



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 – Retainage, 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. 8) in the amount of \$10,862.50 for all work completed for the structure elevation project located at 4035 Honshu Street. The contractor, Kane Construction, LLC, has fulfilled all milestones 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, as-built drawings, Certificate of Completion and final 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. 8)

Contractor Invoice

Tetra Tech Approval Letter

Supporting Documentation (Final Elevation Certificate, Photos, As-Built Drawings)



# 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

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

1. Payment Request No. 8 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

**COMPUTATION OF AMOUNT REQUESTED**

6. Federal Funding:

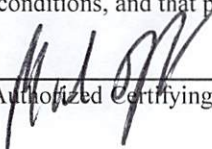
a. Total Amount Approved (100%)	\$ <u>555,220.00</u>
b. Federal Share (95.65% of total) Available	\$ <u>531,053.30</u>
c. Total Previous Payments	\$ <u>320,978.89</u>
d. Current Balance Available (b minus c)	\$ <u>210,074.41</u>
e. Amount of This Request (100%)	\$ <u>10,862.50</u>
f. Cumulative Payments (c plus e)	\$ <u>331,841.39</u>
g. Project Balance (b minus f)	\$ <u>199,211.91</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.

	<u>12/30/2025</u>
(Signature of Authorized Certifying Official)	Date
<u>Michael J. Reso</u>	<u>Chief Administrative Officer</u>
Typed Name	Title

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

<u>Stephen C. McCraney, Governor's Authorized Representative</u>	<u>                                    </u>
	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**

Applicant / Project Description City of Bay St. Louis FMA 2022 SWIFT - Elevation of 2 properties			Grant Name and Project Number: FMA 22 SWIFT/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.	Amount
Kene Construction, LLC - Retainage of 4035 Monshu Street	12/09/2023		5	\$ 10,842.50
<b>Total</b>			<b>\$</b>	<b>10,842.50</b>
<b>Federal Share (100% of Total)</b>			<b>\$</b>	<b>10,842.50</b>

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM RECORDS, INVOICES, or OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

_____	12/30/2023
Signature of Certifying Official	Date

COMMENTS:



**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 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 Retainage of the 4035 Honshu Street Structure Elevation project. This includes verification of the contractor's invoice, executed contract, Elevation Certificate, and photographic evidence of project 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 **\$10,862.50** 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,

A handwritten signature in black ink that reads '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	\$10,862.50
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)

**\$10,862.50**

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		
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	8	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<b>DESCRIPTION OF WORK PERFORMED</b>										
Contractor Retainage										
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	5	12/9/2025	\$10,862.50	\$10,862.50	\$10,862.50	\$0.00	\$10,862.50	Retainage
<b>Total</b>					<b>\$10,862.50</b>	<b>\$10,862.50</b>	<b>\$10,862.50</b>	<b>\$0.00</b>	<b>\$10,862.50</b>	



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](mailto: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) <b>Balance to Finish (Amount Owed on Inv. # 4)</b>	<b>\$</b>	<b>51,596.87</b>

  
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 Honshu Street, Bay St. Louis, Mississippi 39520  
 Grant Number: FMAA-PP-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%	\$ -
<b>Total Costs</b>		<b>\$ 217,250.00</b>	<b>100%</b>	<b>\$ 217,250.00</b>	<b>0%</b>	<b>\$ -</b>	<b>217,250.00</b>	<b>100%</b>	<b>\$ -</b>

