

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

| SECTION A - PROPERTY OWNER INFORMATION | | | For Insurance Company Use: | |
|--|-------------|--|--|--|
| BUILDING OWNER'S NAME Capstone Construction, Inc. | | | Policy Number | |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. La Roche' Court | | | Company NAIC Number | |
| CITY Ridgeland | STATE MS | ZIP CODE 39157 | | |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 1, La Roche' | | | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential | | | | |
| LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ###.#####") | | 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 Madison County, Mississippi and Incorporated Areas | | B2. COUNTY NAME Madison | | B3. STATE MS | |
| B4. MAP AND PANEL NUMBER 28089C0320 | B5. SUFFIX D | B6. FIRM INDEX DATE 04/15/94 | B7. FIRM PANEL EFFECTIVE/REVISED DATE 04/15/94 | B8. FLOOD ZONE(S) X, AE | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 287 |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____ | | | | | |
| B11. Indicate the elevation datum used for the BFE in 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 _____ | | | | | |

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 C3.-a-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 NGVD 1927 Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) 290.50 ft.(m)

b) Top of next higher floor _____ ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)

d) Attached garage (top of slab) 290.17 ft.(m)

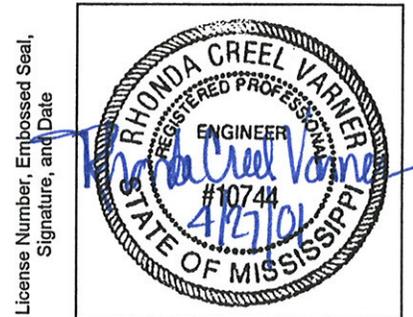
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) _____ ft.(m)

f) Lowest adjacent (finished) grade (LAG) 288.71 ft.(m)

g) Highest adjacent (finished) grade (HAG) 289.52 ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____

i) Total area of all permanent openings (flood vents) in C3.h _____ 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 Rhonda Creel Varner

LICENSE NUMBER 10744

TITLE President

COMPANY NAME Sterling Consultants, inc.

ADDRESS
860 East River Place, Suite 205

CITY
Jackson

STATE
MS

ZIP CODE
39202

SIGNATURE
Rhonda Creel Varner

DATE
04/27/2001

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