

City of Bay St. Louis 688 Highway 90 Bay St. Louis, MS 39520

August 27, 2025

Mississippi Emergency Management Agency Attention: Mitigation Grant Programs 1 MEMA Drive Pearl, MS 39208

RE: Reimbursement Request - Milestone 3, 3100 Roberson Road Structure Elevation

FMA-PJ-04-MS-2022-008

Dear Mitigation Program Team,

On behalf of the City of Bay St. Louis, we respectfully submit the enclosed Reimbursement Request Form (RRF No. 5) in the amount of \$42,441.25 for work completed under Milestone 3 of the structure elevation project located at 3100 Roberson Road. The contractor, Davie Shoring, Inc., has fulfilled the third milestone for this elevation project as outlined in the approved scope of work under the Flood Mitigation Assistance (FMA) Swift Current grant.

Tetra Tech, serving as the project management consultant for the City, has reviewed the invoice and all supporting documentation, including mid-Elevation Certification and progress photos. Based on their review, Tetra Tech has formally recommended approval of the submitted payment to the contractor.

We request that MEMA process this reimbursement in accordance with the grant terms and forward the funds to the City for disbursement to the contractor.

Should you have any questions or require additional information, please contact me directly.

Sincerely,

Michael J. Reso

Chief Administrative Officer

City Clerk

City of Bay St. Louis

mreso@baystlouis-ms.gov

(228) 466-5457

#### **Enclosures:**

Reimbursement Request Form (RRF No. 5)

Contractor Invoice

Tetra Tech Approval Letter

Supporting Documentation (Progress Photos and Mid-Elevation Certificate)

# REQUEST FOR PAYMENT HAZARD MITIGATION ASSISTANCE PROGRAMS Flood Mitigation Assistance, Hazard Mitigation Grant Program, Swift, BRIC Grant, LPDM

1. Payment Request No5	Disaster: FEMA-	FMA 2022	-DR-MS; Fu	und/Proj.#	FMA-PJ-04-MS-2022-00
3. Type of Request: ✓ Partial I	Final 4. FIPS No	. 2803	980		
			C	ost Share%	95.65%/4.35%
5. Name of Applicant: Ci	ty of Bay St. Louis		Т-	elephone:	(228) 466-5457
Address: 688 Highway	90, Bay St. Louis,	MS 39520	E-	-mail:	mreso@baystlouis-ms.gov
					14.5
	MPUTATION O	F AMOUNT	REQUEST	ED	
6. Federal Funding:					MEMA USE ONLY
a. Total Amount Approved (100%)	\$	555,22	20.00		Documented Cost \$
b. Federal Share (95.65% of total) Available	\$	531,05	53.30		Payment Request \$
c. Total Previous Payments	\$	188,07	76.40		Approved Payment \$
d. Current Balance Available (b minus c)	\$	342,97	76.90		Project Balance \$
e. Amount of This Request (100%)	\$	42,44	1.25		Accounting Officer
f. Cumulative Payments (c plus e)	\$	230,51	7.65		Date
g. Project Balance (b minus f)	\$	300,53	35.65		
	CERT	TIFICATION	V		
7. I certify that to the best of my knowledge and with the grant conditions, and that payment red			t been previo		
(Signature of Authorized Certifying Official)	P	•: : : : : : : : : : : : : : : : : : :	8/27/2025 Date		
Michael J. Reso		<b>.</b> 8		ministrative	e Officer_
Typed Name			Title		
8. I certify that the amount claimed on this vouch	er is correct and pa	yment has n	ot been disbu	ırsed.	
Stephen C. McCraney, Governor's Authorized	Representative	• 8	Date		
FOR USE BY MEMA MIT	IGATION AND A	DMINISTE	RATION & 1	FINANCE	E RUREAU ONLY
Reimbursement of amount below is approved bubmitted by the Authorized Certifying Official		d verificatio	on of all requ	iired proje	ect documentation
Amount \$	Grants Director				SHMO
Program /Fund	Cost share		A	ccounting	Officer
COMMENTS:	The state of the s			-	

