



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

December 30, 2025

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

RE: Reimbursement Request – Milestone 4, 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. 9) in the amount of \$42,441.25 for work completed under Milestone 4 of the structure elevation project located at 3100 Roberson Road. The contractor, Davie Shoring, Inc., has fulfilled the fourth 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 final 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. 9)

Contractor Invoice

Tetra Tech Approval Letter

Supporting Documentation (Progress Photos and Final Elevation Certificate)



# FFATA Reporting Form

Federal Funding Accountability and Transparency Act of 2006

1. Applicant: City of Bay St. Louis, MS	2. UEI#: GRTLUN1WF5F9
3. Registered in SAM <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is salary information for all top management positional available to the public on SEC.gov? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Does your county sub-award any grant funds received from MEMA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I, <u>Michael Reso</u> hereby certify to the best of my knowledge and belief that the report is true, complete, and accurate.	
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@tetrattech.com](mailto:Kim.ryalsbrooks@tetrattech.com)  
(225) 305-9233

December 30, 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. 4 of the 3100 Roberson Road Structure Elevation project. This includes verification of the contractor's invoice, executed contract, final 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,

A handwritten signature in black ink that reads 'Kim Ryals-Brooks'.

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	\$42,441.25
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)**

**\$42,441.25**

APPLICANT OR DESIGNATED AGENT'S SIGNATURE

APPLICANT OR DESIGNATED AGENT'S PRINT NAME

DATE

**12/30/2025**

**Contract Work Summary**

MISSISSIPPI EMERGENCY MANAGEMENT AGENCY ATTACHMENT E - CONTRACT WORK SUMMARY RECORD							PAGE	OF		INVOICE ONLY
APPLICANT	FIPS NO.	DISASTER / GRANT	PROJECT NO. (FEMA)	RRF NO.					<input type="checkbox"/> YES <input type="checkbox"/> NO	
City of Bay St. Louis, MS	2803980	FMA 2022 SWIFT	FMA-PJ-04-MS-2022-008	9						
<b>DESCRIPTION OF WORK PERFORMED</b>										
Contractor Milestone 4										
HOMEOWNER	STRUCTURE ADDRESS	VENDOR	INVOICE #	INVOICE DATE	INVOICE TOTAL	AMOUNT REQUESTING	FEDERAL SHARE	NON-FEDERAL SHARE	TOTAL REQUESTED AMOUNT	COMMENTS
Perry and Tami Guy	3100 Roberson Road, Bay St. Louis, MS	Davie Shoring, Inc	3100R.M4	9/23/2025	\$42,441.25	\$42,441.25	\$38,197.13	\$4,244.13	\$42,441.25	Completion of all work, all utilities are connected, Removal of all equipment, final site cleanup, Certificate of Occupancy, and final EC have been obtained and submitted to the City.
<b>Total</b>					<b>\$42,441.25</b>	<b>\$42,441.25</b>	<b>\$38,197.13</b>	<b>\$4,244.13</b>	<b>\$42,441.25</b>	



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

# Invoice

Invoice #	Date
3100R.M4	9/23/2025

<b>Bill To</b>
MISS Bay St. Louis

<b>Ship To</b>
Tami & Perry Guy 3100 Roberson Rd. Bay St. Louis MS 39520

<b>Project</b>	<b>Terms</b>	<b>Rep</b>
3100 Roberson Rd. Bay St. Louis MS 39520		KH

Item	Description	Qty	Rate	Amount
DUP Lift	House Elevation according to contract	0.25	178,700.00	44,675.00
DUP Lift	Retainage		2,233.75	2,233.75
<p>MILESTONE 4 - COMPLETION: All utilities connected and functional, completion of all work, removal of all equipment, final site clean-up is completed &amp; all permits closed out. Certificate of Completion &amp; Final Elevation Certificate obtained and submitted verifying the structure meets or exceeds the required height (BFE/ABFE/DFIRM)</p>				

<b>Total</b>	\$42,441.25
<b>Payments/Credits</b>	\$0.00
<b>Amount Due to Date</b>	\$42,441.25

Make checks payable to: Davie Shoring, Inc.

