Kane Construction, L.L.C.
804 Highway 90
Bay St. Louis, MS 39520

December 9, 2025

Tetra Tech
Attn: Kimberly Brooks, CFM

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

Reference: 4035 Honshu Street, Bay St. Louis, MS – Project Milestone / Pay Application No. 5 Retainage Release (FINAL)

Please reference attached pay application No. 5 requesting release of retainage as reflected on enclosed pay application

- Milestone No. 5 Application for Payment Dated December 9, 2025 ($10,862.50)
- Milestone No. 5 Schedule of Values

Please contact Sanders Kane at (228) 547-5443 or via email at sbkane99@gmail.com if you require any assistance or further information.

Kane Construction, LLC
MS License No. 22021-MC
Building Construction / Municipal and Public Works Construction

APPLICATION AND CERTIFICATE FOR PAYMENT

To: Ms. April G. Byrd
From: Kane Construction LLC
Application No.: 005 (FINAL RETAINAGE RELEASE)
Date: 12/9/2025

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	$	217,250.00
5) Retainage (5%)	$	-
6) Total Less Retainage	$	217,250.00
7) Less Previous Payments	$	154,790.63
8) Current Payment Due	$	10,862.50
9) Balance to Finish (Amount Owed on Inv. # 4)	**$**	**51,596.87**

Contractor Certification for Payment
Sanders Kane Dec. 9, 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. 5 (FINAL RETAINAGE RELEASE) - Schedule of Values
9-Dec-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	Pilings/piers (25%):	$ 54,312.50	100%	$ 54,312.50	0%	$ -	$ 54,312.50	100%	$ -
4	Final Completion (25%):	$ 54,312.50	100%	$ 54,312.50	0%	$ -	$ 54,312.50	100%	$ -
	Total Costs	$ 217,250.00	100%	$ 217,250.00	0%	$ -	217,250.00	100%	$ -

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

Policy Number:

Company NAIC Number:

A1. Building Owner's Name: Byrd

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 4035 Honshu Street

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 Number: 135M-0-39-336.000

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.):

A5. Latitude/Longitude: Lat. 30.33591 Long. -89.40703 Horizontal Datum: ☐ NAD 1927 ■ NAD 1983 ☐ 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: 6

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s): 125 sq. ft.

b) Is there at least one permanent flood opening on two different sides of each enclosed area? ■ Yes ☐ No ☐ 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: N/A Engineered flood openings: 2

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 Instructions): 400 sq. ft.

f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): 400 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

c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade:
Non-engineered flood openings: N/A Engineered flood openings: N/A

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 Instructions): 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) INFORMATION

B1.a. NFIP Community Name: City of Bay St Louis B1.b. NFIP Community Identification Number: 285251

B2. County Name: Hancock B3. State: MS B4. Map/Panel No.: 28045 C 0333 B5. Suffix: D

B6. FIRM Index Date: 10/16/2009 B7. FIRM Panel Effective/Revised Date: 9/27/2019

B8. Flood Zone(s): VE B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 20

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 Protected Area (OPA)? ☐ Yes ■ No
Designation Date: ☐ CBRS ☐ OPA

B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ■ Yes ☐ 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

City: Bay St Louis State: _____ ZIP Code: 39520

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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. 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.

☐ NGVD 1929 ■ NAVD 1988 ☐ Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? ☐ Yes ■ No
If Yes, describe the source of the conversion factor in the Section D Comments area.

