U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

Building Owner's Name MADELINE TONTI

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
4010 NORTH BEACH

City BAY ST LOUIS State MS ZIP Code39520

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
136H-2-37-010.002

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Res. XX /Non-resS /Additn. /Accesry. /Other

A5. Latitude/Longitude: Lat. 30-20-32.56 N Long. 90-20-51.62 W Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number6

A8. For a building with a crawl space or enclosure(s), provide
a) Square footage of crawl space or enclosure(s) 352 sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade none
c) Total net area of flood openings in A8.b NA sq in

A9. For a building with an attached garage, provide:
a) Square footage of attached garage NA sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade NONE
c) Total net area of flood openings in A9.b NA sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number	B2. County Name	B3. State
BAY ST LOUIS 285251	HANCOCK	MISSISSIPPI

B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
285251- 0001	B	11/16/83	11/16/83	V-13	15FT

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe) _____

. Indicate elevation datum used for BFE in Item B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe) _____

. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐Yes ☒No
Designation Date_____ ☐ CBRS ☐ 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 USGS Vertical Datum NGVD1929
Conversion/Comments NONE

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	6.7	☒ feet	☐ meters (Puerto Rico only)
b) Top of the next higher floor	21.5	☒ feet	☐ meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	19.1	☒ feet	☐ meters (Puerto Rico only)
d) Attached garage (top of slab)	NA	☒ feet	☐ meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	19.4	☒ feet	☐ meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	6.0	☒ feet	☐ meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	6.2	☒ feet	☐ 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.

ertifier's Name JAMES J. CHINICHE, PE,PLS License Number MS 5666

Title CIVIL ENGINEER Company Name JAMES J. CHINICHE, PA, INC

Address 721 OLD SPANISH TRAIL City BAY ST LOUIS State MS ZIP Code 30520

Signature REV 01/12/07 r 7-17-07 Date REV- 7/31/06- 6/27/06 Telephone 228 467 6755