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.

	PROPERTY INFORMAT	ION	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.) UNITS 700,702,704,706, & 708, EAST BEACH BOULEVARD, BLDG. B	or P.O. Route and Box No.		Company NAIC Number
City LONG BEACH State MS ZIP Code 39560			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, L PARCEL # 0512I-01-011.000 (BUILDING "B", BEACHWALK CONDOMIN	egal Description, etc.) IIUMS		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory A5. Latitude/Longitude: Lat. N30°20.250' Long. W89°10.283' A6. Attach at least 2 photographs of the building if the Certificate is being 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) 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	used to obtain flood insurance A9. For a build gft a) Square b) No. of walls very sq in c) Total recognitions.	ce. ding with an attach e footage of attach permanent flood o within 1.0 foot abov net area of flood op	ed garage, provide: ned garage 2.644 sq ft expenings in the attached garage ve adjacent grade 0 penings in A9.b 0 sq in
B1. NFIP Community Name & Community Number B2. Cour			0.00
CITY OF LONG BEACH (285257)			3. State IISSISSIPPI
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date E 285257 0003 C 5/4/88	B7. FIRM Panel ffective/Revised Date 5/4/88	B8. Flood Zone(s) "V14"	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) data or base fl	ood depth entered in Item B9		
☐ FIS Profile ☐ FIRM ☐ Community Determined	Other (Describe)		
 B11. Indicate elevation datum used for BFE in Item B9: \(\sum \) NGVD 192 B12. Is the building located in a Coastal Barrier Resources System (CBRS) 		Other (Describe)	
Designation Date CB	RS DPA		∐Yes ⊠No
SECTION C - BUILDING ELEVAT	ON INFORMATION (SUF	RVEY REQUIRE	D)
C1. Building elevations are based on:	☐ Building Under Cor	nstruction*	□ Finished Construction
 Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with below according to the building diagram specified in Item A7. 	n BFE), AR, AR/A, AR/AE, AF	R/A1-A30, AR/AH,	AR/AO. Complete Items C2.a-g
Benchmark Utilized RM 11 Vertical Datum NGVD 29 Conversion/Comments STA. 402+00 HIGHWAY 90, 200' WEST OF L.	AND AVE DAINTED ON SE		
Odiversion/Comments STA. 402700 HIGHWAT SU, 200 WEST OF L.		AVVALL ck the measureme	ent used.
a) Top of bottom floor (including basement, crawl space, or enclosure floo	r) <u>9.83</u> 🛭 feet [meters (Puerto	Rico only)
b) Top of the next higher floor		meters (Puerto	
 Bottom of the lowest horizontal structural member (V Zones only) 		meters (Puerto	
d) Attached garage (top of slab)		meters (Puerto	
 e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) 	<u>15.00</u> ⊠ feet [meters (Puerto	Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>8.3</u> ⊠ feet [meters (Puerto	Rico only)
g) Highest adjacent (finished) grade (HAG)		meters (Puerto	
SECTION D - SURVEYOR, ENGIR	NEER, OR ARCHITECT C	ERTIFICATION	
This certification is to be signed and sealed by a land surveyor, engineer, of information. I certify that the information on this Certificate represents my a lunderstand that any false statement may be punishable by fine or imprison.	or architect authorized by law	to certify elevation	
□ Check here if comments are provided on back of form.			SHIN SYLV
Certifier's Name: EDWIN S. OTT	License Number: 157	70	ENGINEER E
Title: PROFESSIONAL ENGINEER Company Name: GUL	F STATE ENGINEERING, LL	LC	15770
Address: 1816 PASS ROAD City: GULFPORT	State MS ZIP Code	39501	8/25/06
Signature Date 8/24/06 Tele	ephone (228) 864-5050		WISSIGN WISSIGN

IMPORTANT. In those energy day and the comment of t	
IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	For Insurance Company Use:
UNITS 700,702,704,706, & 708, EAST BEACH BOULEVARD, BLDG. B	Policy Number
City LONG BEACH State MS ZIP Code 39560	Company NAIC Number
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CON	TINUED)
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building own	ner.
Comments : LOWEST MACHINERY NOTED ON PAGE (1) OF FORM IS THE ELEVATION OF THE LOWEST ELECTION.	RICAL OUTLET ELEVATION =
15.00'. THE ELEVATION OF THE A/C PLATFORMS ARE AT ELEVATION= 20.02'. (NO A/C UNITS ON PLATFORMS)).
W.O. # MS06086 BUILDING B (MAY INVESTMENTS, LLC)	
Signature D. Ott Date 8/24/06	□ Check here if attachments
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO A	ND 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 and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meter E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is at grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawl space, or enclosure) is	bove or below the highest adjacent bove or below the HAG. bove or below the LAG. structions), the next higher floor HAG.
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIF	ICATION
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEM or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.	A-issued or community-issued BFE)
Property Owner's or Owner's Authorized Representative's Name	
Address City State	ZIP Code
Signature Date Telephon	Account to a company of the company
Comments	
	Check here if attachments
SECTION G - COMMUNITY INFORMATION (OPTIONAL)	
he local official who is authorized by law or ordinance to administer the community's floodplain management ordinance cand G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Item	in complete Sections A, B, C (or E), s G8. and G9.
The information in Section C was taken from other documentation that has been signed and sealed by a licensed is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Co	I surveyor, engineer, or architect who mments area below.)
2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-	
3. The following information (Items G4G9.) is provided for community floodplain management purposes.	
G4. Permit Number G5. Date Permit Issued G6. Date Certificate Of Compl	iance/Occupancy Issued
7. This permit has been issued for: New Construction Substantial Improvement	
8. Elevation of as-built lowest floor (including basement) of the building: feet	
9. BFE or (in Zone AO) depth of flooding at the building site: feet _ meters (PR) Datum _	
Local Official's Name Title	
Community Name Telephone	· · · · · · · · · · · · · · · · · · ·
Signature Date	
Comments	

☐ Check here if attachments

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. UNITS 700,702,704,706, & 708, EAST BEACH BOULEVARD, BLDG. B	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.



8/24/06 FRONT VIEW

Building Photographs Continuation Page

	For Insurance Company Use:
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City LONG BEACH State MS ZIP Code 39560	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."



8/24/06 REAR VIEW