



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, 4035 Honshu Street 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. 6) in the amount of \$51,596.87 for work completed under Milestone 3 of the structure elevation project located at 4035 Honshu Street. The contractor, Kane Construction, LLC, 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](mailto:mreso@baystlouis-ms.gov)  
(228) 466-5457

**Enclosures:**

Reimbursement Request Form (RRF No. 6)

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 No. 6 Disaster: FEMA- FMA 2022 -DR-MS; Fund/Proj. #: FMA-PJ-04-MS-2022-008  
3. Type of Request: ☒ Partial ☐ Final 4. FIPS No. 2803980 Cost Share% 95.65%/4.35%

5. Name of Applicant: City of Bay St. Louis Telephone: (228) 466-5457  
Address: 688 Highway 90, Bay St. Louis, MS 39520 E-mail: [mreso@baystlouis-ms.gov](mailto:mreso@baystlouis-ms.gov)

**COMPUTATION OF AMOUNT REQUESTED**

6. Federal Funding:

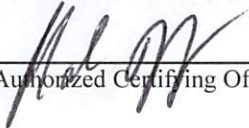
a. Total Amount Approved (100%)	\$ <u>555,220.00</u>
b. Federal Share (95.65% of total) Available	\$ <u>531,053.30</u>
c. Total Previous Payments	\$ <u>230,517.70</u>
d. Current Balance Available (b minus c)	\$ <u>300,535.60</u>
e. Amount of This Request (100%)	\$ <u>51,596.87</u>
f. Cumulative Payments (c plus e)	\$ <u>282,114.57</u>
g. Project Balance (b minus f)	\$ <u>248,938.73</u>

**-----MEMA USE ONLY-----**

Documented Cost \$	<u>                    </u>
Payment Request \$	<u>                    </u>
Approved Payment \$	<u>                    </u>
Project Balance \$	<u>                    </u>
Accounting Officer	<u>                    </u>
Date	<u>                    </u>

**CERTIFICATION**

7. I certify that to the best of my knowledge and belief the information submitted herein is correct and made in accordance with the grant conditions, and that payment requested herein is due and has not been previously paid.

  
(Signature of Authorized Certifying Official)

8/27/2025

Date

Michael J. Reso

Typed Name

Chief Administrative Officer

Title

8. I certify that the amount claimed on this voucher is correct and payment has not been disbursed.

Stephen C. McCraney, Governor's Authorized Representative

                      
Date

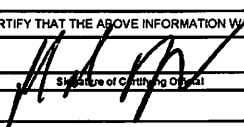
**-----FOR USE BY MEMA MITIGATION AND ADMINISTRATION & FINANCE BUREAU ONLY-----**

Reimbursement of amount below is approved based on review and verification of all required project documentation submitted by the Authorized Certifying Official.

Amount	\$ <u>                    </u>	Grants Director	<u>                    </u>	SHMO	<u>                    </u>
Program /Fund	<u>                    </u>	Cost share	<u>                    </u>	Accounting Officer	<u>                    </u>

COMMENTS:

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

<b>Applicant / Project Description</b>			<b>Grant Name and Project Number:</b>	
City of Bay St. Louis FMA 2022 SWIFT - Elevation of 2 properties			FMA 22 SWIFT/FMA-PJ-04-MS-2022-008	
<b>Project Summary of Financial Documentation: Vendor or Services Rendered</b>	<b>Date of Check or Invoice</b>	<b>Check or Warrant No.</b>	<b>Invoice No.</b>	<b>Amount</b>
Kane Construction, LLC - Milestone 3 of 4035 Monchu Street	8/28/2025		3	\$ 51,596.87
<b>Total</b>				<b>\$ 51,596.87</b>
<b>Federal Share (100% of Total)</b>				<b>\$ 51,596.87</b>
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM RECORDS, INVOICES, or OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.				
 Signature of Certifying Official		8/27/2025 Date		
<b>COMMENTS:</b> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>				



**Tetra Tech**

Kimberly Ryals-Brooks  
Sr. Hazard Mitigation Grant Specialist  
Tetra Tech  
[Kim.ryalsbrooks@tetrattech.com](mailto:Kim.ryalsbrooks@tetrattech.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 4035 Honshu Street 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 4035 Honshu Street 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 **\$51,596.87** submitted by Kane Construction, LLC. 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 Kane Construction, LLC.