		Check the measurement used:
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	14.6	■ feet ☐ meters
b) Top of the next higher floor (see Instructions):	23.9	■ feet ☐ meters
c) Bottom of the lowest horizontal structural member (see Instructions):	22.0	■ feet ☐ meters
d) Attached garage (top of slab):	N/A	■ feet ☐ 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):	22.1	■ feet ☐ meters
f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ■ Finished	3.5	■ feet ☐ meters
g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ■ Finished	3.8	■ feet ☐ meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	4.0	■ feet ☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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.*

JOB# 0077.25.012

Were latitude and longitude in Section A provided by a licensed land surveyor? ■ Yes ☐ No

☐ 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: 12.1.2025

Telephone: 228-388-1950 Ext.: _____ Email: gthompson@mpdesigngroup.us

Place Seal Here

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):

C2e=HVAC Equipment

Flood Vents are SmartVent Model 1540-520

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

City: Bay St Louis State: MS ZIP Code: 39520

FOR INSURANCE COMPANY USE

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	FOR INSURANCE COMPANY USE
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	**FOR INSURANCE COMPANY USE**
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 floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is: _____ ☐ feet ☐ meters ☐ above the LAG

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.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
4035 Honshu Street

City: Bay St Louis State: MS ZIP Code: 39520

FOR INSURANCE COMPANY USE

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 Caption: West Side

Clear Photo One

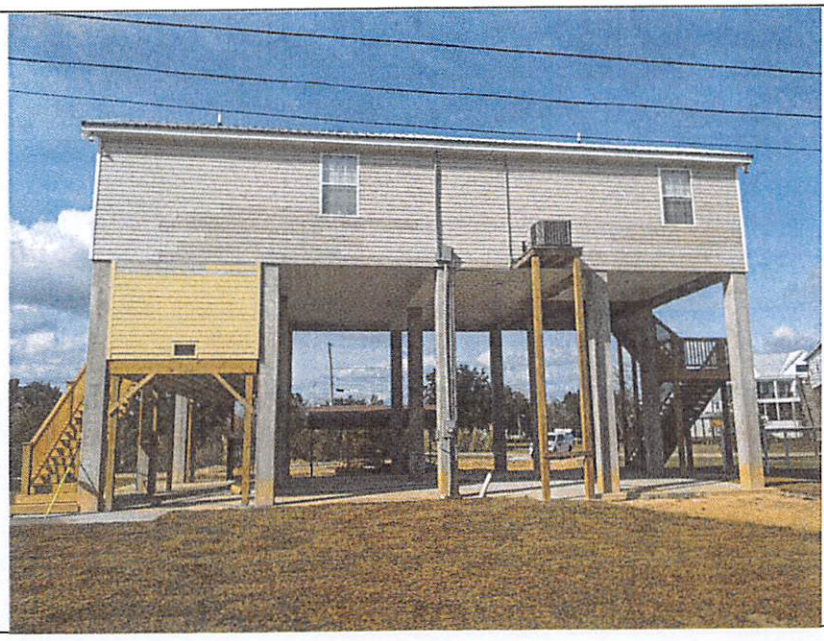

Photo Two Caption: South Side showing HVAC Equipment

Clear Photo Two

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 4035 Honshu Street

City: Bay St Louis State: MS ZIP Code: 39520

FOR INSURANCE COMPANY USE

Policy Number: _____

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 Caption: North Side

Clear Photo Three

Photo Four Caption: Elevated Enclosure

Clear Photo Four

Kane Construction, L.L.C.
301 Longfellow Drive
Bay St. Louis, MS 39520

December 8, 2025

Reference: Byrd (Grant # FMA-PJ-04-MS-2022-008) – Photo Documentation Milestone No. 4 Progress Photos