### Hazard Mitigation Grant Program Summary of Documentation in Support of Amount Claimed

ity of Bay St. Louis MA 2022 SWIFT - Elevation of 2 properties			Grant Name and Project Number: FMA 22 SWFT/FMA-PJ-04-MS-2022-008			
Project Summary of Financial Documentation: Vendor or Services Rendered	Date of Check or Invoice	Check or Warrant No.	Invoice No.	Amo	unt	
Davie Shoring, Inc - Milestone 3 of 3100 Roberson Road	8/18/2025		3100R.M3	\$	42,441.	
	-					
					<del></del>	
			<u></u>			
			Total (90% of Total)	3	42,441 38,197	
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED	FROM RECORDS, INVOIC	8/21	7/2025	T ARE AVAILABLE FOR A	AUDIT.	
OZMENTS:						
·						
MGP-Q4A					REV 5/07/2	



**FFATA Reporting Form** Federal Funding Accountability and Transparency Act of 2006 1. Applicant: City of Bay St. Louis, MS 2. UEI#: GRTLUN1WF5F9 Registered in SAM X Yes No 4. Physical Address Associated with UEI#: Street: 688 Highway 90 City: Bay St. Louis State: MS 9-Digit ZIP Code: 39520 Country: United States 5. Is your annual gross revenue made up 80% or more in federal contracts, sub-contracts, loans, grants, sub-grants and/or cooperative agreements? Yes X No 6. Do you receive \$25,000 or more in annual gross revenue from federal contracts, sub-contracts, loans, grants, sub-grants, and/ or cooperative agreements? X Yes No 7. Is salary information for all top management positional available to the public on SEC.gov? 8. Does your county sub-award any grant funds received from MEMA? michael hereby certify to the best of my knowledge and belief that the report is true, complete, Name: Michael J. Reso Agency/Organization: City of Bay St. Louis, MS Title: Chief Administrative Officer Phone: 228-466-5457 Email: mreso@baystlouis-ms.gov For MEMA Office Use Only: Grant Award Name Grant Award ID# Grant Award Amount Date Obligated MEMA Official Initials\_ Entered into FSRS.gov by\_ \_Date Entered\_ MEMA-FFATA 2023



Tetra Tech

Kimberly Ryals-Brooks
Sr. Hazard Mitigation Grant Specialist
Tetra Tech
Kim.ryalsbrooks@tetratech.com
(225) 305-9233

August 27, 2025

City of Bay St. Louis

Attention: Michael J. Reso 688 Highway 90 Bay St. Louis, MS 39520

RE: Approval Recommendation – Reimbursement Request for 3100 Roberson Road Structure Elevation (FMA-PJ-04-MS-2022-008)

Dear Mr. Reso,

Tetra Tech has completed a thorough review of the payment invoice and associated backup documentation submitted for Milestone No. 3 of the 3100 Roberson Road Structure Elevation project. This includes verification of the contractor's invoice, executed contract, mid-Elevation Certificate, and photographic evidence of milestone completion.

Based on our review, all documentation is complete and consistent with the approved scope of work under the Flood Mitigation Assistance (FMA) Swift Current grant. We find the invoice amount of \$42,441.25 submitted by Davie Shoring, Inc. to be accurate and in alignment with the contractual milestone payment schedule.

Accordingly, Tetra Tech recommends approval of the reimbursement request and disbursement of funds to Davie Shoring, Inc.

Please feel free to contact us if you have any questions or need further clarification.

Sincerely,

Kimberly Ryals-Brooks

Kim RyalsBrooks

Sr. Hazard Mitigation Grant Specialist

Tetra Tech

Kim.ryalsbrooks@tetratech.com

(225) 305-9233

# MISSISSIPPI EMERGENCY MANAGEMENT AGENCY REIMBURSEMENT REQUEST FORM (RRF) FOR HAZARD MITIGATION ASSISTANCE FUNDS (INCLUDES ATTACHMENTS A - F)