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

Sincerely,

*Kim RyalsBrooks*

Kimberly Ryals-Brooks  
Sr. Hazard Mitigation Grant Specialist  
Tetra Tech  
[Kim.ryalsbrooks@tetrattech.com](mailto:Kim.ryalsbrooks@tetrattech.com)  
(225) 305-9233

**Tetra Tech**

Tel +1.225.666.4599 | Cell +1.225.305.9233 | [tetrattech.com](http://tetrattech.com)

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

APPLICANT

City of Bay St. Louis, MS

FIPS #

2803980

DISASTER #

FMA-PJ-04-MS-2022

PROJECT # (F#)

8

ATTACHMENT	TOTAL AMOUNT REQUESTED (TO INCLUDE FEDERAL AND NON-FEDERAL)
A - FORCE ACCOUNT LABOR SUMMARY RECORDS	
B - FORCE ACCOUNT EQUIPMENT SUMMARY RECORDS	
C - RENTED EQUIPMENT SUMMARY RECORDS	
D - CONTRACT SUMMARY RECORDS	\$51,596.87
E - ADMINISTRATIVE FEES (1603 & 1607)	
F - SUB-RECIPIENT MANAGEMENT COST	
G - COASTAL PROTECTION & RESTORATION AUTHORITY COST	
GRAND TOTAL OF REQUEST (TO INCLUDE FEDERAL AND NON-FEDERAL)	\$51,596.87

APPLICANT OR DESIGNATED AGENT'S SIGNATURE

APPLICANT OR DESIGNATED AGENT'S PRINT NAME

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).

Contract Work Summary										
MISSISSIPPI EMERGENCY MANAGEMENT AGENCY ATTACHMENT E - CONTRACT WORK SUMMARY RECORD							PAGE	OF		
APPLICANT			FIPS NO.	DISASTER / GRANT		PROJECT NO. (FEMA)		RRF NO.	INVOICE ONLY	
City of Bay St. Louis, MS			2803980	FMA 2022 SWIFT		FMA-PJ-04-MS-2022-008		6	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF WORK PERFORMED										
Contractor Milestone 3										
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 TOTAL	AMOUNT REQUESTING	FEDERAL SHARE	NON-FEDERAL SHARE	TOTAL REQUESTED	COMMENTS
April Byrd	4035 Honshu St, Bay St. Louis, MS	Sanders Kane, LLC	3	8/26/2025	\$51,596.87	\$51,596.87	\$51,596.87	\$0.00	\$51,596.87	Piers and/or columns are built and structure is set on new piers. New foundation is complete and structure is assumed to be at the new elevation height required.
Total					\$51,596.87	\$51,596.87	\$51,596.87	\$0.00	\$51,596.87	

APPLICATION AND CERTIFICATE FOR PAYMENT

To: Ms. April G. Byrd  
From: Kane Construction LLC  
Application No.: 003  
Date: 8/26/2025

Project Name: 4035 Honshu Street Structure Elevation  
Project Location: 4035 Honshu Street, Bay. St. Louis, MS 39520  
Grant Number: FMA-PJ-04-MS-2022-008  
Grant Name: Flood Mitigation Assistance (FMA) Swift Current

Application for Payment

1) Original Contract Sum:	\$	217,250.00
2) Net Change by Change Orders:	\$	-
3) Contract Sum To Date:	\$	217,250.00
4) Total Completed & Stored to Date	\$	162,937.50
5) Retainage (5%)	\$	8,146.88
6) Total Less Retainage	\$	154,790.63
7) Less Previous Payments	\$	103,193.76
8) Current Payment Due	\$	51,596.87
9) Balance to Finish	\$	54,312.50



Contractor Certification for Payment

Sanders Kane, Manager  
Aug. 26, 2025

Home Owner: Ms. April G. Byrd  
 Project Name: 4035 Honshu Street Structure Elevation  
 Project Location: 4035 Hunshu Street, Bay St. Louis, Mississippi 39520  
 Grant Number: FMA-PJ-04-MS-2022-008  
 Grant Name: Flood Mitigation Assistance (FMA) Swift Current