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
<p>A1. Building Owner's Name: <u>Byrd</u></p> <p>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>4035 Honshu Street</u></p> <p>City: <u>Bay St Louis</u> State: <u>MS</u> ZIP Code: <u>39520</u></p> <p>A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>135M-0-39-336.000</u></p> <p>A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): _____</p> <p>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</p> <p>A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).</p> <p>A7. Building Diagram Number: <u>6</u></p> <p>A8. For a building with a crawlspace or enclosure(s):</p> <p>a) Square footage of crawlspace or enclosure(s): <u>125</u> sq. ft.</p> <p>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</p> <p>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></p> <p>d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in.</p> <p>e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>400</u> sq. ft.</p> <p>f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>400</u> sq. ft.</p> <p>A9. For a building with an attached garage:</p> <p>a) Square footage of attached garage: <u>N/A</u> sq. ft.</p> <p>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</p> <p>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></p> <p>d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in.</p> <p>e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.</p> <p>f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.</p>	<p>Policy Number: _____</p> <p>Company NAIC Number: _____</p>
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
<p>B1.a. NFIP Community Name: <u>City of Bay St Louis</u> B1.b. NFIP Community Identification Number: <u>285251</u></p> <p>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></p> <p>B6. FIRM Index Date: <u>10/16/2009</u> B7. FIRM Panel Effective/Revised Date: <u>9/27/2019</u></p> <p>B8. Flood Zone(s): <u>VE</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>20</u></p> <p>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: _____</p> <p>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: _____</p> <p>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</p> <p>B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

# 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: <u>Bay St Louis</u> State: _____ ZIP Code: <u>39520</u>	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.

- |   |      |  |
|---|------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor):  | 14.6 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions):   | 23.9 | <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): | 22.1 | <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              | 3.5  | <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             | 3.8  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:   | 4.0  | <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

JOB# 0077.25.012

Check here if attachments and describe in the Comments area.

Certifier's Name: Gregorie C Thompson License Number: PS 26008

Title: Professional Surveyor

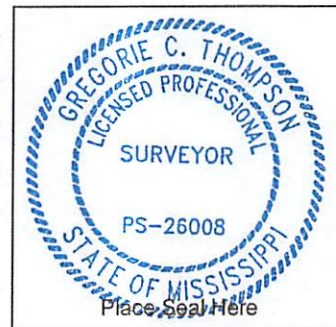
Company Name: MP Design Group

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



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

## FOR INSURANCE COMPANY USE

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 (C.2.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

FOR INSURANCE COMPANY USE

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

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

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.

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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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



**STRUCTURAL NOTES**

1. ALL CONCRETE SHALL BE CAST IN PLACE AND SHALL BE FINISHED TO THE FINISH SURFACE UNLESS OTHERWISE NOTED.

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**GENERAL SPECIFICATIONS**

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**CONCRETE MIX REQUIREMENTS**

CONCRETE MIX REQUIREMENTS	CLASS 1		CLASS 2		CLASS 3		CLASS 4		CLASS 5	
	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX	MIN	MAX
COMPRESSIVE STRENGTH (PSI)	3000	3000	3000	3000	3000	3000	3000	3000	3000	3000
WATER-CEMENT RATIO	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50
CEMENT	110	110	110	110	110	110	110	110	110	110
AGGREGATE	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5	1.5
ADDITIONAL NOTES										

**ADDITIONAL FOOTING NOTES**

1. ALL FOOTINGS SHALL BE CAST IN PLACE AND SHALL BE FINISHED TO THE FINISH SURFACE UNLESS OTHERWISE NOTED.

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API LAP SPICE (1/2" x 1/8" (MIN))

NO.	DESCRIPTION	QTY	UNIT	PRICE	TOTAL
1	...	...	...	...	...
2	...	...	...	...	...
3	...	...	...	...	...
4	...	...	...	...	...
5	...	...	...	...	...
6	...	...	...	...	...
7	...	...	...	...	...
8	...	...	...	...	...
9	...	...	...	...	...
10	...	...	...	...	...

\*As of Dec. 8, 2025  
Positive Digits / Clearer  
Box St. Louis, MS



**CONDITIONS OF THE FERRIT**

1. ALL CONCRETE SHALL BE CAST IN PLACE AND SHALL BE FINISHED TO THE FINISH SURFACE UNLESS OTHERWISE NOTED.

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Project: New Residence  
April Byrd  
4038 Herodis Street  
Biloxi, Mississippi 39520

Sheet Title: Structural Notes

Scale: 1/8" = 1'-0"

DATE: 1/1/2025

DESIGNER: Dreux A. Seghers, P.E.