APPLICANT	FIPS#				
City of Bay St. Louis, MS	2803980				
DISASTER#	PROJECT # (F#)				
FMA-PJ-04-MS-2022	8				
ATTACHMENT		TOTAL AMOUN			
A - FORCE ACCOUNT LABOR SUMMARY RECORDS					
B - FORCE ACCOUNT EQUIPMENT SUMMARY RECORDS					
C - RENTED EQUIPMENT SUMMARY RECORDS					
D - CONTRACT SUMMARY RECORDS			\$42,441.25		
E - ADMINISTRAVTIVE FEES (1603 & 1607)					
F - SUB-RECIPIENT MANAGEMENT COST					
G - COASTAL PROTECTION & RESTORATION AUTHORITY COST					
	RAND TOTAL OF REQUEST E FEDERAL AND NON-FEDERAL)		\$42,441.25		
APPLICANT DE DESIGNATED AGENT'S SIGNATURE	ADDI ICANT OF F	Michael J. Reso			
ALL FIGURE OF PERSONS AND AGENT 3 SIGNATURE	AFFLICANT OR L	LOIGNATED AGENT 3	LININI IVANIE		
		DATE	08/27/2025		

BY SUBMITTING THIS FORM AND ATTACHED SUMMARY RECORDS (ATTACHMENTS A-E), I CERTIFY THAT ALL INFORMATION REPORTED IS COMPLETE AND ACCURATE. THIS CERTIFICATION INCLUDES THAT:

- THE OVERTIME AS DETAILED ON ATTACHMENT A DOES NOT CONTAIN ANY OF THE FOLLOWING, AND OTHERWISE CONFORMS TO THE STIPULATIONS OF THE FEMA INFORMATION SHEET #3, VERSION 4 dated 10/24/05: (1) INELIGIBLE WORK; (2) REST TIME; (3) MEALS; (4)BREAKS; and (5) ON-CALL TIME.
- THIS REQUEST INCLUDES ONLY ITEMS THAT WERE NOT REIMBURSED FROM OTHER SOURCES OF FUNDS (e.g., INSURANCE PROCEEDS, DONATIONS, AND OTHER FEDERAL FUNDS).

				Cont	ract Work S	Summary				
	TA	MISSISSIPPI EMERGENC TACHMENT E - CONTRAC					PAGE		OF	
APPLICANT			FIPS	NO.	DISAST	ER / GRANT	PROJEC	CT NO. (FEMA)	RRF NO.	INVOICE ONLY
City of Bay St. Louis, Ma	S		2803	980	FMA 2	2022 SWIFT	FMA-PJ-0	04-MS-2022-008	5	☑ YES □ NO
DESCRIPTION OF WO Contractor Milestone 3	ORK PERFORMED									
HOMEOWNER	STRUCTURE ADDRESS	VENDOR	INVOICE #	INVOICE DATE	INVOICE TOTAL	AMOUNT REQUESTING	FEDERAL SHARE	NON-FEDERAL SHARE	TOTAL REQUESTED AMOUNT	COMMENTS
HOMEOWNER	STRUCTURE ADDRESS	VENDOR	INVOICE#	INVOICE DATE	INVOICE	AMOUNT REQUESTING	FEDERAL SHARE	NON-FEDERAL SHARE	TOTAL REQUESTED	COMMENTS
Perry and Tami Guy	3100 Roberson Road, Bay St. Louis, MS	Davie Shoring, Inc	3100R.M3	8/18/2025	\$42,441.25	\$42,441.25	\$38,197.13	\$4,244.13	\$42,441.25	Piers and/or columns are buil and structure is set on new piers. New foundation is complete and structure is assumed to be at the new elevation height required.
Total					\$42,441.25	\$42,441.25	\$38,197.13	\$4,244.13	\$42,441.25	



P.O. Box 489 Natalbany, LA 70451 (504) 464-4712

# Invoice

Invoice #	Date
3100R.M3	8/18/2025

Bill To	Ship To		
MISS Bay St. Louis	Tami & Perry Guy 3100 Roberson Rd. Bay St. Louis MS 39520	3	

	Project		Terms		Rep	
	3100 Roberson Rd. Bay St. Louis MS 39520				КН	
Item	Description	Qty	Rate		Amount	
OUP Lift OUP Lift	House Elevation according to contract Retainage	0.25	178,700.00 2,233.75		44,675.00 2,233.75	
	MILESTONE 3 - FOUNDATION: Piers and/or columns are build & structure is set on new piers and/or columns. New foundation is complete and structure is assumed to be at the new elevation height required.					
		74	Total		\$42,441.25	
Make che	ecks payable to: Davie Shoring, Inc.		Payments	s/Credits	\$0.00	
Trance ene	one payments. Davie onering, inc.		Amount I	Due to Date	\$42,441.25	