Kane Construction, L.L.C.
301 Longfellow Drive
Bay St. Louis, MS 39520

Kane Construction, L.L.C.
301 Longfellow Drive
Bay St. Louis, MS 39520

Kane Construction, L.L.C.
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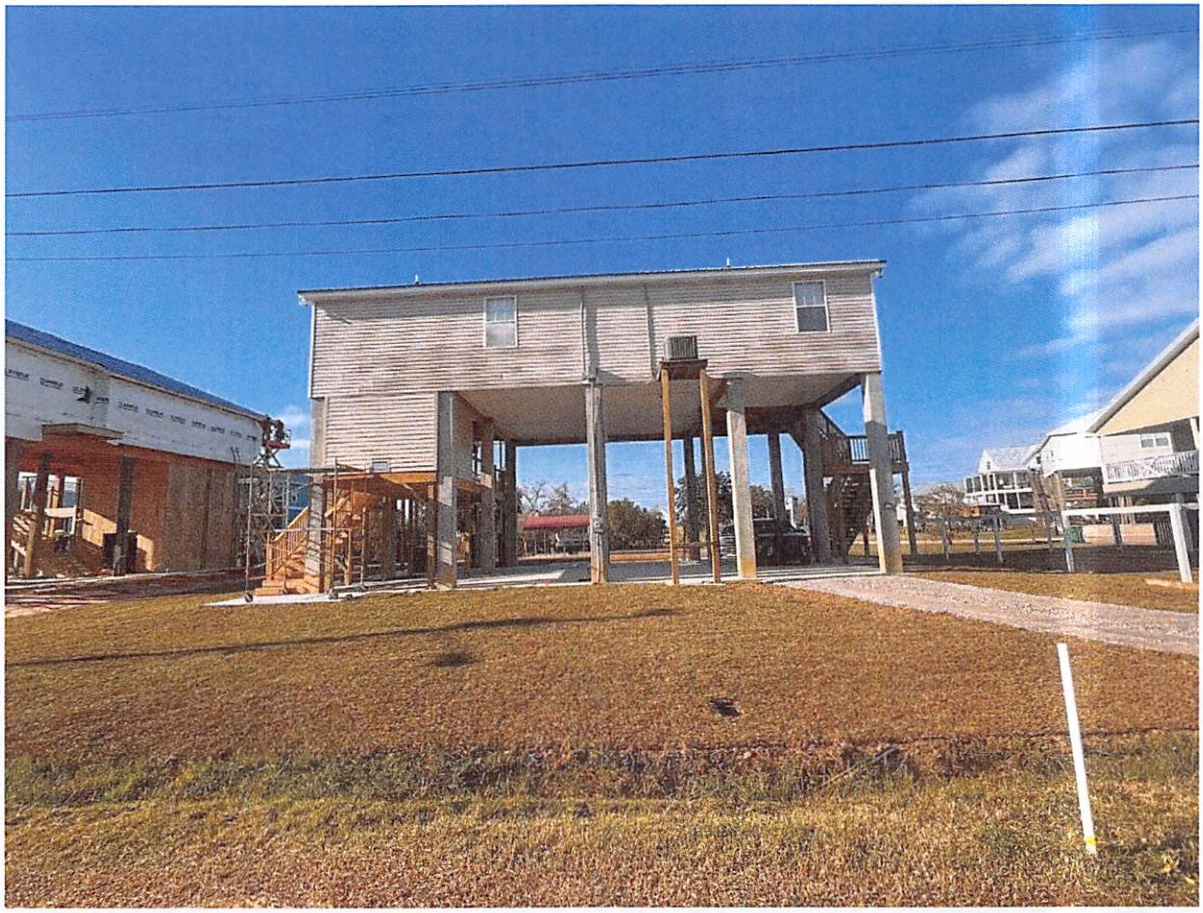
301 Longfellow Drive
Bay St. Louis, MS 39520

Kane Construction, L.L.C.
301 Longfellow Drive
Bay St. Louis, MS 39520



STRUCTURAL NOTES

[illegible]

GENERAL NOTES

[illegible]

GENERAL SPECIFICATIONS

DIVISION 2: SITE WORK

[illegible]

DIVISION 3: CONCRETE

[illegible]