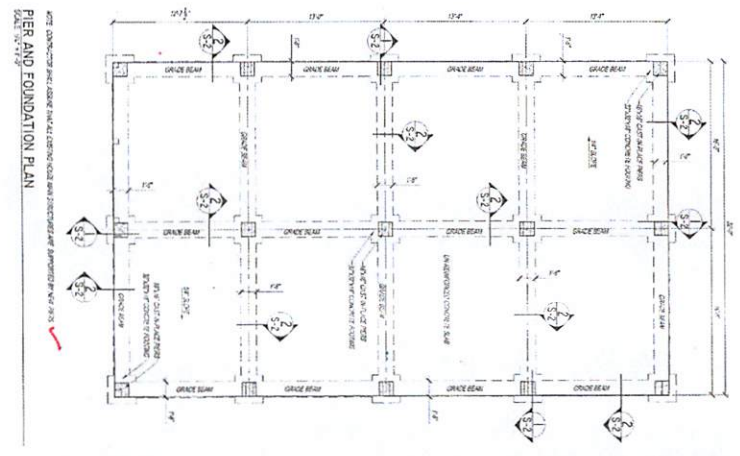
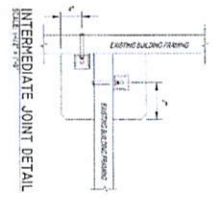
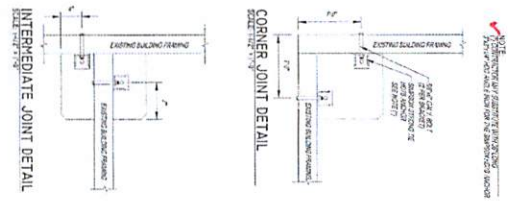
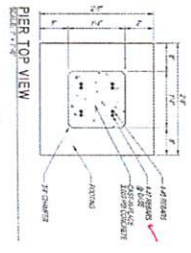
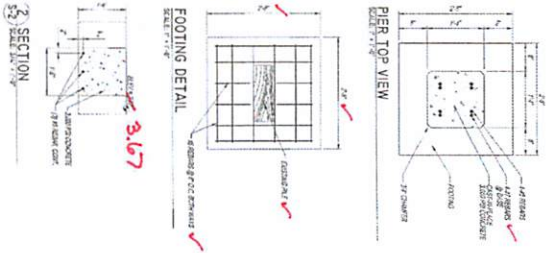
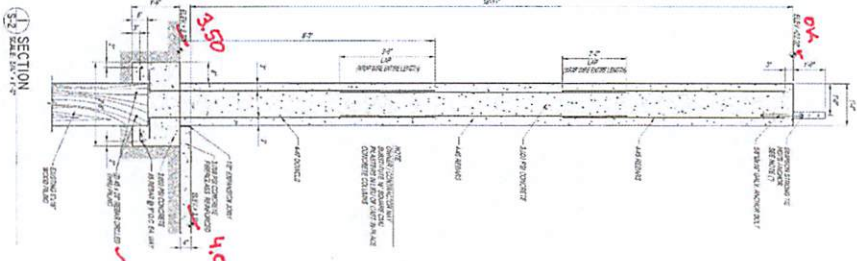
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PROJECT NO: 2022-008