#### U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB Control No. 1660-0008 Expiration Date: 06/30/2026

#### **ELEVATION CERTIFICATE**

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: Perry Guy ETAL	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.; 3100 Roberson Road	Company NAIC Number:
City: Bay St. Louis State: MS	ZIP Code: 39520
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nur Legal Description 1: PT. JOHN WATSON CL. Legal Description 2: SEC. 47-8-14 Legal Description 4: SEC. 47-8-14 Leg	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential	
A5. Latitude/Longitude: Lat. 30.320436 Long89.389398 Horiz. Datum:	NAD 1927 X NAD 1983 WGS 84
A6. Attach at least two and when possible four clear color photographs (one for each side) of the bo	uilding (see Form pages 7 and 8).
A7. Building Diagram Number:5_	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): N/A sq. ft.	
b) Is there at least one permanent flood opening on two different sides of each enclosed area?	☐ Yes ☐ No ☐ N/A
<ul> <li>c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot Non-engineered flood openings: N/A Engineered flood openings: N/A</li> </ul>	
d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.	
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instruction	ons): N/A sq. ft.
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.	
A9. For a building with an attached garage:	
a) Square footage of attached garage: N/A sq. ft.	
b) Is there at least one permanent flood opening on two different sides of the attached garage?	Yes No N/A
<ul> <li>c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjated Non-engineered flood openings:</li> <li>N/A</li> <li>Engineered flood openings:</li> <li>N/A</li> </ul>	
d) Total net open area of non-engineered flood openings in A9.c:N/A sq. in.	
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instruction	ons):N/A sq. ft.
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions); N/A sq. ft.	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFOR	RMATION
B1.a. NFIP Community Name: City of Bay St. Louis B1.b. NFIP Community Name: City of Bay St. Louis	munity Identification Number: 285251
B2. County Name: Hancock County B3. State: MS B4. Map/Panel No.: 2	28045 C 0334 B5. Suffix: D
B6. FIRM Index Date: 09/27/2019 B7. FIRM Panel Effective/Revised Date: 10/16/20	09
B8. Flood Zone(s): AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use E	Base Flood Depth): 18'
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:  FIS FIRM Community Determined Other:	
B11. Indicate elevation datum used for BFE in Item B9:   NGVD 1929   NAVD 1988  Other	/Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prote Designation Date: CBRS OPA	ected Area (OPA)? Yes No
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)?	No

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.;				o.: FOF	FOR INSURANCE COMPANY USE			
3100 Roberson Road  City: Bay St. Louis State: MS ZIP Code: 39520				Polic	Policy Number:			
City. Day St. Louis	State	VIO	ZIF Code. 55520	Com	pany	NAIC	Numb	oer:
SECTION C - BUIL	DING ELEV	MOITA	INFORMATION (SI	JRVEY REQU	JIRE	D)		
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, AO, A99. Complete Items C2.a–h below accord Benchmark Utilized: C4GNet LA South	ing to the Buil	ding D	iagram specified in Iten	n A7. In Puerto				
Indicate elevation datum used for the elevations ☐ NGVD 1929 ☑ NAVD 1988 ☐ Oth		rough	h) below.					
Datum used for building elevations must be the If Yes, describe the source of the conversion factors.				factor used?		Yes		No asurement used:
a) Top of bottom floor (including basement	, crawlspace,	or encl	losure floor):	20.12		feet	A CONTRACTOR	meters
b) Top of the next higher floor (see Instruct	ions):			N/A		feet		meters
c) Bottom of the lowest horizontal structura	l member (see	e Instru	uctions):	N/A	$\boxtimes$	feet		meters
d) Attached garage (top of slab):			_	N/A	$\boxtimes$	feet		meters
e) Lowest elevation of Machinery and Equi (describe type of M&E and location in Se	pment (M&E) ection D Comr	servici nents a	ng the building area):	20.89	$\boxtimes$	feet		meters
f) Lowest Adjacent Grade (LAG) next to be	uilding: N	atural	∑ Finished	7.12	$\boxtimes$	feet		meters
g) Highest Adjacent Grade (HAG) next to b	ouilding: N	atural	Finished	7.29	$\boxtimes$	feet		meters
<ul> <li>h) Finished LAG at lowest elevation of atta support:</li> </ul>	ched deck or s	stairs, i	including structural	N/A		feet		meters
SECTION D - SUF	VEYOR, EN	GINE	ER, OR ARCHITECT	CERTIFICA	TION	1		
This certification is to be signed and sealed by a information. I certify that the information on this false statement may be punishable by fine or im	Certificate rep	resent	s my best efforts to inte	rpret the data a				
Were latitude and longitude in Section A provide	ed by a license	d land	surveyor? Yes	No				
Check here if attachments and describe in th	e Comments a	area.						
Certifier's Name: Robert Clay Barrilleaux		Licens	e Number: 28869	-	agti	gagnas.	BAA	Rijes
Title: Civil Engineer		+3			BOND S	SEL	PROF	50 00
Company Name: Robert Barrilleaux & Associ	ates, Inc.				2/3	EN	SINE	CR \$ 52
Address: 42333 Deluxe Plaza Suite 8				2000	poten			1
City: Hammond	State	e:L	.A ZIP Code: 7040	03	S	3	367	To all
Telephone: (985) 542-0391 Ext.: Email: clay@barrilleaux.net								
Signature: Date: 07/16/2025 Place Seal Here								
Copy all pages of this Elevation Certificate and all	attachments fo	or (1) c	ommunity official, (2) ins	urance agent/co	mpar	ny, and	(3) b	uilding owner,
Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments): TBM is a nail set in power pole in back yard @ 17.00' NAVD88.								
C2(e): Air Conditioning Unit (rear of home)								
Centerline of Roberson Road: 6.74' NAVD88								

