

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME _____ Policy Number _____

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. _____ Company NAIC Number _____

333 Red Eagle Circle

CITY _____ STATE _____ ZIP CODE _____

Ridgeland MS

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) _____

Lot 32 Old Agency Village Phase 3

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) _____

Residential

LATITUDE/LONGITUDE (OPTIONAL) _____ HORIZONTAL DATUM: SOURCE: GPS (Type): _____

(##° - ##' - ###.###" or ###.####") NAD 1927 NAD 1983 USGS Quad Map Other _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER		B2. COUNTY NAME		B3. STATE	
Ridgeland 28089C		Madison		MS	
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AD, use depth of flooding)
0320	D	4/15/94		X & AE	351.3

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: _____

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 _____ 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) _____ 353 . 8 ft.(m)

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

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

d) Attached garage (top of slab) _____ 357 . 4 ft.(m)

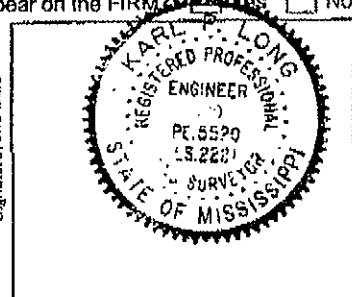
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) _____ N/A . ft.(m)

f) Lowest adjacent (finished) grade (LAG) _____ 349 . 6 ft.(m)

g) Highest adjacent (finished) grade (HAG) _____ N/A . ft.(m)

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

i) Total area of all permanent openings (flood vents) in C3.h _____ N/A 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 _____ LICENSE NUMBER _____

Karl P. Long #2221

TITLE _____ COMPANY NAME _____

Surveyor Central Mississippi Engineering, Inc.

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

P. O. Box 247 Florence MS 39073

SIGNATURE _____ DATE _____ TELEPHONE _____

6/2/03 601-845-3068