CONCRETE MIX REQUIREMENTS

SEE PROJECT SPECIFICATIONS FOR FURTHER INFORMATION

	CLASS I	CLASS II	CLASS III	CLASS IV	CLASS V	CLASS VI
COMPRESSIVE STRENGTH (28 DAY)	3000 PSI	3000 PSI	3000 PSI	3000 PSI	3000 PSI	3000 PSI
UNIT WEIGHTS	145 PCF	145 PCF	145 PCF	145 PCF	145 PCF	145 PCF
COARSE AGGREGATE - ASTM C33	1" MAX	3/4" MAX	3/4" MAX	3/4" MAX	3/8" MAX	3/4" MAX
PORTLAND CEMENT - ASTM C150	TYPE 1	TYPE 1	TYPE 1	TYPE 1	TYPE 1	TYPE 1
AIR ENTRAINMENT (ASTM C260)	N/A	N/A	6% ± 1%	N/A	N/A	N/A
PLASTICIZER (ASTM C494)	TYPE A	TYPE A	TYPE A	TYPE A	TYPE A	TYPE A
WATER/CEMENTITIOUS RATIO	0.55 MAX.	0.48 MAX.	0.48 MAX.	0.48 MAX.	0.48 MAX.	0.55 MAX.
SLUMP w/o PLASTICIZER	1" - 3"	1" - 3"	1" - 3"	1" - 4"	1" - 3"	1" - 3"
SLUMP w/PLASTICIZER	6"	6"	6"	6"	6"	6"

SCHEDULE:	FOOTINGS PIERS WALLS	INTERIOR SLAB ON GRADE	EXTERIOR CONCRETE	COLUMNS BEAMS AT SLABS	TOPPINGS	[illegible]

NOTE: LIGHT WEIGHT CONCRETE, 110#/CU. FT.

ADDITIONAL FOOTING NOTES:

1. SOIL BEARING CAPACITY ASSUMED TO BE 2000 p.s.f.
2. ALL FOOTINGS WILL BE PLACED ON UNDISTURBED SOIL.
3. FOOTINGS SHALL BE REDESIGNED IF THE SOIL BEARING CAPACITY IS LESS THAN 2000 p.s.f.
4. THE CONTRACTOR SHALL VERIFY SOIL BEARING CAPACITY AT THE TIME OF EXCAVATION.
5. FOOTINGS HAVE BEEN DESIGN FOR 140 m.p.h. WIND LOAD 3 SECOND GUST.
6. COLD BEND ALL REBAR.
7. DO NOT HEAT REBAR.

[illegible]

ACI LAP SPLICE LENGTHS (inches)

BAR SIZE	f'c = 3000 psi Top Bars Case 1	Case 2	Other Bars Case 1	Case 2	f'c = 3500 psi Top Bars Case 1	Case 2	Other Bars Case 1	Case 2	f'c = 4000 psi Top Bars Case 1	Case 2	Other Bars Case 1	Case 2
#3	25	42	22	32	25	36	21	30	24	38	19	28
#4	37	56	29	43	35	51	27	40	32	48	25	37
#5	47	70	36	54	44	65	34	51	40	60	31	47
#6	56	84	43	64	52	78	40	60	48	72	37	56
#7	81	122	63	94	76	114	59	88	70	104	54	81
#8	93	139	72	107	87	130	67	100	80	121	62	93
#9	105	157	81	[illegible]	98	147	76	113	91	136	70	105

Notes:
1. Tabulated values are based on Grade 60 bars and normal weight concrete.
2. Cases 1 and 2, which depend on the type of structural element, concrete cover and the center-to-center spacing of the bars, are defined as:
   - Beams or Columns: Case 1: Cover at least 1.0 db and c.c. spacing of at least 2.0 db. Case 2: Cover less than 1.0 db and c.c. spacing less than 2.0 db.
   - All others: Case 1: Cover at least 1.0 db and c.c. spacing of at least 3.0 db. Case 2: Cover less than 1.0 db and c.c. spacing less than 3.0 db.
3. Top bars are horizontal beam and slab bars with more than 12" of concrete below the bars.
4. For lightweight aggregate concrete, multiply the tabulated values by 1.3.
5. For epoxy-coated bars, multiply the tabulated values by one of the following factors:

Concrete Cover and Spacing	Top Bars	Other Bars
Cover < 3.0 db or c.c. spacing < 7.0 db	1.7/1.3 = 1.31	1.50
Cover ≥ 3.0 db or c.c. spacing ≥ 7.0 db	1.20	1.20

6. Bar development length = lap splice length / 1.3.
7. Wire mesh lap: Lap all wire mesh cross wires one space max spacing plus 2", typical.