Building Street Address (including Apr	., Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.;	FOR INSURANCE COMPANY USE
3100 Roberson Road City: Bay St. Louis	State: MS	ZIP Code: <u>39520</u>	Policy Number:  Company NAIC Number:
	BUILDING MEASUREMENT OR ZONE AO, ZONE AR/AO		
			ural grade, if available. If the Certificate is measurement used. In Puerto Rico only,
Building measurements are based o *A new Elevation Certificate will be r		_	uction*
E1. Provide measurements (C.2.a in measurement is above or below		or the following and check t	he appropriate boxes to show whether the
<ul> <li>Top of bottom floor (including crawlspace, or enclosure) is:</li> </ul>			ters above or below the HAG.
<ul> <li>Top of bottom floor (including crawlspace, or enclosure) is:</li> </ul>		feet met	ters above or below the LAG.
<ul><li>E2. For Building Diagrams 6–9 with next higher floor (C2.b in applica Building Diagram) of the building</li><li>E3. Attached garage (top of slab) is:</li></ul>	able g is:	ded in Section A Items 8 ar	
E4. Top of platform of machinery an servicing the building is:	-	☐ feet ☐ met	
E5. Zone AO only: If no flood depth floodplain management ordinance		the bottom floor elevated i	
SECTION F - PROPER	TY OWNER (OR OWNER'S	AUTHORIZED REPRES	SENTATIVE) CERTIFICATION
			or Zone A (without BFE) or Zone AO must
sign here. The statements in Section  Check here if attachments and de		lest of thy knowleage	
Property Owner or Owner's Authorize			
Cit		State:	ZIP Code:
Telephone:	Ext.; Email:	ordres	
Signature;		Date:	
Comments:			

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P 3100 Roberson Road	O. Route and Box No.: FOR INSURANCE COMPANY USE
	Policy Number: ZIP Code: 39520
SECTION G - COMMUNITY INFORMATION (RECOMM	ENDED FOR COMMUNITY OFFICIAL COMPLETION)
The local official who is authorized by law or ordinance to administer th Section A, B, C, E, G, or H of this Elevation Certificate. Complete the a	
	entation that has been signed and sealed by a licensed surveyor, tify elevation information. (Indicate the source and date of the
G2.a. A local official completed Section E for a building located in E5 is completed for a building located in Zone AO.	Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item
G2.b. A local official completed Section H for insurance purposes	
G3. In the Comments area of Section G, the local official descri	bes specific corrections to the information in Sections A, B, E and H.
G4.	ommunity floodplain management purposes.
G5. Permit Number: G6. Date Perm	nit Issued:
G7. Date Certificate of Compliance/Occupancy Issued:	
G8. This permit has been issued for: New Construction St	ubstantial Improvement
G9.a. Elevation of as-built lowest floor (including basement) of the building:	feet
G9.b. Elevation of bottom of as-built lowest horizontal structural member:	feet meters Datum:
G10.a. BFE (or depth in Zone AO) of flooding at the building site:	feet meters Datum:
G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member:	☐ feet ☐ meters Datum:
G11. Variance issued?  Yes  No If yes, attach documenta	ation and describe in the Comments area.
The local official who provides information in Section G must sign here. correct to the best of my knowledge. If applicable, I have also provided	
Local Official's Name:	Title:
NFIP Community Name;	
Telephone: Ext.: Email:	
Address:	
City:	State: ZIP Code:
Signature:	Date:
Comments (including type of equipment and location, per C2.e; descrip	tion of any attachments; and corrections to specific information in
Sections A, B, D, E, or H):	

