

# ELEVATION CERTIFICATE


IMPORTANT: Follow the instructions on pages 1-9.

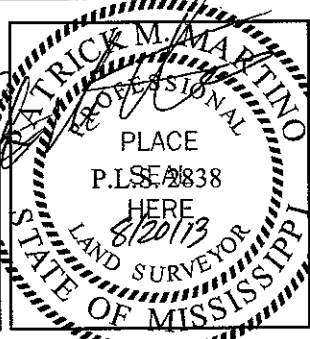
OMB No. 1660-0008  
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name <b>MICHAEL CUNNINGHAM</b>	Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>14129 LONGWOOD CIRCLE</b>	Company NAIC Number:	
City <b>D'IBERVILLE</b>	State <b>MS</b>	ZIP Code <b>39540</b>
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>LOT 60, LONGWOOD SUBDIVISION, TAX PARCEL NUMBER 1407 -28-011.060</b>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>ACCESSORY POOL HOUSE</b>		
A5. Latitude/Longitude: Lat. <b>N 30°29'20.835"</b> Long. <b>W 88°53'47.781"</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>1B</b>		
A8. For a building with a crawspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawspace or enclosure(s) <b>N/A</b> sq ft	a) Square footage of attached garage <b>N/A</b> sq ft	
b) No. of permanent flood openings in the crawspace or enclosure(s) within 1.0 foot above adjacent grade <b>N/A</b>	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 A8.b <b>N/A</b> sq in	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	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>MS</b>	
B4. Map/Panel Number <b>28047C0282</b>	B5. Suffix <b>G</b>	B6. FIRM Index Date <b>06/16/2009</b>	B7. FIRM Panel Effective/ Revised Date <b>06/16/2009</b>	B8. Flood Zone(s) <b>X</b>	B9. Base Flood Elevation(s) (Zone A0, use base flood depth) <b>N/A</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					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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: <b>USGS MONUMENT 15V8 BH3018</b> Vertical Datum: <b>NAVD 88 (G10D 03)</b> Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> 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, crawspace, or enclosure floor) <b>23 . 6</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor <b>N A</b>	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only) <b>N A</b>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab) <b>N A</b>	<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) <b>25 . 0</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) <b>20 . 6</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) <b>21 . 4</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <b>20 . 5</b>	<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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> 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, PLS INC.</b>		
Address <b>13061 HIGHWAY 67, SUITE B</b>	City <b>BILOXI</b>	State <b>MS</b>	ZIP Code <b>39532</b>
Signature 	Date <b>08/20/2013</b>	Telephone <b>(228) 396-2283</b>	



**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

<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 PO. Route and Box No. <b>14129 LONGWOOD CIRCLE</b>			Policy Number:
City <b>D'IBERVILLE</b>	State <b>MS</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.



**FRONT VIEW OF POOL HOUSE. PICTURE TAKEN 8/20/2013**



**REAR VIEW OF POOL HOUSE. PICTURE TAKEN 8/20/2013**

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name <b>TOMMY HEBERT</b>		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>RIVERVIEW DRIVE</b>		Policy Number
City <b>D'IBERVILLE</b> State <b>MS</b> ZIP Code <b>39540</b>		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>LOT 12, THE PENINSULA AT RIVERWALK SUBDIVISION, CITY OF D'IBERVILLE, HARRISON COUNTY, MISSISSIPPI.</b>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>RESIDENTIAL</b>		
A5. Latitude/Longitude: Lat. <b>N30°28'06.883"</b> Long. <b>W88°54'02.064"</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>5</b>		
A8. For a building with a crawl space or enclosure(s), provide		A9. For a building with an attached garage, provide:
a) Square footage of crawl space or enclosure(s) <b>N/A</b> sq ft		a) Square footage of attached garage <b>N/A</b> sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <b>N/A</b>		b) No. of permanent flood openings in the attached garage walls 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		c) Total net area of flood openings in A9.b <b>N/A</b> sq in

## 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>MS</b>	
B4. Map/Panel Number <b>285255 0205</b>	B5. Suffix <b>E</b>	B6. FIRM Index Date <b>OCT. 4, 2002</b>	B7. FIRM Panel Effective/Revised Date <b>AUG. 4, 1988</b>	B8. Flood Zone(s) <b>"A12"</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>11'</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 (Describe) _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe) _____					
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 <b>N/A</b> <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-g below according to the building diagram specified in Item A7.  
Benchmark Utilized **MDOT 15V8** Vertical Datum **NGVD 88**  
Conversion/Comments **SUBTRACT 0.11 FEET AS PER NGS WEBSITE**

Check the measurement used.

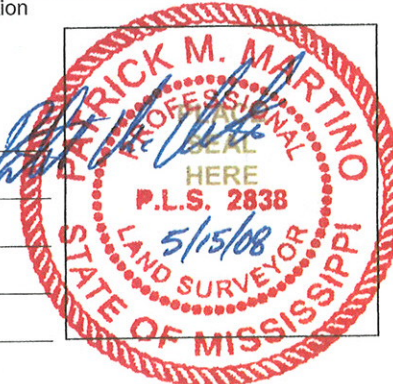
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<b>23.8</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<b>N/A</b>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<b>N/A</b>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<b>N/A</b>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<b>N/A</b>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<b>9.4</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<b>9.7</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

## 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.

Certifier's Name **Patrick M. Martino** License Number **02838**  
Title **Professional Land Surveyor** Company Name **Patrick M. Martino, PLS INC.**  
Address **13061 Highway 67, Suite A** City **Biloxi** State **MS** ZIP Code **39532**  
Signature *Patrick M. Martino* Date **5/15/08** Telephone **228-396-2283**




