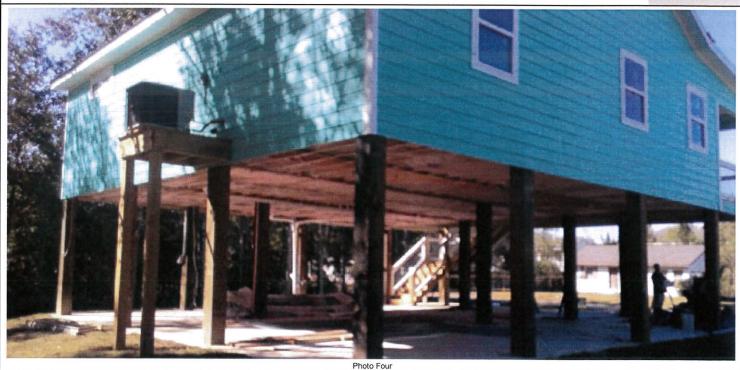


Photo Four Caption Rear View with Mechanical Air Handler

Clear Photo Four