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.

					19050X # 00W			
SECTION A - PROPERTY INFORMATION						For Insurance Company Use:		
A1. Building Owner's Name MAY INVESTMENTS, LLC						Policy Number		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. UNITS 701,703,705,707, & 709, EAST BEACH BOULEVARD, BLDG. A						Company NAIC Number		
City LONG BEACH	State MS Z	IP Code 39560						
A3. Property Description (L PARCEL # 0512I-01-011.00	ot and Block Nu 0 (BUILDING "A	mbers, Tax Parcel Nu A", BEACHWALK CON	mber, Legal D IDOMINIUMS	escription, etc.)				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) A5. Latitude/Longitude: Lat. N30°20'15" Long. W89°10'16.5" 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 Number 7 A8. For a building with a crawl space or enclosure(s), provide a) Square footage of crawl space or enclosure(s) N/A sq ft b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 0 c) Total net area of flood openings in A8.b Q sq in C) Total net area of flood openings in A9.b O sq in								
D1 NEID Community Name		TION B - FLOOD IN		14.01				
B1. NFIP Community Name CITY OF LONG BEACH (28			32. County Nar HANCOCK	ne		B3. State MISSISSIPPI		
B4. Map/Panel Number 285257 0003	B5. Suffix	B6. FIRM Index Date 5/4/88	Effective	FIRM Panel PRevised Date 5/4/88	B8. Flood Zone(s) "V14"	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 16'		
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) 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								
	SECTIO	N C - BUILDING EI	EVATION IN	IFORMATION (S	SURVEY REQUIR	ED)		
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 RM 11 Vertical Datum NGVD 29 Conversion/Comments STA. 402+00 HIGHWAY 90, 200' WEST OF LANG AVE. PAINTED ON SEAWALL Check the measurement used.								
d) Attached garage (to e) Lowest elevation of (Describe type of eq f) Lowest adjacent (fin	er floor t horizontal struc p of slab) machinery or eq uipment in Com ished) grade (LA	ctural member (V Zone quipment servicing the ments) AG)	es only)	19.91	meters (Puerto et meters (Puerto	o Rico only)		
g) Highest adjacent (fir	AG)	<u>8.09</u> ⊠ fee	et	o Rico only)				
		N D - SURVEYOR,						
This certification is to be signiformation. I certify that the I understand that any false s Check here if comments	information on t tatement may be	this Certificate represe e punishable by fine o	ents my best ei	forts to interpret the	e data available.	on STEVAN		
Certifier's Name : EDWIN S	. OTT			License Number :	15770			
Title: PROFESSIONAL EN	GINEER	Company Name	e : GULF STA	TE ENGINEERING	G, LLC	ENGINEER E		
Address: 1816 PASS ROAL)	City : GULFPO	RT	State MS ZIP Co	ode 39501	- 8/10/06 B		
Signature	-0.4	Date 8/8/06	Tolonhon	/228/ 864 5050		OF AUDCISS		

	copy the corresponding informati			For Insurance Company Use:		
Building Street Address (including Apt UNITS 701,703,705,707, & 709, EAS	ı	Policy Number				
City LONG BEACH State MS ZIP C	70de 39560		(Company NAIC Number		
SECTION	D - SURVEYOR, ENGINEER, OR	ARCHITECT CERTIFICA	ATION (CONTI	NUED)		
Copy both sides of this Elevation Cert	ificate for (1) community official, (2) insur	ance agent/company, and (3	B) building owner			
Comments: LOWEST MACHINERY NOTED ON PAGE (1) OF FORM IS THE ELEVATION OF THE LOWEST PART OF THE ELECTRICAL METER BOX, ELEVATION = 17.72'. THE ELEVATION OF THE A/C PLATFORMS ARE AT ELEVATION = 19.85'. (NO A/C UNITS ON PLATFORMS).						
W.O. # MS06081 (MAY INVESTMENTS, LLC)						
Signature Elle J. Ob	_	Date 8/8/06		□ Check here if attachments		
	VATION INFORMATION (SURVEY	NOT REQUIRED) FOR 2	ZONE AO ANI	ZONE A (WITHOUT BFE)		
For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters. E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawl space, or enclosure) is						
	SECTION G - COMMUNITY	NFORMATION (OPTION	JAL)	Check here if attachments		
he local official who is authorized by land G of this Elevation Certificate. Com	w or ordinance to administer the commun plete the applicable item(s) and sign belo	ity's floodplain management	t ordinance can	complete Sections A, B, C (or E),		
is authorized by law to certify (vas taken from other documentation that elevation information. (Indicate the sourc d Section E for a building located in Zone	e and date of the elevation of	data in the Comr	nents area below.)		
33. The following information (Iten	ns G4G9.) is provided for community flo	odplain management purpos	ses.			
G4. Permit Number	G5. Date Permit Issued	G6. Date Certific	ate Of Complian	ce/Occupancy Issued		
67. This permit has been issued for:		antial Improvement				
 Elevation of as-built lowest floor (inc BFE or (in Zone AO) depth of flooding 						
Local Official's Name		- Control of the Cont	, Ty Datum	-		
Community Name		Title				
Signature		Telephone				
		Date				
Comments						

Check here if attachments

Building Photographs See Instructions for Item A6.

B 115 OL LAND OF THE STATE OF T	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. UNITS 701,703,705,707, & 709, EAST BEACH BOULEVARD, BLDG. A	Policy Number
City LONG BEACH State MS ZIP Code 39560	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.



8/8/06 FRONT VIEW

Building Photographs Continuation Page

Della Oles IAII Color IAII	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number
UNITS 701,703,705,707, & 709, EAST BEACH BOULEVARD, BLDG. A	
City LONG BEACH State MS ZIP Code 39560	Company NAIC Number
Silv Estro Berton State Milo Eli Sodie 39500	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View."



8/8/06 REAR VIEW