

# 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 <b>DSL D HOMES LLC</b>				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>13233 RIVERSIDE COVE</b>				Company NAIC Number:	
City <b>D'IBERVILLE</b>		State <b>MISSISSIPPI</b>		ZIP Code <b>39540</b>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>LOT 12, RIVER'S EDGE SUBDIVISION, SECTION 3, PHASE 3A - REPLAT; TAX PIDN: 1407M-01-001.062</b>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>RESIDENTIAL</b>					
A5. Latitude/Longitude: Lat. <b>N30°28'37.971"</b> Long. <b>W88°53'35.114"</b> 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 <b>1A</b>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <b>N/A</b> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <b>N/A</b>					
c) Total net area of flood openings in A8.b <b>N/A</b> 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 <b>435</b> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>N/A</b>					
c) Total net area of flood openings in A9.b <b>N/A</b> 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 <b>CITY OF D'IBERVILLE 280336</b>			B2. County Name <b>HARRISON COUNTY</b>		B3. State <b>MISSISSIPPI</b>
B4. Map/Panel Number <b>28047C0282</b>	B5. Suffix <b>G</b>	B6. FIRM Index Date <b>12/21/2017</b>	B7. FIRM Panel Effective/ Revised Date <b>6/16/2009</b>	B8. Flood Zone(s) <b>AE</b>	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <b>14 FEET</b>
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

<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. <b>13233 RIVERSIDE COVE</b>			Policy Number:
City <b>D'IBERVILLE</b>	State <b>MISSISSIPPI</b>	ZIP Code <b>39540</b>	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: **D'IBERVILLE BM D031** Vertical Datum: **NAVD 88 (GEOID03)**

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.

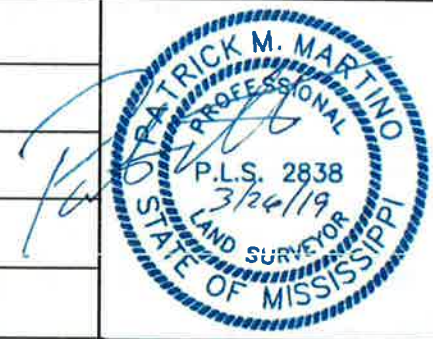
- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 16.8  feet  meters
- b) Top of the next higher floor 27.2  feet  meters
- c) Bottom of the lowest horizontal structural member (V Zones only) N.A  feet  meters
- d) Attached garage (top of slab) 16.5  feet  meters
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 16.3  feet  meters
- f) Lowest adjacent (finished) grade next to building (LAG) 15.7  feet  meters
- g) Highest adjacent (finished) grade next to building (HAG) 16.0  feet  meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support N.A  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 <b>PATRICK M. MARTINO</b>	License Number <b>02838</b>
Title <b>PROFESSIONAL LAND SURVEYOR</b>	
Company Name <b>PATRICK M. MARTINO, P.L.S. INC.</b>	
Address <b>13010 KAYLEIGH COVE</b>	
City <b>BILOXI</b>	State <b>MISSISSIPPI</b> ZIP Code <b>39532</b>



Signature <i>Patrick M. Martino</i>	Date <b>3/26/2019</b>	Telephone <b>(228) 396-2283</b>	<b>JOB# P19272</b>
--	--------------------------	------------------------------------	--------------------

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)  
**THE LOWEST MACHINERY SERVICING THE RESIDENCE IS THE AIR CONDITIONER UNIT AT AN ELEVATION OF 16.3 FEET. CITY OF D'IBERVILLE REQUIRES A 1 FOOT FREE BOARD ELEVATION ABOVE THE BASE FLOOD ELEVATION. CONTACT CITY OF D'IBERVILLE BUILDING OFFICIALS FOR ANY FURTHER BUILDING HEIGHT REQUIREMENTS.**

**ELEVATION CERTIFICATE**

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

<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. <b>13233 RIVERSIDE COVE</b>			Policy Number:
City <b>D'IBERVILLE</b>	State <b>MISSISSIPPI</b>	ZIP Code <b>39540</b>	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.



