

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 Jennifer Cvitanovich		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Fox Run Cove		Company NAIC Number:
City D'Iberville	State Ms	ZIP Code 39540
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 61, Riverwalk Subdivision. Parcel #1408D-02-004-016, City of D'Iberville, Harrison County, Miss.		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. 30°28'08.1" Long. 88°53'47.9"		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 6		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) 25 sq. ft.	b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade n/a	a) Square footage of attached garage n/a sq. ft.
c) Total net area of flood openings in A8.b n/a sq in	d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number City of D'Iberville 280336		B2. County Name Harrison		B3. State Ms	
B4. Map/Panel Number 28047C0282	B5. Suffix G	B6. FIRM Index Date June 16, 2009	B7. FIRM Panel Effective/Revised Date June 16, 2009	B8. Flood Zone(s) "AE"	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 14'
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					

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: NGS BM 15V2 Vertical Datum: NAVD88
 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.

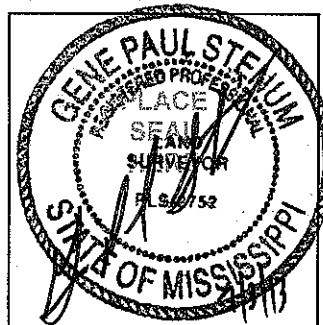
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	13.3	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	24.0	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	n/a	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	n/a	<input 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)	23.6	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	11.9	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	12.6	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	11.6	<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 GENE PAUL STENUM	License Number PLS #02752
Title LAND SURVEYOR	Company Name STENUM SURVEYING, LLC.
Address 8593 West Oaklawn Road	City Biloxi State Ms ZIP Code 39532
Signature	Date July 3, 2013 Telephone (228)-392-5552



Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
 Fox Run Cove

City D'Iberville State Ms ZIP Code 39540

FOR INSURANCE COMPANY USE

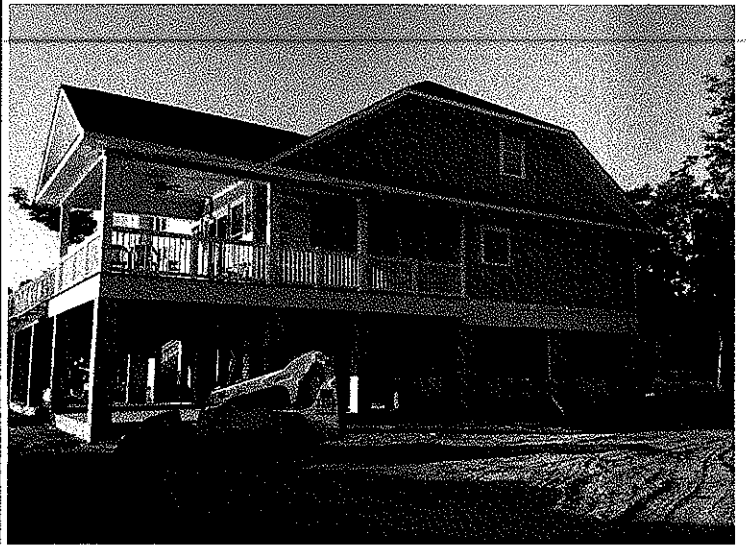
Policy Number:

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.



Rear View looking West 6/17/13, Lot 61, Riverwalk Subdivision



Left Side View, looking South 6/17/13, Lot 61, Riverwalk Subdivision



Right Side View, looking West 6/17/13, Lot 61, Riverwalk Subdivision



Front View, looking Northeast 6/17/13, Lot 61, Riverwalk Subdivision

Building Photographs

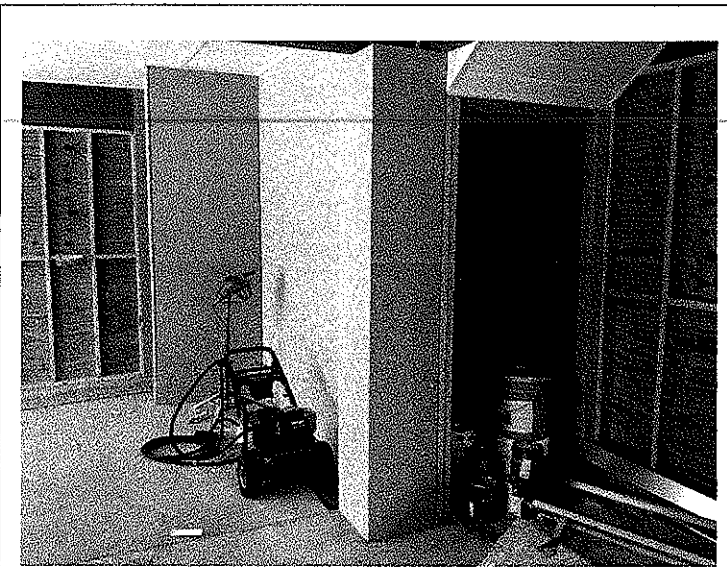
Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.

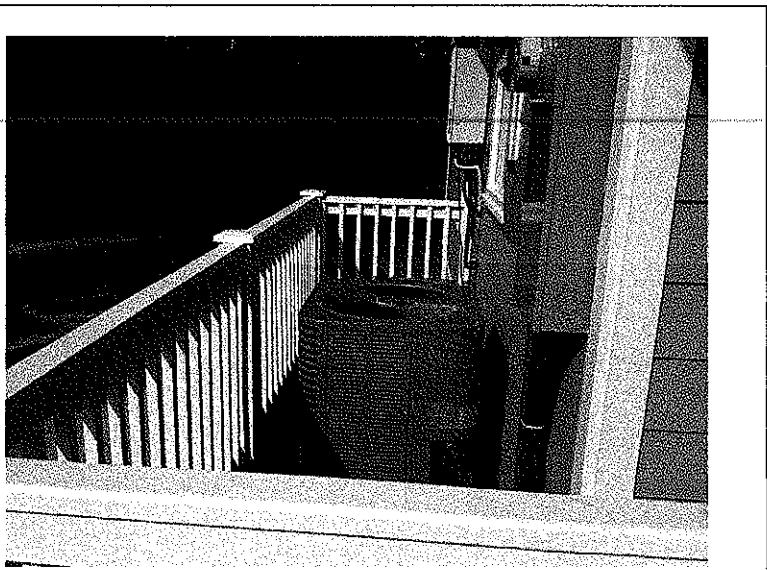
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Fox Run Cove		
City D'Iberville	State Ms	ZIP Code 39540

FOR INSURANCE COMPANY USE	
Policy Number:	
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.



Bottom enclosure as reported in section A8,
Lot 61, Riverwalk Subdivision 6/17/13



Raised A/C Pad,
Lot 61, Riverwalk Subdivision 6/17/13



Side view of bottom enclosure in section A8,
Lot 61, Riverwalk Subdivision 6/17/13