

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. 4 Back-Up Information

The following information is enclosed for back-up purposes as required to satisfy the milestone requirements established in the City of Bay St. Louis Hazard Mitigation Assistance Grants Milestone Inspection Form for acceptance of payment in regards to Milestone No 4.

- Milestone No. 4 Application for Payment Dated December 9, 2025 (\$51,596.87)
- Milestone No. 4 Schedule of Values
- Hazard Mitigation Assistance Grants Milestone Inspection Form Project Milestone Executed December 8, 2025
- Finished Construction Elevation Certificate Dated December 1, 2025
- Photos Depicting Completion of Project Milestone No 4
- 4035 Honshu Street As-Built Construction Drawings (Redlines)
- City of Bay St. Louis Certificate of Completion for 4035 Honshu Street (Building Permit # 20241128) dated December 9, 2025

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

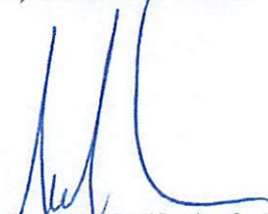
APPLICATION AND CERTIFICATE FOR PAYMENT

To: Ms. April G. Byrd  
From: Kane Construction LLC  
Application No.: 004  
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%)	\$	10,862.50
6) Total Less Retainage	\$	206,387.50
7) Less Previous Payments	\$	154,790.63
8) Current Payment Due	\$	51,596.87
9) Balance to Finish	\$	10,862.50



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: FMA-PJ-04-MS-2022-008  
 Grant Name: Flood Mitigation Assistance (FMA) Swift Current

Invoice No. 4 - 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	Pillings/piers (25%):	\$ 54,312.50	100%	\$ 54,312.50	0%	\$ -	\$ 54,312.50	100%	\$ -
4	Final Completion (25%):	\$ 54,312.50	0%	\$ -	100%	\$ 54,312.50	\$ 54,312.50	100%	\$ -
<b>Total Costs</b>		<b>\$ 217,250.00</b>	<b>75%</b>	<b>\$ 162,937.50</b>	<b>25%</b>	<b>\$ 54,312.50</b>	<b>217,250.00</b>	<b>100%</b>	<b>\$ -</b>

## Hazard Mitigation Assistance Grants Milestone Inspection Form

Homeowner Name(s): Ms April Buro  
 Address: 4035 Hinchey ST  
 City, State, Zip: Bay St. Louis, MS 39520  
 Phone Number: (601) 528-1571



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

### PROJECT MILESTONES

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

INSPECTOR SIGNATURE  
[Signature]  
 HOMEOWNER SIGNATURE  
[Signature]

DATE  
3/26/25  
 DATE

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

INSPECTOR SIGNATURE  
[Signature]  
 HOMEOWNER SIGNATURE  
[Signature]

DATE  
5/2/25  
 DATE  
5/1/25

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

INSPECTOR SIGNATURE  
[Signature]  
 HOMEOWNER SIGNATURE  
[Signature]

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

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

INSPECTOR SIGNATURE  
[Signature]  
 HOMEOWNER SIGNATURE  
[Signature]

DATE  
12/8/2025  
 DATE  
12/8/2025

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

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

**ELEVATION CERTIFICATE**

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

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

SECTION A - PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name: <u>Byrd</u> A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>4035 Honshu Street</u>	Policy Number: _____ Company NAIC Number: _____
City: <u>Bay St Louis</u> State: <u>MS</u> ZIP Code: <u>39520</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>135M-0-39-336.000</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): _____	
A5. Latitude/Longitude: Lat. <u>30.33591</u> Long. <u>-89.40703</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84	
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).	
A7. Building Diagram Number: <u>6</u>	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>125</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>2</u> d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation - see Instructions): <u>400</u> sq. ft. f) Sum of A8.d and A8.e rated area (if applicable - see Instructions): <u>400</u> sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>N/A</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u> d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation - see Instructions): <u>N/A</u> sq. ft. f) Sum of A9.d and A9.e rated area (if applicable - see Instructions): <u>N/A</u> sq. ft.	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1.a. NFIP Community Name: <u>City of Bay St Louis</u> B1.b. NFIP Community Identification Number: <u>285251</u>	
B2. County Name: <u>Hancock</u> B3. State: <u>MS</u> B4. Map/Panel No.: <u>28045 C 0333</u> B5. Suffix: <u>D</u>	
B6. FIRM Index Date: <u>10/16/2009</u> B7. FIRM Panel Effective/Revised Date: <u>9/27/2019</u>	
B8. Flood Zone(s): <u>VE</u> B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>20</u>	
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____	
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA	
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 4035 Honshu Street	<b>FOR INSURANCE COMPANY USE</b>
City: <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):  | <u>14.6</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions):   | <u>23.9</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions):  | <u>22.0</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>22.1</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>3.5</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>3.8</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>4.0</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

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: [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	<b>FOR INSURANCE COMPANY USE</b>
City: Bay St Louis State: MS ZIP Code: 39520	Policy Number: _____ Company NAIC Number: _____

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

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

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

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

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

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

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

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

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

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

**SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION**

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

Check here if attachments and describe in the Comments area.

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

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

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

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

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

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

# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a.  A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b.  A local official completed Section H for insurance purposes.
- G3.  In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4.  The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: \_\_\_\_\_ G6. Date Permit Issued: \_\_\_\_\_
- G7. Date Certificate of Compliance/Occupancy Issued: \_\_\_\_\_
- G8. This permit has been issued for:  New Construction  Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
- G11. Variance issued?  Yes  No If yes, attach documentation and describe in the Comments area.

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

Local Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_

NFIP Community Name: \_\_\_\_\_

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

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

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

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

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):



# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

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

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

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

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

Yes  No

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

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

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

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

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

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

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

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

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

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

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: <u>MS</u> ZIP Code: <u>39520</u>	

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



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



1 of 3

APR 17 2025  
 APRIL 17 2025  
 APRIL 17 2025

PROJECT: **April Byrd**  
 1000 S. W. 12th Ave  
 Miami, FL 33136

CLIENT: **April Byrd**  
 1000 S. W. 12th Ave  
 Miami, FL 33136

DESIGNER: **DAVID A. SAMPSON, P.E., LLC**  
 1000 S. W. 12th Ave  
 Miami, FL 33136



**CONDITIONS OF THE PERMIT**

The contractor shall be responsible for obtaining all necessary permits for this project. The contractor shall be responsible for obtaining all necessary permits for this project. The contractor shall be responsible for obtaining all necessary permits for this project.

**GENERAL NOTES**

1. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.

2. ALL MATERIALS SHALL BE APPROVED BY THE ENGINEER PRIOR TO INSTALLATION.

3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS.

4. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL UTILITIES AT ALL TIMES.

**ADDITIONAL FOOTING NOTES**

1. ALL FOOTINGS SHALL BE CONCRETE ON GRADE UNLESS OTHERWISE NOTED.

2. ALL FOOTINGS SHALL BE MINIMUM 12" WIDE BY 12" DEEP.

3. ALL FOOTINGS SHALL BE REINFORCED WITH #4 BARS AT 12" ON CENTER.

4. ALL FOOTINGS SHALL BE PROTECTED FROM WEATHER AND DAMAGE.

**CONCRETE MIX REQUIREMENTS**

CLASS	CLASS	CLASS	CLASS	CLASS
CLASS 1	CLASS 2	CLASS 3	CLASS 4	CLASS 5
CLASS 1	CLASS 2	CLASS 3	CLASS 4	CLASS 5
CLASS 1	CLASS 2	CLASS 3	CLASS 4	CLASS 5
CLASS 1	CLASS 2	CLASS 3	CLASS 4	CLASS 5

**STRUCTURAL NOTES**

1. ALL STRUCTURAL ELEMENTS SHALL BE CONCRETE UNLESS OTHERWISE NOTED.

2. ALL STRUCTURAL ELEMENTS SHALL BE REINFORCED WITH #4 BARS AT 12" ON CENTER.

3. ALL STRUCTURAL ELEMENTS SHALL BE PROTECTED FROM WEATHER AND DAMAGE.

4. ALL STRUCTURAL ELEMENTS SHALL BE MAINTAINED AT ALL TIMES.

**GENERAL NOTES**

1. ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED.

2. ALL MATERIALS SHALL BE APPROVED BY THE ENGINEER PRIOR TO INSTALLATION.

3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS.

4. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL UTILITIES AT ALL TIMES.

**ADDITIONAL FOOTING NOTES**

1. ALL FOOTINGS SHALL BE CONCRETE ON GRADE UNLESS OTHERWISE NOTED.

2. ALL FOOTINGS SHALL BE MINIMUM 12" WIDE BY 12" DEEP.

3. ALL FOOTINGS SHALL BE REINFORCED WITH #4 BARS AT 12" ON CENTER.

4. ALL FOOTINGS SHALL BE PROTECTED FROM WEATHER AND DAMAGE.

**CONCRETE MIX REQUIREMENTS**

CLASS	CLASS	CLASS	CLASS	CLASS
CLASS 1	CLASS 2	CLASS 3	CLASS 4	CLASS 5
CLASS 1	CLASS 2	CLASS 3	CLASS 4	CLASS 5
CLASS 1	CLASS 2	CLASS 3	CLASS 4	CLASS 5
CLASS 1	CLASS 2	CLASS 3	CLASS 4	CLASS 5

**STRUCTURAL NOTES**

1. ALL STRUCTURAL ELEMENTS SHALL BE CONCRETE UNLESS OTHERWISE NOTED.

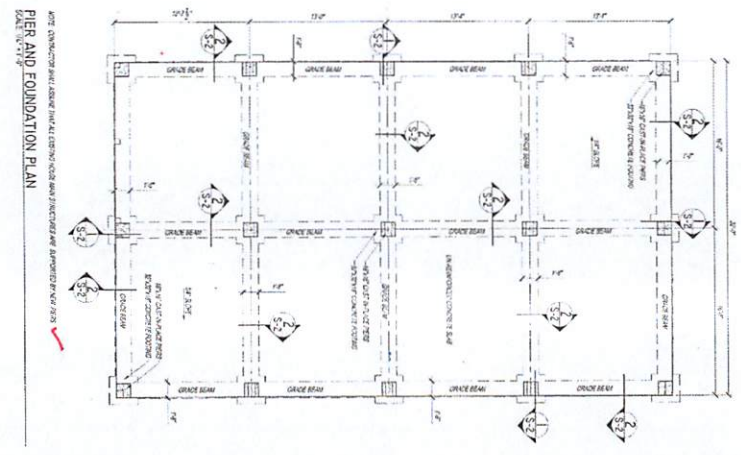
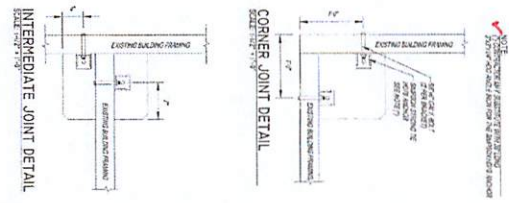
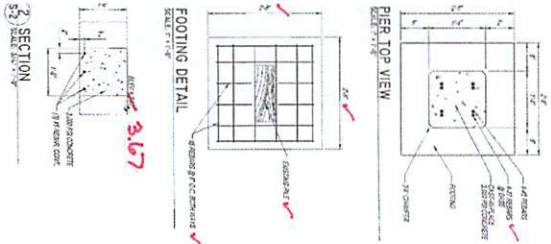
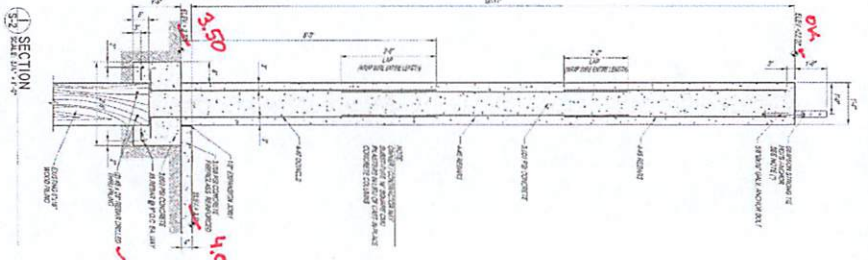
2. ALL STRUCTURAL ELEMENTS SHALL BE REINFORCED WITH #4 BARS AT 12" ON CENTER.

3. ALL STRUCTURAL ELEMENTS SHALL BE PROTECTED FROM WEATHER AND DAMAGE.

4. ALL STRUCTURAL ELEMENTS SHALL BE MAINTAINED AT ALL TIMES.

*Handwritten notes:*  
 #4 @ 12" Dec. 8, 2025  
 Rebar: Dugs / Closeout  
 1005 Handu ST  
 Bay St. Louis, MS

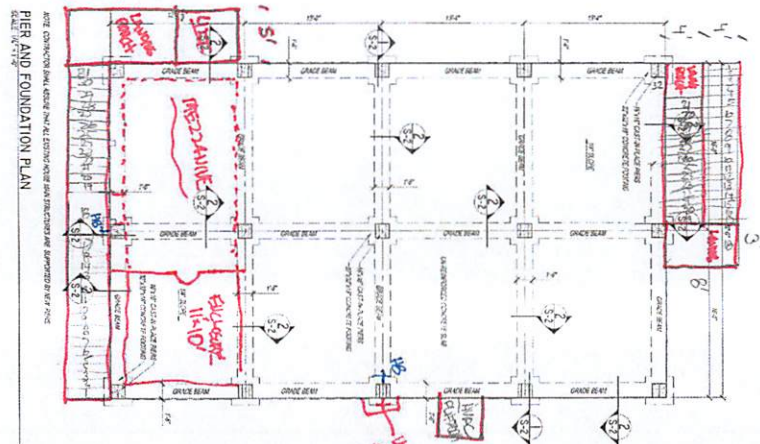
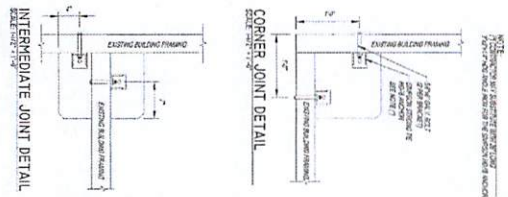
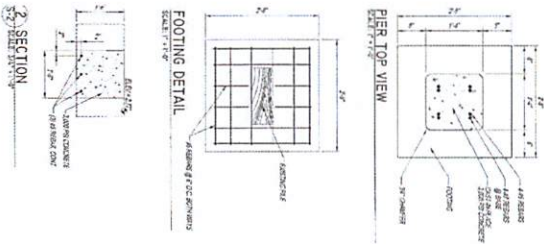
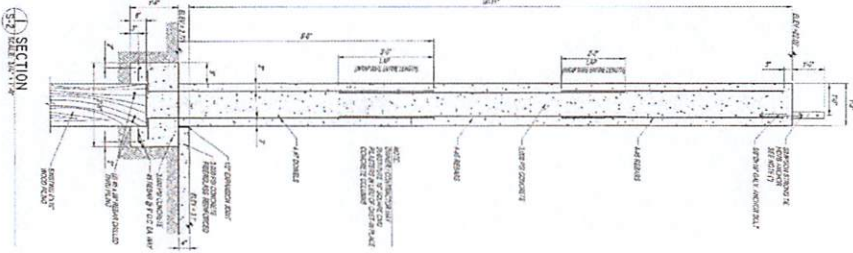
# As of Dec. 8, 2025  
 Reading Done  
 Clearcut 4085 Hordley St  
 Box St. Louis, MS



2 of 3

SHEET NO. S-2 DATE: 11/11/2022	Project: New Residence Client: April Byrd Address: 4035 Hordley Street Location: Biloxi, Mississippi 39520	Grant # <b>FMA-PS-04-MS</b> <b>2022-008</b>		Legend: <input type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Other
	SHEET TITLE: FOUNDATION PLAN	Designer: Debus A. Seghers, P.E., LLC Engineer: Debus A. Seghers, P.E., LLC	Scale: 1/4" = 1'-0"	Debus A. Seghers, P.E., LLC Civil Engineer

*Handwritten:* 4/6 of Nov. 8, 2025  
 Roshine Duggs  
 Clearcut Duggs  
 4035 Honahu St  
 Bay St. Louis, MS



Project: New Residence Client: FMA-15-01-05 2022-008 3A3	April Byrd 4035 Honahu Street Biloxi, Mississippi 39520		Dreux A. Seghers, P.E., LLC 4342 Lakeside Biloxi, Mississippi 39520
	Sheet Title: FOUNDATION PLAN Scale: 1/4" = 1'-0" Date: March 3, 2023		



## 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**