*As of Dec. 8, 2025
Recline Dugs / Closeout
4035 Honshu ST
Bay ST. Louis, MS

Direct storm water away from adjacent properties toward streets and/or drainage systems. Provide erosion control during & after construction.

Contractor shall be responsible for maintaining proper drainage, property clean-up including streets, and surface stormwater ... [illegible]

Need hard surface construction entrance and silt fencing must be installed and inspected before bringing in fill.

CONDITIONS OF THE PERMIT

[illegible]

Need city stamped approved plans on site for all inspections

Need proof of termite treatment at footing inspection.

DIAMONDHEAD BUILDING DEPARTMENT [illegible]

Consulting | Planning | Design

Dreux A. Seghers, P.E., LLC
Civil Engineer

[illegible]

DREUX A. SEGHERS ... STATE OF MISSISSIPPI [illegible]

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Grant #
FMA-PJ-04-MS
2022-008

Project: New Residence
April Byrd
4035 Honshu Street
Biloxi, Mississippi 39520

Sheet Title: Structural Notes

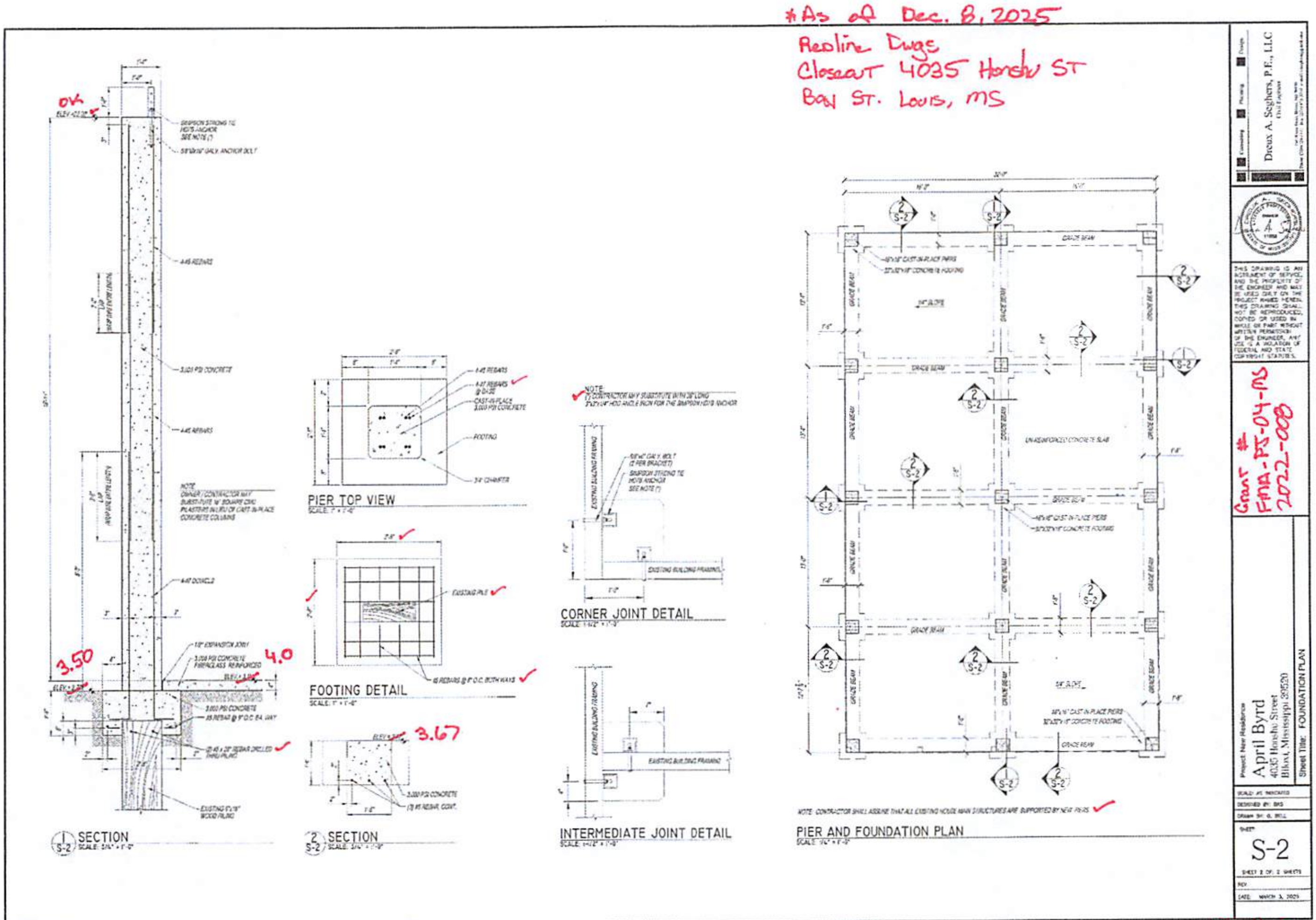
SCALE: AS INDICATED
DESIGNED BY: DAS
DRAWN BY: D. BELL

SHEET:
S-1
SHEET 1 OF 2 SHEETS

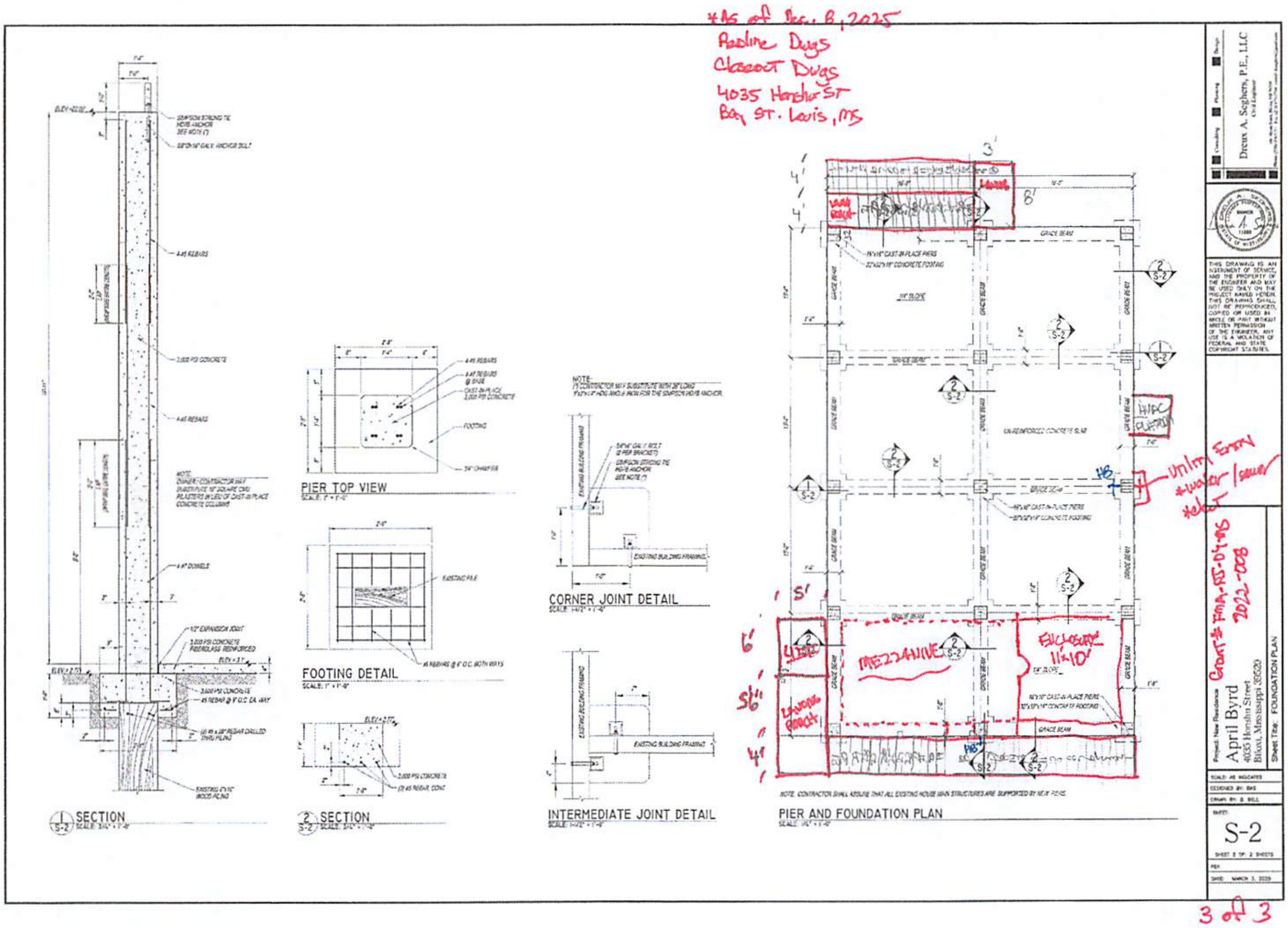
REV:
DATE: MARCH 3, 2025

1 of 3

*As of Dec. 8, 2025
Redline Dwgs
Closeout 4035 Honshu St
Bay St. Louis, MS



2 of 3


*As of Dec. 8, 2025
Redline Dwgs
Closeout Dwgs
4035 Hancher ST
Bay ST. Louis, MS
SECTION
PIER TOP VIEW
FOOTING DETAIL
SECTION
CORNER JOINT DETAIL
INTERMEDIATE JOINT DETAIL
PIER AND FOUNDATION PLAN
NOTE: CONTRACTOR SHALL ASSURE THAT ALL EXISTING HOUSE MAIN STRUCTURES ARE SUPPORTED BY NEW PIERS.
GRADE BEAM
MEZZANINE
Enclosure 11x10'
Landing
Utility Entry
HVAC Platform
Drew A. Seghers, P.E., LLC
Project: New Residence
April Byrd
4035 Hancher Street
Biloxi, Mississippi 39520
Sheet Title: FOUNDATION PLAN
Grant# FMA-RF-04-MS 2022-008
S-2
SHEET 2 OF 2 SHEETS