**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

**ELEVATION CERTIFICATE**

<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. <b>13233 RIVERSIDE COVE</b>			Policy Number:
City <b>D'IBERVILLE</b>	State <b>MISSISSIPPI</b>	ZIP Code <b>39540</b>	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 OF RESIDENCE. THE PICTURE WAS TAKEN ON 3/25/2019.**



Photo Two

Photo Two Caption **REAR VIEW OF RESIDENCE. PICTURE WAS TAKEN ON 3/25/2019.**



**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

<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. <b>13233 RIVERSIDE COVE</b>			Policy Number:
City <b>D'IBERVILLE</b>	State <b>MISSISSIPPI</b>	ZIP Code <b>39540</b>	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 **RIGHT SIDE VIEW OF RESIDENCE. THE PICTURE WAS TAKEN ON 3/25/2019.**



Photo Two

Photo Two Caption **LEFT SIDE VIEW OF RESIDENCE. THE PICTURE WAS TAKEN ON 3/25/2019.**

**RESOLUTION No. \_\_\_\_\_**

**A RESOLUTION AUTHORIZING THE ADJUSTMENT TO THE UTILITY BILLS OF PROPERTY OWNERS DUE TO UNFORSEEN CIRCUMSTANCES FOR WHICH THE CUSTOMER DID NOT RECEIVE THE BENEFITS OF THE UTILITY SERVICE.**

**WHEREAS**, the property owners provided herein below experienced a substantial utility bill on their properties or otherwise did not receive the benefit of the water and sewer use as described herein.

**WHEREAS**, Mississippi law provides that a municipality may only reduce a utility bill that was unreasonably increased because of unforeseen circumstances and for which the customer did not receive the benefits of the utility service.

**NOW, THEREFORE, BE IT RESOLVED BY THE GOVERNING BODY OF THE CITY AS FOLLOWS:**

**SECTION 1.** This utility bill is for a meter at a home, 608 Cypress Dr.; Account # 03-063400-00. While the customer claims there have been no leaks, the water meter readings indicate otherwise. Also, the meter readings indicate that whatever the cause of the “excessive water consumption” was, it has been since secured. By virtue of the billing for what is excessive water consumption the customer has had cause to be aware. The total amount of the utility bill shall be adjusted downward by \$786.42.

**SECTION 2.** This utility bill is for a meter at a home, 413 Merigold Dr.; Account #03-057601-06. A leaking waterline (under the slab) has since been repaired. The total amount of the utility bill shall be adjusted downward by \$84.94.

**SECTION 3.** This utility bill is for a meter at a home, 14532 Indian Trails Cir.; Account #09-101302-01. A leaking toilet has since been repaired. The total amount of the utility bill shall be adjusted downward by \$308.34.

**SECTION 4.** This utility bill is for a meter at a business, 14318 Hwy 15; Account #09-600005-00. A leaking waterline has since been repaired. This extraordinary amount of water did not enter the sewer system. The total amount of the utility bill shall be adjusted downward by \$1,152.35.

**SECTION 5.** This utility bill is for a meter at a home, 116 Forest Dr.; Account # 03-046000-00. This adjustment is to the sewer portion of the bill as the extraordinary water consumption was used to fill a swimming pool and did not enter the sewer system. The total amount of the utility bill shall be adjusted downward by \$32.70.





**SECTION 6.** This utility bill is for a meter at a home, 4117 Magnolia Pl.; Account #03-102104-02. This adjustment is to the sewer portion of the bill as the extraordinary water consumption was used to fill a swimming pool and did not enter the sewer system. The total amount of the utility bill shall be adjusted downward by \$60.91.

**SECTION 7.** This utility bill is for a meter at a home, 17066 Palm Ridge Dr.; Account #09-408300-08. This adjustment is to the sewer portion of the bill as the extraordinary water consumption was used to fill a swimming pool and did not enter the sewer system. The total amount of the utility bill shall be adjusted downward by \$48.96.

**SECTION 8.** This utility bill is for a meter at a home, 17225 Avondale Cir.; Account # 09-900700-11. A review of this account indicates that the monthly water consumption (for past several months) is well below average. The owner provides no explanation or information that would support and adjustment of the bill.

In the regard I recommend that **this account not be adjusted.**

**SECTION 9.** This utility bill is for a meter at a home, 10271 Belle Vue Rd.; Account #07-170000-00. A review of our records indicates that this account was previously adjusted for the same exact reason....within the past 12 months.

In this regard I recommend that **this account not be adjusted.**

**SECTION 10.** This utility bill if for a meter at a home, 3003 Cypress Creek Dr.; Account #04-176002-01. The owner provides no explanation or information that would support an adjustment of the bill.

In this regard I recommend **that this account not be adjusted.**

**End of Resolution.**

Motion by Councilperson \_\_\_\_\_, seconded by Councilperson

\_\_\_\_\_ to adopt the foregoing resolution, and the Mayor put the question to a roll call vote, and the vote was as follows:

AYES:

NAYES:



The motion having received the affirmative vote of a majority of the members present,  
The Mayor declared the motion **carried** and the resolution **adopted** this the \_\_\_\_ day of  
\_\_\_\_\_, 2017.

---

**RUSTY QUAVE, MAYOR**

**CITY OF D'IBERVILLE, MISSISSIPPI**

ATTEST: \_\_\_\_\_

CITY CLERK