<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. RIVERVIEW DRIVE	Policy Number
City D'IBERVILLE State MS ZIP Code 39540	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 BUILDING IS UNDER CONSTRUCTION. NO MACHINERY SERVICING THE BUILDING AT TIME OF SURVEY. THIS PROPERTY LIES WITHIN FLOODWAY LIMITS. DATUM CONVERSION WAS OBTAINED USING NGS/NOAA WEBSITE. CONCRETE SLAB UNDER RESIDENCE IS AT AN ELEVATION OF 10.1'

CONTACT CITY OF D'IBERVILLE BUILDING OFFICIALS FOR ANY FURTHER BUILDING HEIGHT REQUIREMENTS. (P8226 TOMMY HEBERT)

Signature  Date 5/15/08  Check here if attachments

**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, crawl space, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.  
 b) Top of bottom floor (including basement, crawl space, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 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. and G9.

- 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.-G9.) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
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- 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 (PR) Datum \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_  feet  meters (PR) Datum \_\_\_\_\_

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

Check here if attachments

# Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. RIVERVIEW DRIVE	For Insurance Company Use: Policy Number
City D'IBERVILLE State MS ZIP Code 39540	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."



RIGHT SIDE VIEW OF RESIDENCE. PICTURE TAKEN 5/15/08.



LEFT SIDE VIEW OF RESIDENCE. PICTURE TAKEN 5/15/08.

# Building Photographs

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. RIVERVIEW DRIVE	For Insurance Company Use:
	Policy Number
City D'IBERVILLE State MS ZIP Code 39540	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.



FRONT VIEW OF RESIDENCE. PICTURE TAKEN 5/15/08.



REAR VIEW OF RESIDENCE. PICTURE TAKEN 5/15/08.

FEDERAL EMERGENCY MANAGEMENT AGENCY  
 NATIONAL FLOOD INSURANCE PROGRAM  
**ELEVATION CERTIFICATE**

O.M.B. No. 3067-0077  
 Expires DECEMBER 31, 2005

1407-28-011.060

**Important: Read the instructions on pages 1 - 7.**

**SECTION A - PROPERTY OWNER INFORMATION**

BUILDING OWNER'S NAME MARTHA COLE		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. LONGWOOD CIRCLE		Policy Number	
CITY D'IBERVILLE		STATE MS	ZIP CODE 39540
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 60, LONGWOOD ESTATES SUBDIVISION, CITY OF D'IBERVILLE, HARRISON COUNTY, MISSISSIPPI.			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential			
LATITUDE/LONGITUDE (OPTIONAL) N/A	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____	

**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 AND PANEL NUMBER 285255 0140	B5. SUFFIX E	B6. FIRM INDEX DATE OCT. 4, 2002.	B7. FIRM PANEL EFFECTIVE/REVISED DATE AUG. 4, 1988.	B8. FLOOD ZONE(S) "C"	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 25 FEET

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe): \_\_\_\_\_

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe): \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
 Designation Date N/A

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

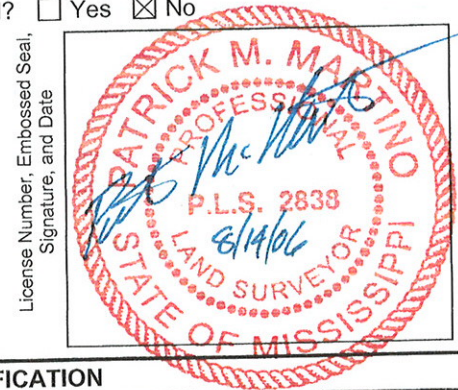
C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
 \*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
 Datum n/a Conversion/Comments n/a

Elevation reference mark used N/A Does the elevation reference mark used appear on the FIRM?  Yes  No

- o a) Top of bottom floor (including basement or enclosure) 25.0 ft.(m)
- o b) Top of next higher floor n/a ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) n/a ft.(m)
- o d) Attached garage (top of slab) n/a ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (describe in comments area.) n/a ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 19.5 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 19.8 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade n/a
- o i) Total area of all permanent openings (flood vents) in C3h n/a sq. in. (sq. cm)



**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 in Sections A, B, and C 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.

CERTIFIER'S NAME Patrick M. Martino LICENSE NUMBER PLS 02838

TITLE Professional Land Surveyor COMPANY NAME Patrick M. Martino, P.L.S.

ADDRESS 8031 Frank Hudson Road CITY Biloxi STATE MS ZIP CODE 39532

SIGNATURE *Patrick M. Martino* DATE 08/14/06 TELEPHONE 228-396-2283

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. LONGWOOD CIRCLE			Policy Number
CITY D'IBERVILLE	STATE MS	ZIP CODE 39540	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  
INFORMATION SHOWN IN SECTION "C3-a" WAS PROVIDED BY CLIENT.

SEE CITY OF D'IBERVILLE BUILDING OFFICIALS FOR ANY FURTHER REQUIREMENTS.

Check here if attachments (LOT 60B MARTHA COLE)

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number \_\_\_\_\_ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is \_\_\_ ft.(m) \_\_\_ in.(cm)  above or  below (check one) the highest adjacent grade. ( use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is \_\_\_ ft.(m) \_\_\_ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front form.
- E4. For 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 C (items C3.h and C3.i only), 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, C, 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.

- G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments