

CITY OF
WAVELAND
HOSPITALITY CITY

**WAVELAND
OCCUPANCY CERTIFICATE**

This Certificate issued pursuant to the requirements of the International 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: MICHAEL MAVAR OR RUSSELL WILLIAMS Permit No. 18252
Building Address 825 N BEACH BLVD Certificate No. C02271
City, State Zip WAVELAND, MS 39576 Security ID: LJJE

Issued: 9/20/2017 Expires: END OF OCCUPANCY


Building Official

Date: 9/20/17

POST IN A CONSPICUOUS PLACE

Comments:

2012 IRC SFR NO SPRINKLERS REQUIRED NO SPECIAL CONDITIONS

2017 11361
Recorded in the Above
Deed Book & Page
09-20-2017 09:37:06 AM
Timothy A Kellar
Hancock County



NONCONVERSION AGREEMENT
with
CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this 20th day of Sept., 2017, by Gerald M. Mavar Jr.
(OWNER) having an address at 825 North Beach Blvd, Waveland

WITNESSETH:

WHEREAS, the Owner is the record owner of all that real property located at 825 NORTH BEACH BLVD., WAVELAND
In the City of Waveland, MS, in the County of Hancock, designated in the Tax Records as 161A-2-01-015.000.

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 18252.

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 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:

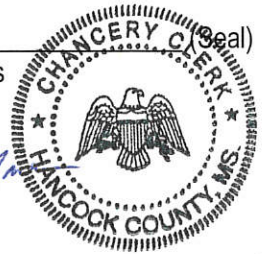
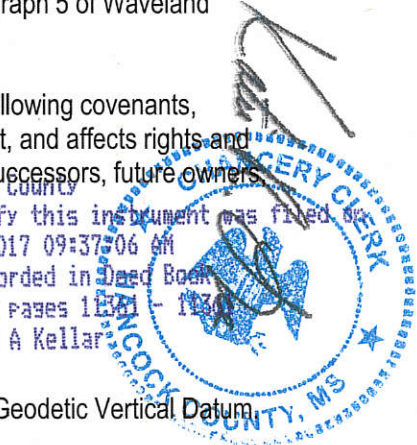
In witness whereof the undersigned set their hands and seals this 20th day of Sept, 2017.

[Signature]

Owner

Timothy A. Kellar
Chancery Clerk
By: [Signature] DC

(Seal) of Mississippi, County of Hancock
Personally appeared before me, the undersigned Witness
authority in and for the said county and state,
on this 20 day of Sept, 2017, within
my jurisdiction, the within named Gerald M.
who acknowledged that he executed the
above and foregoing instrument.



Hancock County Chancery Clerk

Instrument Recording Receipt

Book: Deed
Inst: Agreement
Book/Page: 2017 / 11361
Ref: MICHAEL MAVAR JR 1732

Archiver Record Management		1.00
Deed		11.00
Recording Fee		0.00
Total Fees :	\$	12.00

Total Due :	\$	12.00
Checks Paid:	\$	12.00
Total Paid :	\$	12.00

Change Due :	\$	0.00

Have a Nice Day
Timothy A Kellar

Term/Cashier: RM175-03-9MFQDQ / KATIE
Tran: 12342.174586.209622
Printed: 09-20-2017 09:37:07 AM

WAVELAND

FLOODPLAIN VENTING AFFIDAVIT
City of Waveland

I hereby acknowledge that CITY OF WAVELAND

Is issuing an Occupancy Certificate for the property known as: _____

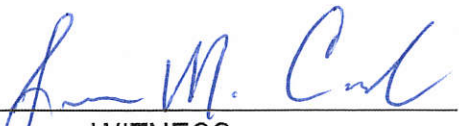
825 NORTH BEACH BLVD., WAVELAND MS

_____ under Permit # 18252

In which required Floodplain Management Ordinance requirements have been met and a final inspection performed. At the time of inspection, 2 vents and 274' crawl space Access doors used to meet the flood venting requirements of the Ordinance would allow the automatic entry and exit of floodwaters. I acknowledge that all openings designed to meet this requirement must be maintained as flood vents, and that the elimination or alteration of the openings in any way that would no longer allow the automatic entry and exit of flood waters would violate the Flood Damage Prevention Ordinance. Violations may incur civil penalties and possible court action. In addition, I acknowledge that alteration of the vents could result in greater risk to my property and personal safety in the event of a flood. Flood insurance claims may be denied, and flood insurance may not be available or flood insurance premiums increase if vents are altered.