Invoice No. 3 - Schedule of Values  
 25-Aug-25

Pay Item		Schedule of Values							
Item No	Description	Contract Amount	Unit % Complete Previous Period	Cost Complete Previous Period	Unit % This Period	Costs Complete This Period	Total To Date	Total % Complete	Balance to Finish
1	Permit and Notice to Proceed (25%):	\$ 54,312.50	100%	\$ 54,312.50	0%	\$ -	\$ 54,312.50	100%	\$ -
2	Foundation (25%):	\$ 54,312.50	100%	\$ 54,312.50	0%	\$ -	\$ 54,312.50	100%	\$ -
3	Pillings/piers (25%):	\$ 54,312.50	0%	\$ -	100%	\$ 54,312.50	\$ 54,312.50	100%	\$ -
4	Final Completion (25%):	\$ 54,312.50	0%	\$ -	0%	\$ -	\$ -	0%	\$ 54,312.50
Total Costs		\$ 217,250.00	50%	\$ 108,625.00	25%	\$ 54,312.50	162,937.50	75%	\$ 54,312.50

## Hazard Mitigation Assistance Grants Milestone Inspection Form

Homeowner Name(s): Ms April Byrd  
Address: 4035 Hinchey ST  
City, State, Zip: Bay St. Louis, MS 39520  
Phone Number: (504) 508-1571



*My signature below indicates my satisfaction with work complete to date.*

### PROJECT MILESTONES

1. Permit and Notice to Proceed (25%): Submit A&E drawings, obtain pre-construction Elevation Certificate, City building permits, Notice to Proceed (fully/executed), and specification for lift, if applicable

Kim Ryals Brooks  
INSPECTOR SIGNATURE  
April B Byrd  
HOMEOWNER SIGNATURE

3/26/25  
DATE  
3/26/25  
DATE

2. Foundation (25%): Clearing work has been completed, tunneling completed, jacking and cribbing completed, structure is in air ready for new foundation. (Foundation layout must be completed prior to signoff of Milestone 2).

Jeffery C. CM  
INSPECTOR SIGNATURE  
April B Byrd  
HOMEOWNER SIGNATURE

5/2/25  
DATE  
5/11/25  
DATE

3. Pilings/piers (25%): Piers and/or Post columns are built and structure is set on new piers and/or post columns. New foundation is complete and structure is assumed to be at the new elevation height required. (Updated EC must be presented at Milestone 3 Inspection).

Jeffery C. CM  
INSPECTOR SIGNATURE  
April B Byrd  
HOMEOWNER SIGNATURE

8/20/2025  
DATE  
8/25/2025  
DATE

4. Final Completion (25%): Completion of all work, all utilities are connected, removal of all equipment, final site clean-up, Certificate of Completion/Occupancy, and Final EC have been obtained and submitted to City. Verifying that the elevation of structure meets or exceeds the required height (BFE/ABFE+2).

\_\_\_\_\_  
INSPECTOR SIGNATURE  
\_\_\_\_\_  
HOMEOWNER SIGNATURE

\_\_\_\_\_  
DATE  
\_\_\_\_\_  
DATE

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**

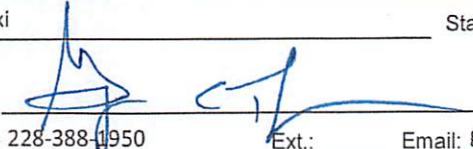
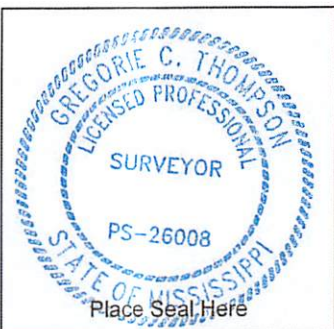
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**