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:				FOR INSURANCE COMPANY USE			
3100 Roberson Road				Policy Number:			
City: Bay St. Louis		State: MS 2	ZIP Code: 39520	- Compan	y NAIC Number:		
			HEIGHT INFORMATION		ZONES		
The property owner, owner's autho to determine the building's first floo nearest tenth of a foot (nearest tent Instructions) and the appropriate	r height for inse th of a meter in	urance purposes. Se Puerto Rico). <i>Refer</i>	ctions A, B, and I must als ence the Foundation Type	o be complete oe Diagrams	ed. Enter heights to the (at the end of Section H		
H1. Provide the height of the top of	f the floor (as i	ndicated in Foundation	on Type Diagrams) above	the Lowest A	djacent Grade (LAG):		
<ul> <li>a) For Building Diagrams 1A floor (include above-grade floo crawlspaces or enclosure floor</li> </ul>	rs only for build		feet	meters	above the LAG		
<ul> <li>b) For Building Diagrams 2A higher floor (i.e., the floor abov enclosure floor) is:</li> </ul>			feet	meters	above the LAG		
H2. Is all Machinery and Equipmer H2 arrow (shown in the Foundar Yes No							
SECTION I - PROPER	RTY OWNER	(OR OWNER'S A	UTHORIZED REPRESI	ENTATIVE)	CERTIFICATION		
The property owner or owner's auth A, B, and H are correct to the best of indicate in Item G2.b and sign Section 1.	of my knowledg						
Check here if attachments are p	rovided (includ	ling required photos)	and describe each attach	ment in the C	omments area.		
Property Owner or Owner's Authoriz	zed Represent	ative Name:					
Address:		-					
City:			State:	ZIP	Code;		
Telephone:		Email:	-				
	-	-					
Signature;			Date:				
Comments:							
			*				
*					×		

## IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, S	FOR INSURANCE COMPANY USE			
3100 Roberson Road  City: Bay St. Louis	State:	MS	ZIP Code: 39520	Policy Number:  Company NAIC Number:

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

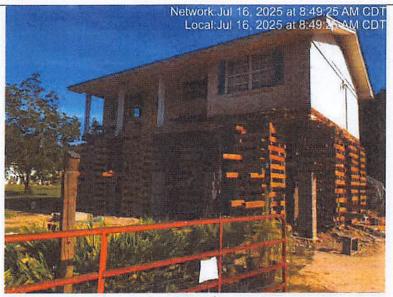


Photo One

Photo One Caption: FRONT VIEW

Clear Photo One



Photo Two

Photo Two Caption: REAR VIEW

Clear Photo I wo

## IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11 BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit,	FOR INSURANCE COMPANY USE			
3100 Roberson Road	Policy Number:			
City: Bay St. Louis	State:	MS	ZIP Code: 39520	Company NAIC Number:

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

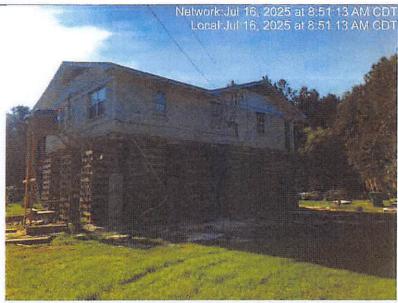


Photo Three

Photo Three Caption: LEFT VIEW

Clear Photo Three



Photo Four

Photo Four Caption: RIGHT VIEW

Clear Photo Four