DATE: MARCH 3, 2025
3 of 3

CITY OF BAY ST. LOUIS

688 Highway 90
Bay St. Louis, MS 39520

Certificate of Completion

This Certificate issued pursuant to the requirements of the International Building Code and the International Residential Code, 2018 edition certifying that at the time of issuance, this structure was in compliance with the various ordinances of the City of Bay St. Louis regulating building construction or use.

BUILDING PERMIT #:	**20241128**
STRUCTURE ADDRESS:	**4035 HONSHU ST**
STRUCTURE OWNER:	**APRIL BYRD**
ADDRESS:	**4035 HONSHU ST**
CITY, STATE ZIP	**BAY ST. LOUIS, MS 39520**
PROPOSED USE:	**RESIDENTIAL**
TYPE OF OCCUPANCY:	**SINGLE FAMILY RESID**
CONSTRUCTION TYPE:	**VB**
DESIGN OCCUPANT LOAD:	**N/A**
AUTOMATIC FIRE SPRINKLER REQUIRED:	**N/A**
FIRE ALARM SYSTEM REQUIRED:	**N/A**
SPECIAL STIPULATIONS AND CONDITIONS:	**RAISING HOME**

BUILDING OFFICIAL

12/19/2025
DATE

POST IN A CONSPICUOUS PLACE