As witness the hand and seal of the owner of the subject property this

20th day of September, 2017.


WITNESS

Michael Mavor Jr
OWNER (please print)


OWNER'S SIGNATURE

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 MAVAR/WILLIAMS #2017-087				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 825 NORTH BEACH BOULEVARD				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 #: 161A-2-01-015.000					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>30-17-37.3</u> Long. <u>-89-20-50.4</u> 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>274</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>924</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</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</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number WAVELAND 285262			B2. County Name HANCOCK		B3. State Mississippi
B4. Map/Panel Number 28045C 0361	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) 20
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, 2018

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. 825 NORTH BEACH BOULEVARD			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: SLV13,1970 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) 16.3 feet meters
- b) Top of the next higher floor 26.6 feet meters
- c) Bottom of the lowest horizontal structural member (V Zones only) N/A feet meters
- d) Attached garage (top of slab) N/A feet meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 26.8 feet meters
- f) Lowest adjacent (finished) grade next to building (LAG) 14.3 feet meters
- g) Highest adjacent (finished) grade next to building (HAG) 14.9 feet meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 14.3 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.

Certifier's Name JASON P. CHINICHE	License Number P.E. 19732
Title PROJECT MANAGER	
Company Name JAMES J. CHINICHE, PA, INC.	
Address 412 HWY. 90, SUITE 2	
City BAY ST. LOUIS	State Mississippi
	ZIP Code 39520



Signature <i>Jason Chiniche</i>	Date 02/28/2017	Telephone (228) 464-6755
------------------------------------	--------------------	-----------------------------

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. The Base Flood Elevation (BFE) is per map in section B4. Recommend verification of (BFE) by local building official. The flood zone is determined by graphic plotting only. Owner is responsible for coordinating this certificate with Contractor and/or Building Official as needed. Waveland freeboard = 1 ft. Section C2.e) Equipment is an A/C condenser on elevated platform at rear of building.

ELEVATION CERTIFICATE

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

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. 825 NORTH BEACH BOULEVARD			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 lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- 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 _____ feet 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 OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

Check here if attachments.

ELEVATION CERTIFICATE

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

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. 825 NORTH BEACH BOULEVARD	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 Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management 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: _____ feet 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 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

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

ELEVATION CERTIFICATE

See Instructions for Item A6.

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. 825 NORTH BEACH BOULEVARD			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

Photo One Caption 02/28/2017 FRONT VIEW



Photo Two

Photo Two Caption 02/28/2017 RIGHT SIDE

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name **MAVAR/WILLIAMS** #2016-233
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
825 NORTH BEACH BLVD
 City **WAVELAND** State **MS** ZIP Code **39576**

Policy Number:

Company NAIC Number:

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
TAX PARCEL #: 161A-2-01-015.000

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential
 A5. Latitude/Longitude: Lat. 30-17-37.3 Long. -89-20-50.4 Horizontal Datum: NAD 1927 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 6

A8. For a building with a crawlspace or enclosure(s):
 a) Square footage of crawlspace or enclosure(s) 274 sq ft
 b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 2
 c) Total net area of flood openings in A8.b *1500 sq in
 d) Engineered flood openings? Yes No
 A9. For a building with an attached garage:
 a) Square footage of attached garage N/A sq ft
 b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A
 c) Total net area of flood openings in A9.b N/A sq in
 d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number WAVELAND 285262		B2. County Name HANCOCK		B3. State MS	
B4. Map/Panel Number 28045C 0361	B5. Suffix D	B6. FIRM Index Date 10/16/09	B7. FIRM Panel Effective/Revised Date 10/16/09	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 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 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

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: SLV13,1970 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>16.3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>26.6</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 (Describe type of equipment and location in Comments)	<u>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>14.3</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>14.9</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>N/A</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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments.