## Hazard Mitigation Assistance Grants Milestone Inspection Form

Homeowner Name(s) Perry and Tami Guy  
 Address 3100 Roberson Road  
 City, State, Zip Bay St. Louis, MS 39520  
 Phone Number 985-789-2214



A 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

INSPECTOR SIGNATURE R/Re DATE 6/13/2025  
 HOMEOWNER SIGNATURE [Signature] DATE 6/13

**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)

INSPECTOR SIGNATURE R/Re DATE 6/30/2025  
 HOMEOWNER SIGNATURE Tami Guy DATE 7-1-25

**3 Piers/piles (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)

INSPECTOR SIGNATURE R/Re DATE 8/15/2025  
 HOMEOWNER SIGNATURE [Signature] DATE 8-19-25

**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/ADFE+2)

INSPECTOR SIGNATURE R/Re DATE 9/5/2025  
 HOMEOWNER SIGNATURE [Signature] DATE X

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.

<b>SECTION A – PROPERTY INFORMATION</b>	<b>FOR INSURANCE COMPANY USE</b>
A1. Building Owner's Name: <u>Perry Guy ETAL</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>3100 Roberson Road</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: Legal Description 1: <u>PT. JOHN WATSON CL.</u> Legal Description 2: <u>SEC. 47-8-14</u> Legal Description 3: <u>(PARCEL #11)</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>30.320436</u> Long. <u>-89.389398</u> Horiz. 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 color photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>5</u>	
A8. For a building with a crawlspace or enclosure(s):	
a) Square footage of crawlspace or enclosure(s): <u>N/A</u> sq. ft.	
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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>N/A</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>N/A</u> sq. ft.	
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>N/A</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.	
<b>SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION</b>	
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 County</u>	B3. State: <u>MS</u> B4. Map/Panel No.: <u>28045 C 0334</u> B5. Suffix: <u>D</u>
B6. FIRM Index Date: <u>09/27/2019</u>	B7. FIRM Panel Effective/Revised Date: <u>10/16/2009</u>
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>18'</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

# ELEVATION CERTIFICATE

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
3100 Roberson Road

City: Bay St. Louis State: MS 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: C4GNet LA South 1702 GEOID 18 Vertical Datum: NAVD88

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):	<u>20.00</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor (see Instructions):	<u>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (see Instructions):	<u>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab):	<u>N/A</u>	<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):	<u>20.30</u>	<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	<u>7.27</u>	<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	<u>7.55</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	<u>6.86</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> 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.

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: Robert Clay Barrilleaux License Number: 28869

Title: Civil Engineer

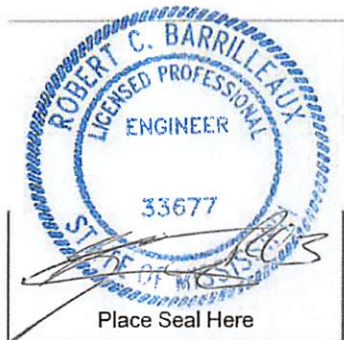
Company Name: Robert Barrilleaux & Associates, Inc.

Address: 42333 Deluxe Plaza Suite 8

City: Hammond State: LA ZIP Code: 70403

Telephone: (985) 542-0391 Ext.: \_\_\_\_\_ Email: clay@barrilleaux.net

Signature: \_\_\_\_\_ Date: 09/09/2025



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 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

# ELEVATION CERTIFICATE

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 3100 Roberson Road	<b>FOR INSURANCE COMPANY USE</b>
City: <u>Bay St. Louis</u> State: <u>MS</u> ZIP Code: <u>39520</u>	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: \_\_\_\_\_

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

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

Comments:

# ELEVATION CERTIFICATE

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 3100 Roberson Road	<b>FOR INSURANCE COMPANY USE</b>
City: <u>Bay St. Louis</u> State: <u>MS</u> ZIP Code: <u>39520</u>	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 INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 3100 Roberson Road	<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 5–8. Top of bottom \_\_\_\_\_  feet  meters  above the LAG floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is:

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

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: \_\_\_\_\_

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

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

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

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11**  
**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.:  
 3100 Roberson Road

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

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

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.