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: <u>Byrd</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>4035 Honshu Street</u>	Company NAIC Number: _____
City: <u>Bay St Louis</u> State: <u>MS</u> ZIP Code: <u>39520</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>135M-0-39-336.000</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): _____	
A5. Latitude/Longitude: Lat. <u>30.33591</u> Long. <u>-89.40703</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>6</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>220</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>2</u> d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>400</u> sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>400</u> sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>N/A</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u> d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>N/A</u> sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1.a. NFIP Community Name: <u>City of Bay St Louis</u>	B1.b. NFIP Community Identification Number: <u>285251</u>
B2. County Name: <u>Hancock</u>	B3. State: <u>MS</u> B4. Map/Panel No.: <u>28045 C 0333</u> B5. Suffix: <u>D</u>
B6. FIRM Index Date: <u>10/16/2009</u>	B7. FIRM Panel Effective/Revised Date: <u>9/27/2019</u>
B8. Flood Zone(s): <u>VE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>20</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____	
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA	
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 4035 Honshu Street		<b>FOR INSURANCE COMPANY USE</b>	
City: Bay St Louis State: ZIP Code: 39520		Policy Number: _____	
		Company NAIC Number: _____	
<b>SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)</b>			
C1. Building elevations are based on: <input checked="" type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.			
C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: Earl Dudley Inet GPS Network Vertical Datum: Geoid 18			
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other: _____			
Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, describe the source of the conversion factor in the Section D Comments area.			
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	N/A	Check the measurement used:	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor (see Instructions):	N/A		<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (see Instructions):	22.0		<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab):	N/A		<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	22.0		<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished	2.6		<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished	3.0		<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	N/A		<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
<b>SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION</b>			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. I certify that the information 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.			
Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			JOB# 0077.
<input type="checkbox"/> Check here if attachments and describe in the Comments area.			
Certifier's Name: Gregorie C Thompson		License Number: PS 26008	
Title: Professional Surveyor			
Company Name: MP Design Group			
Address: 918 Howard Avenue			
City: Biloxi	State: MS	ZIP Code: 39530	
Signature: 		Date: 6.9.2025	
Telephone: 228-388-1950		Ext.: Email: gthompson@mpdesigngroup.us	
			
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.			
Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments): TBM is set in wood pile on adjacent pier at elevation 4.00' Existing residence to be raised to elevation 22.0			

# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 4035 Honshu Street	<b>FOR INSURANCE COMPANY USE</b>
City: Bay St Louis State: MS ZIP Code: 39520	Policy Number: _____ Company NAIC Number: _____

## SECTION E - BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1-E5. For Items E1-E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: ☐ Construction Drawings\* ☐ Building Under Construction\* ☐ Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1-2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is: \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: \_\_\_\_\_ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown The local official must certify this information in Section G.

## SECTION F - PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

☐ Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Comments:

# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 4035 Honshu Street	<b>FOR INSURANCE COMPANY USE</b>
City: Bay St Louis State: MS ZIP Code: 39520	Policy Number: _____
	Company NAIC Number: _____

## SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. ☐ A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. ☐ A local official completed Section H for insurance purposes.
- G3. ☐ In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. ☐ The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: \_\_\_\_\_ G6. Date Permit Issued: \_\_\_\_\_
- G7. Date Certificate of Compliance/Occupancy Issued: \_\_\_\_\_
- G8. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_ ☐ feet ☐ meters Datum: \_\_\_\_\_
- 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 documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

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; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 4035 Honshu Street	<b>FOR INSURANCE COMPANY USE</b>
City: Bay St Louis State: MS ZIP Code: 39520	Policy Number: _____
	Company NAIC Number: _____

## SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom \_\_\_\_\_ ☐ feet ☐ meters ☐ above the LAG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: \_\_\_\_\_ ☐ feet ☐ meters ☐ above the LAG

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H Instructions) for the appropriate Building Diagram?

☐ Yes ☐ No

## SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

☐ Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**  
**BUILDING PHOTOGRAPHS**  
See Instructions for Item A6.

<p>Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 4035 Honshu Street</p> <p>City: Bay St Louis State: MS ZIP Code: 39520</p>	<b>FOR INSURANCE COMPANY USE</b>
<p>Policy Number: _____</p> <p>Company NAIC Number: _____</p>	

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 Caption: Front/Side View (Picture taken on 2.24.2025)


Clear Photo One



Photo Two Caption: Rear View (Picture taken on 2.24.2025)

Clear Photo Two

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**  
**BUILDING PHOTOGRAPHS**  
Continuation Page

<p>Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 4035 Honshu Street</p> <p>City: <u>Bay St Louis</u> State: <u>MS</u> ZIP Code: <u>39520</u></p> <p>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.</p>	<p style="text-align: center; margin: 0;"><b>FOR INSURANCE COMPANY USE</b></p> <p>Policy Number: _____</p> <p>Company NAIC Number: _____</p>
	
<div style="display: flex; justify-content: space-between;"><div>Photo Three Caption: Flood Vent Information (Smart Vent rated for 200 square feet each)</div><div style="border: 1px solid black; padding: 2px 5px;">Clear Photo Three</div></div>	
<p>Photo Four</p>	
<div style="display: flex; justify-content: space-between;"><div>Photo Four Caption:</div><div style="border: 1px solid black; padding: 2px 5px;">Clear Photo Four</div></div>	