Certifier's Name **JASON P. CHINICHE** License Number **P.E. 19732**
 Title **PROJECT MANAGER** Company Name **JAMES J. CHINICHE, PA, INC.**
 Address **412 HWY. 90, SUITE 2** City **BAY ST. LOUIS** State **MS** ZIP Code **39520**
 Signature *Jason P. Chiniche* Date **07/22/16** Telephone **(228) 467-6755**



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. 825 NORTH BEACH BLVD	Policy Number:
City WAVELAND State MS ZIP Code 39576	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments NOTE: The description in A3. above is for information only & not to certify the building location. The Base Flood Elevation (BFE) is per map in section B4. Recommend verification of (BFE) by local building official. The flood zone is determined by graphic plotting only. Owner is responsible for coordinating this certificate with Contractor and/or Building Official as needed. * Sec. A8.b) rough-in opening only.

Signature <i>Juan Carlos Sanchez</i>	Date 07/22/16
--------------------------------------	---------------

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 lowest adjacent grade (LAG).
 - a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- 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 _____ feet 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 OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name _____

Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	

Comments _____

Check here if attachments.

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 FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management 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: _____ feet 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 Datum _____

Local Official's Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____

Comments _____

Check here if attachments.

Building Photographs

See Instructions for Item A6.

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.
825 NORTH BEACH BLVD

Policy Number:

City WAVELAND

State MS 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.



07/22/16 Front View



07/22/16 Rear View

Building Photographs

Continuation Page

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.

825 NORTH BEACH BLVD

Policy Number:

City WAVELAND

State MS

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.



07/22/16 vent rough-in opening

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name **MAVAR/WILLIAMS** #2016-129

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
825 NORTH BEACH BLVD

City **WAVELAND** State **MS** ZIP Code **39576**

Policy Number:

Company NAIC Number:

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
TAX PARCEL #: 161A-2-01-015.000

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. 30-17-37.3 Long. -89-20-50.4 Horizontal Datum: NAD 1927 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 5

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) N/A sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A

c) Total net area of flood openings in A8.b N/A sq in

d) Engineered flood openings? Yes No

A9. For a building with an attached garage:

a) Square footage of attached garage N/A sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A

c) Total net area of flood openings in A9.b N/A sq in

d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number WAVELAND 285262		B2. County Name HANCOCK		B3. State MS	
B4. Map/Panel Number 28045C 0361	B5. Suffix D	B6. FIRM Index Date 10/16/09	B7. FIRM Panel Effective/Revised Date 10/16/09	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 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 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

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: SLV13.1970 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>21.0</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</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 (Describe type of equipment and location in Comments)	<u>N/A</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>14.3</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>14.3</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>N/A</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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

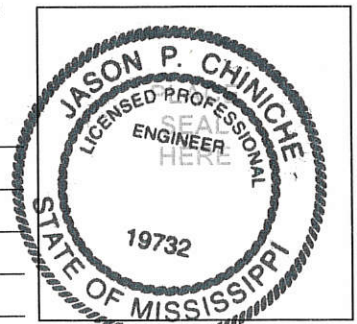
Check here if attachments.

Certifier's Name **JASON P. CHINICHE** License Number **P.E. 19732**

Title **PROJECT MANAGER** Company Name **JAMES J. CHINICHE, PA, INC.**

Address **412 HWY. 90, SUITE 11** City **BAY ST. LOUIS** State **MS** ZIP Code **39520**

Signature *Jason Chiniche* Date **04/21/16** Telephone **(228) 467-6755**



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. 825 NORTH BEACH BLVD	Policy Number:
City WAVELAND State MS ZIP Code 39576	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments NOTE: The description in A3. above is for information only & not to certify the building location. The Base Flood Elevaton (BFE) is per map in section B4. Recommend verification of (BFE) by local building official. The flood zone is determined by graphic plotting only. Owner is responsible for coordinating this certificate with Contractor and/or Building Official as needed. Waveland freeboard = 1 ft. TBM is the north rim bolt on fire hydrant, elevation 10.9 ft.

Signature *Juan Chirico* Date 04/21/16

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 lowest adjacent grade (LAG).
- a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- 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 _____ feet 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 OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name _____

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments.

