## 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 - PROPE		
A1. Building Owner's Name Delores Holman	Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. I 847 Old Agency Road	Route and Box No. Company NAIC Number	
City Ridgeland State MS ZIP Code 39157	RECEIVED	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Des West half of Section 27, T7N-R1E, Madison County, Mississippi	cription, etc.)	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) E  A5. Latitude/Longitude: Lat. 32d25' Long. 90d11'  A6. Attach at least 2 photographs of the building if the Certificate is being used to  A7. Building Diagram Number 1  A8. For a building with a crawl space or enclosure(s), provide  a) Square footage of crawl space or enclosure(s) sq ft  b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade  c) Total net area of flood openings in A8.b sq in  SECTION B - FLOOD INSURANCE RA  B1. NFIP Community Name & Community Number	A9. For a building with an attached garage, provide:  a) Square footage of attached garage sq ft b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade c) Total net area of flood openings in A9.b sq in  ATE MAP (FIRM) INFORMATION  B3. State MS  RM Panel	
B11. Indicate elevation datum used for BFE in Item 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 ☐ 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 Madison Vertical Datum NGVD 29  Conversion/Comments		
·	Check the measurement used.	
c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) f) Lowest adjacent (finished) grade (LAG)	feet	
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION		
Title PRESIDENT Company Name WISE LAND  Address 230 CHRISTOPHER COVE City RIDGELAND S	icense Number PS-2415 SURVEYING, INC. tate MS ZIP Code 39157	
Signature Date 4/27/07 Telephone	601-605-6332	

## **Building Photographs**

See Instructions for Item A6.

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  Policy Number  47 Old Agency Road  Policy Number	
City Ridgeland State MS ZIP Code 39157	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.