SHEET NO: 1 OF 3

1 of 3

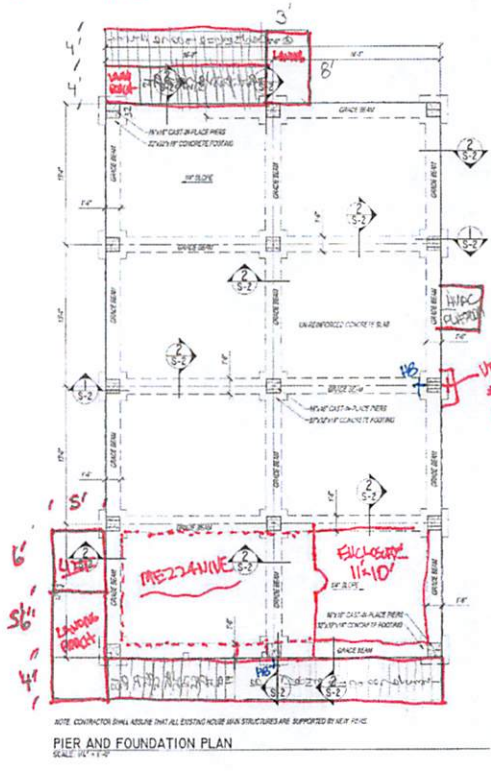
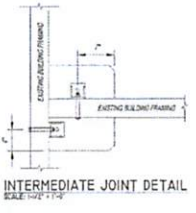
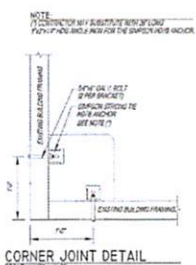
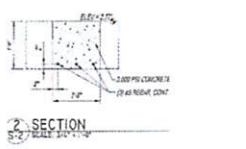
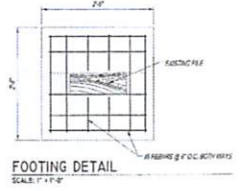
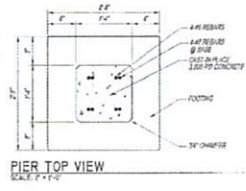
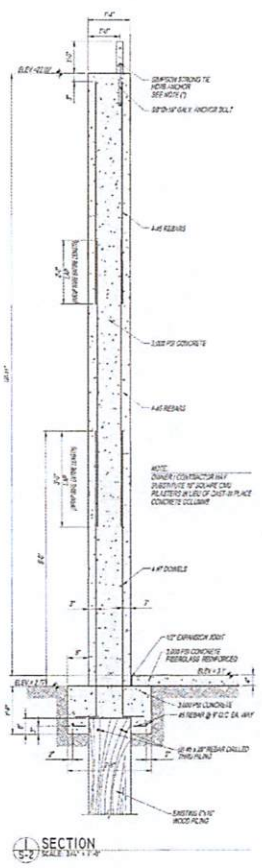
\*As of Dec. 8, 2025  
 Redline Dwg  
 Closeout 4035 Hardy St  
 East St. Louis, MS



2 of 3

SHEET NO. S-2 DATE: 11/11/2022	Project: New Residence April Byrd 4035 Hardy Street Biloxi, Mississippi 39520	Grant # <b>FMA-PJ-04-MS</b> <b>2022-008</b>		Deux A. Seghers, P.E., LLC 414 Easton
	Sheet Title: FOUNDATION PLAN	Legend: <input type="checkbox"/> Footing <input type="checkbox"/> Pier Wall <input type="checkbox"/> Pier Cap	THIS DRAWING IS THE PROPERTY OF DEUX A. SEGHERS, P.E., LLC. IT IS TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED HEREON. IT IS NOT TO BE REPRODUCED, COPIED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF DEUX A. SEGHERS, P.E., LLC.	

405 of Rev. B, 2025  
 Radline Digs  
 Clearance Digs  
 4035 Hardwick St  
 Bay St. Louis, MS



Drawn: A. Sogah, P.E., LLC  
 Project: New Residence  
 Client: April Byrd  
 4035 Hardwick Street  
 Biloxi, Mississippi 39260  
 Sheet Title: FOUNDATION PLAN  
 SHEET NO: S-2  
 DATE: MARCH 3, 2025

Grant # 2022-008  
 2022-008  
 Union Entry  
 #water/sewer  
 #cell



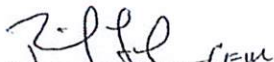
## CITY OF BAY ST. LOUIS

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**