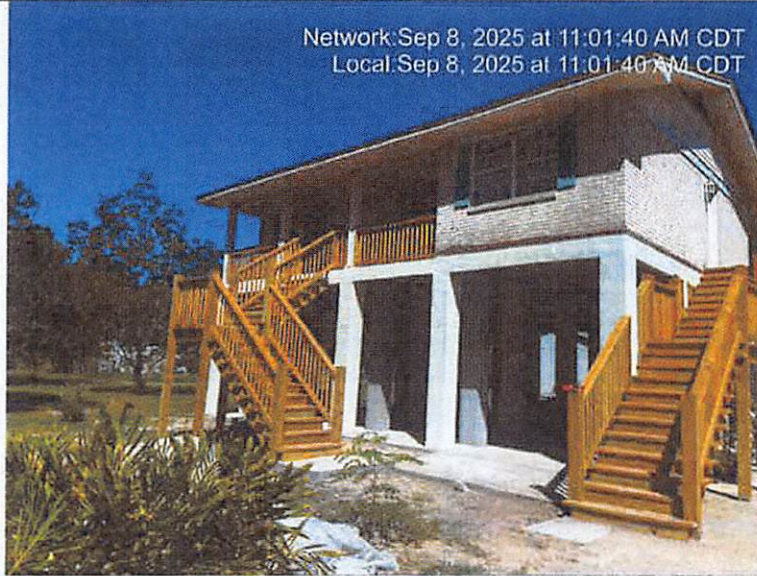


Photo One

Photo One Caption: FRONT VIEW

Clear Photo One

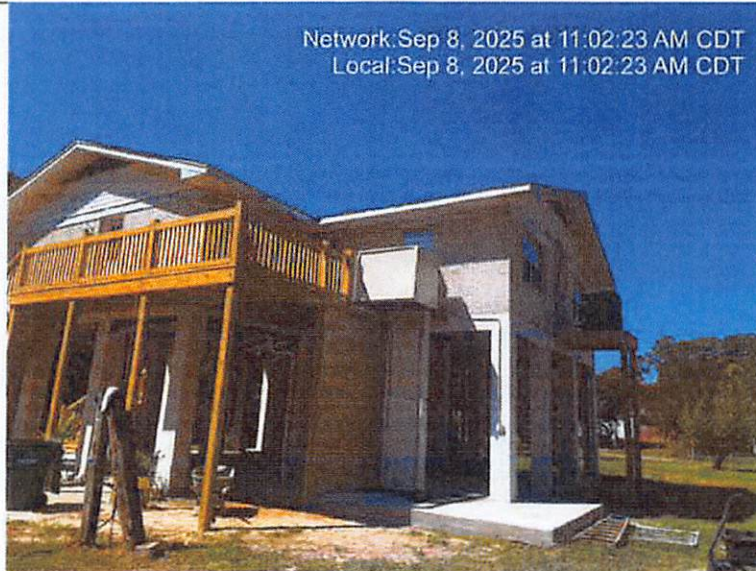


Photo Two

Photo Two Caption: REAR VIEW

Clear Photo Two

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11**  
**BUILDING PHOTOGRAPHS**

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
 3100 Roberson Road

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

Photo Three Caption: LEFT VIEW

Clear Photo Three

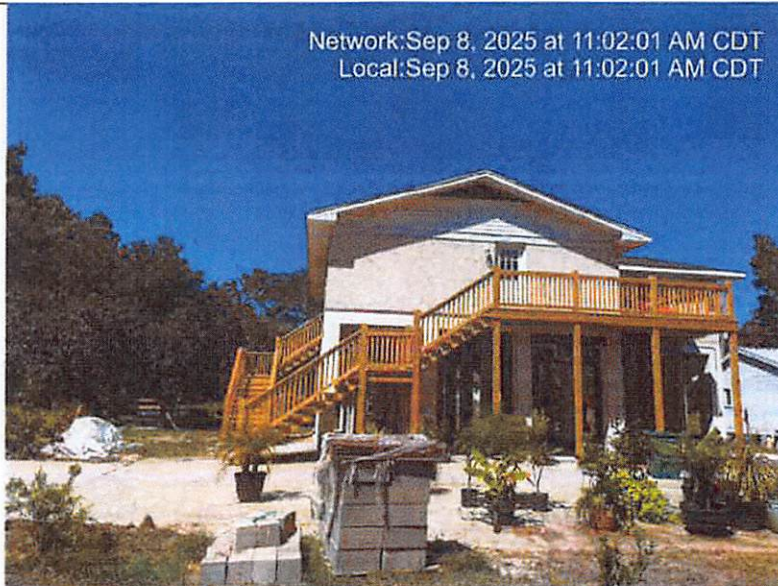


Photo Four

Photo Four Caption: RIGHT VIEW

Clear Photo Four



