

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

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

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME CAL REALTY			For Insurance Company Use:		
			Policy Number		
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 920 PARKVIEW PLACE			Company NAIC Number		
CITY GULFPORT	STATE MS	ZIP CODE 39507			
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 2, SWITZER PLACE SUBDIVISION, CITY OF GULFPORT, 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 GULFPORT 285253		B2. COUNTY NAME HARRISON		B3. STATE MS	
B4. MAP AND PANEL NUMBER 2852530044	B5. SUFFIX D	B6. FIRM INDEX DATE OCTOBER 4, 2002	B7. FIRM PANEL EFFECTIVE/REVISED DATE OCTOBER 4, 2002	B8. FLOOD ZONE(S) "X"	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) N/A

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.

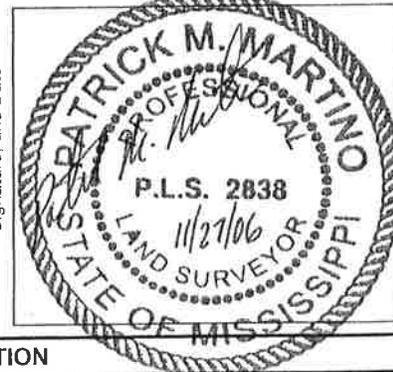
C2. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

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 GCBM#793 Does the elevation reference mark used appear on the FIRM? Yes No

o a) Top of bottom floor (including basement or enclosure)	<u>23.3</u> ft.(m)
o b) Top of next higher floor	<u>n/a</u> ft.(m)
o c) Bottom of lowest horizontal structural member (V zones only)	<u>n/a</u> ft.(m)
o d) Attached garage (top of slab)	<u>n/a</u> ft.(m)
o e) Lowest elevation of machinery and/or equipment servicing the building (describe in comments area.)	<u>22.0</u> ft.(m)
o f) Lowest adjacent (finished) grade (LAG)	<u>11.9</u> ft.(m)
o g) Highest adjacent (finished) grade (HAG)	<u>12.2</u> ft.(m)
o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>n/a</u>
o i) Total area of all permanent openings (flood vents) in C3h	<u>n/a</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



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	13061 HIGHWAY 67, SUITE "A"	CITY	Biloxi
		STATE	MS
		ZIP CODE	39532
SIGNATURE		DATE	11/27/06
		TELEPHONE	228-396-2283