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 FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4–G10) is provided for community floodplain management 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: _____ feet 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 Datum _____

Local Official's Name _____ Title _____

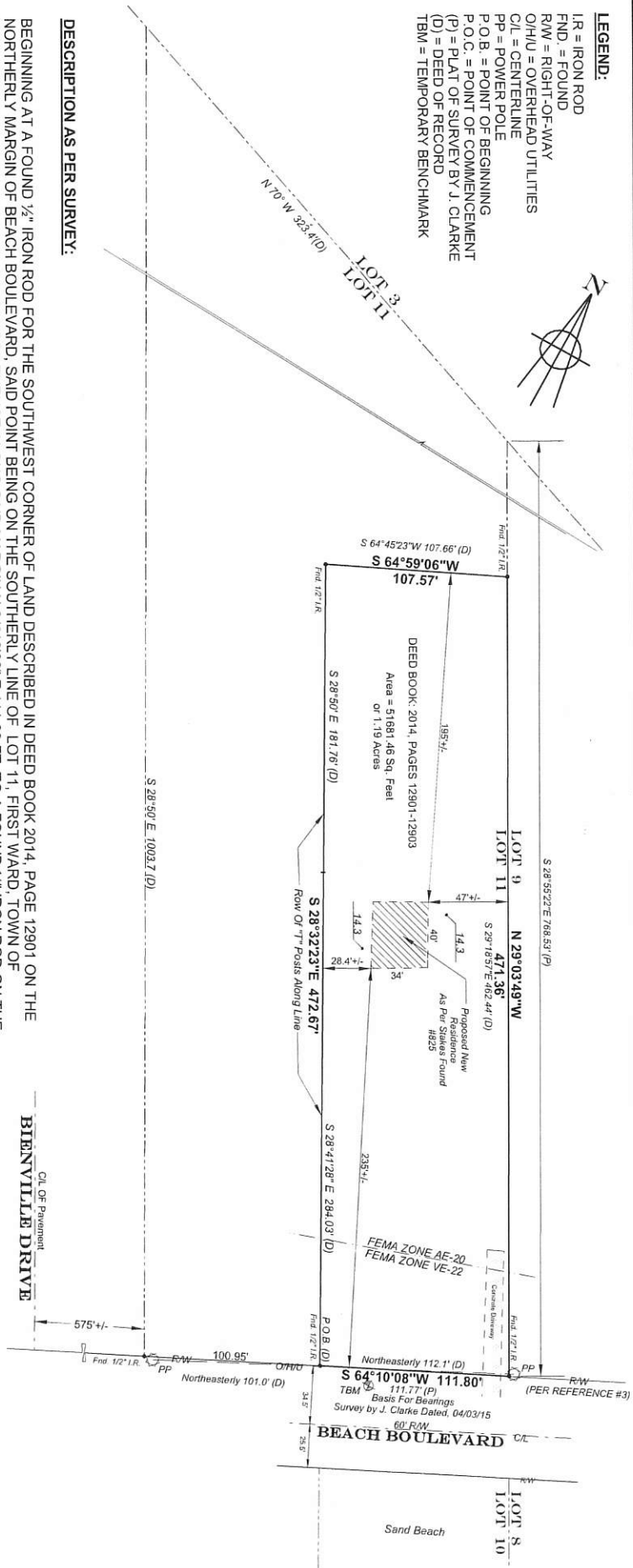
Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments.

LEGEND:
 I/R = IRON ROD
 FND = FOUND
 R/W = RIGHT-OF-WAY
 O/H/U = OVERHEAD UTILITIES
 C/L = CENTERLINE
 P/P = POWER POLE
 P.O.B. = POINT OF BEGINNING
 P.O.C. = POINT OF COMMENCEMENT
 (P) = PLAT OF SURVEY BY J. CLARKE
 (D) = DEED OF RECORD
 TBM = TEMPORARY BENCHMARK



DESCRIPTION AS PER SURVEY:

BEGINNING AT A FOUND 1/2" IRON ROD FOR THE SOUTHWEST CORNER OF LAND DESCRIBED IN DEED BOOK 2014, PAGE 12901 ON THE NORTHERLY MARGIN OF BEACH BOULEVARD, SAID POINT BEING ON THE SOUTHERLY LINE OF LOT 11, FIRST WARD, TOWN OF WAVELAND, HANCOCK COUNTY, MISSISSIPPI; THENCE ALONG SAID MARGIN N 64°10'08" E 111.80 FT. TO A FOUND 1/2" IRON ROD ON THE LINE BETWEEN LOTS 9 AND 11 OF SAID FIRST WARD; THENCE ALONG SAID LINE N 29°03'49" W 471.36 FT. TO A FOUND 1/2" IRON ROD FOR THE NORTHEAST CORNER OF SAID LAND DESCRIBED IN DEED BOOK 2014, PAGE 12901; THENCE ALONG THE NORTHERLY LINE OF SAID LAND, S 64°59'06" W 107.57 FT. TO A FOUND 1/2" IRON ROD FOR THE NORTHWEST CORNER OF SAID LAND; THENCE ALONG THE WESTERLY LINE OF SAID LAND, S 28°32'23" E 472.67 FT. TO THE POINT OF BEGINNING; CONTAINING 1.19 ACRES, MORE OR LESS, AND BEING PART OF LOT 11, FIRST WARD, TOWN OF WAVELAND, HANCOCK COUNTY, MISSISSIPPI.

- REFERENCES:**
- 1) SURVEY BY J. CLARKE DATED, 04/03/15
 - 2) DEED BOOK: 2014, PAGES 12901-12903
 - 3) SURVEY BY J. CHINICHE DATED, 03/13/99

NOTES:

1. Lot location, orientation, & bearings indicated are based on recorded data and monumentation found available.
2. Survey considered a Class "B" survey.
3. Only visible roads, lanes, driveways, drains, utilities, etc., over and across said premises are shown herein.
4. Property lies in FEMA Zones "AE", Base Flood Elevation, 20 ft., as per FEMA Map 28045C 0361D, Dated 10/16/09.
5. Flood Zone boundaries determined by graphic plotting.
6. 14.3' indicates ground elevations.
7. TBM is the north rim bolt on fire hydrant elevation 10.9 ft.
8. This survey was prepared without a current title report nor were County records researched for easements by this surveyor.



Rev. # 3 Date:	JAMES J. CHINICHE, PA, INC. Civil Engineer		PLAT OF SURVEY OF PART OF LOT 11, FIRST WARD, TOWN OF WAVELAND, HANCOCK COUNTY, MISSISSIPPI.
Rev. # 2 Date:	Land Surveyor		
Rev. # 1 Date:			
Date: 04/21/16		(228) 493-0679	Job #: 2016-129 Sht. 1 of 1 FOR: MAA/RW/LLAMS
Scale: 1" = 60'		(228) 467-6755	
Drawn by: dmr			

32° 48' E
161.26' P.O.B.

(3C)

(11A)

(9)

LEGAL DESCRIPTION:

A PARCEL OF LAND CONTAINING 2.066 ACRES, MORE OR LESS, SITUATED IN LOT 11A, 1ST. WARD, CITY OF WAVELAND, HANCOCK COUNTY, MISSISSIPPI DESCRIBED AS FOLLOWS:

COMMENCING AT A IRON ROD SET AT THE INTERSECTION OF THE SOUTH LINE OF LOT 3 WITH LOTS 9 AND 11, BEING THE POINT OF BEGINNING; THENCE S28°55'22"E 768.53 FT. TO A IRON ROD SET ON THE NORTH MARGIN OF NORTH BEACH BOULEVARD AS NOW MONUMENTED; THENCE S64°10'08"W ALONG SAID NORTH MARGIN 111.77 FT. TO A IRON ROD; THENCE N28°32'25"W 884.30 FT. TO A IRON ROD SET ON THE SOUTH LINE OF LOT 3; THENCE S69°52'48"E ALONG SAID SOUTH LINE 161.26 FT. TO THE POINT OF BEGINNING.

AND

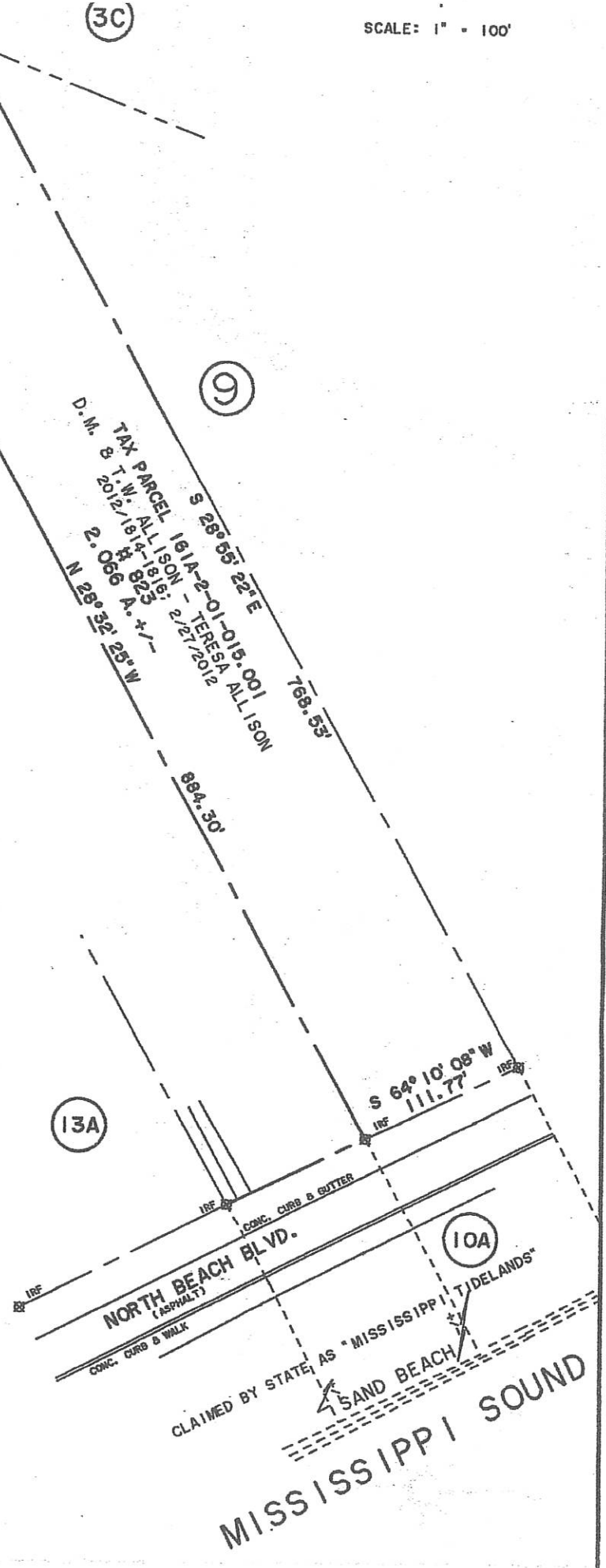
THAT PART OF LOT 10, 1ST. WARD, CITY OF WAVELAND, HANCOCK COUNTY, MISSISSIPPI LYING BETWEEN NORTH BEACH BOULEVARD AND THE MEAN HIGH WATERS LINE OF THE MISSISSIPPI SOUND THE SIDE LINES OF WHICH ARE CONTINUATIONS OF THE SIDE LINES OF THE ABOVE DESCRIBED PARCEL, TOGETHER WITH ANY AND ALL RIPARIAN RIGHTS.

THIS IS TO CERTIFY THAT I HAVE SURVEYED THE HEREON DESCRIBED PARCEL OF LAND AS SHOWN HEREON AND THAT ALL MEASUREMENTS AND OTHER DATA INDICATED HEREON ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

ATTENTION IS CALLED TO THE VARIANCE BETWEEN THE DEED CALLS AND THE CORNERS RECOVERED.

ADDITIONALLY, ATTENTION IS CALLED TO THE CALIM BY THE STATE THAT THE SAND BEACH ADJOINING THE R.O.W OF NORTH BEACH BOULEVARD IS "MISSISSIPPI TIDELANDS".

THIS SURVEY WAS MADE FOR MR. MIKE MAVAR, APRIL 3, 2015.



[Signature]
 JAMES R. CLARKE, P.L.S.
 P.O. BOX 4106
 GULFPORT, MS. 39502
 MS. CL. B

