

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name <b>BETHEA, KAY DEAN</b>	Job Number <b>L16B4IVSD</b>	Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>4622 FORD STREET</b>		Company NAIC Number
City <b>GULFPORT</b>	State <b>MS</b>	ZIP Code <b>39501</b>
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>LOTS 16-18, BLOCK 4, ISLAND VIEW ADDITION, TAX PARCEL #07110-04-089.000</b>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>Residence Addition</b>		
A5. Latitude/Longitude: Lat. <b>N 30d21'32.2"</b> Long. <b>W 89d07'08.2"</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>GULFPORT 285253</b>		B2. County Name <b>HARRISON</b>		B3. State <b>MS</b>	
B4. Map/Panel Number <b>285253/0076</b>	B5. Suffix <b>D</b>	B6. FIRM Index Date <b>10/04/02</b>	B7. FIRM Panel Effective/Revised Date <b>10/04/02</b>	B8. Flood Zone(s) <b>"X"</b>	B9. Base Flood Elevation(s) (Zone AO, 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 (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 **Gcbm#1057, Elevation 18.18'** Vertical Datum **NGVD 1929**

Conversion/Comments **N/A**

	Check the measurement used.
a) Top of bottom floor (including basement, crawl space, or enclosure floor) <b>18.55</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor <b>18.89</b>	<input checked="" 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 checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) <b>N/A</b>	<input checked="" 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>16.0</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG) <b>15.6</b>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG) <b>15.9</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 <b>Timothy L. Glass</b>		License Number <b>2584</b>	
Title <b>Land Surveyor</b>	Company Name <b>Glass Land Surveying, Inc.</b>		
Address <b>10453 Pin Oak Drive</b>	City <b>Biloxi</b>	State <b>MS</b>	ZIP Code <b>39532</b>
Signature <i>Timothy L. Glass</i>	Date <b>07/09/07</b>	Telephone <b>(228) 392-9004</b>	

