APPLICATION AND CERTIFICATE FOR PAYMENT

To: Ms. April G. Byrd
From: Kane Construction LLC
Application No.: 001
Date: 3/26/2025

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

Application for Payment

1) Original Contract Sum:	$	217,250.00
2) Net Change by Change Orders:	$	-
3) Contract Sum To Date:	$	217,250.00
4) Total Completed & Stored to Date	$	54,312.50
5) Retainage (5%)	$	2,715.63
6) Total Less Retainage	$	51,596.88
7) Less Previous Payments	$	-
8) Current Payment Due	$	51,596.88
9) Balance to Finish	$	165,653.13

Sanders Kane
Mar. 26, 2025
Contractor Certification for Payment

April G. Byrd 3/26/2025
Owner Acknowledgement for Payment

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

Invoice No. 1- Schedule of Values
26-Mar-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	0%	$ -	100%	$ 54,312.50	$ 54,312.50	100%	$ -
2	Foundation (25%):	$ 54,312.50	0%	$ -	0%	$ -	$ -	0%	$ 54,312.50
3	Pilings/piers (25%):	$ 54,312.50	0%	$ -	0%	$ -	$ -	0%	$ 54,312.50
4	Final Completion (25%):	$ 54,312.50	0%	$ -	0%	$ -	$ -	0%	$ 54,312.50
	Total Costs	$ 217,250.00	0%	$ -	25%	$ 54,312.50	54,312.50	25%	$ 162,937.50

Hazard Mitigation Assistance Grants
Milestone Inspection Form

Homeowner Name(s): Ms. April Byrd

Address: 4035 Honshu ST

City, State, Zip: Bay St. Louis, MS 39520

Phone Number: (504) 508-1571

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

PROJECT MILESTONES

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

Kim RyalsBrooks — 3/28/2025
INSPECTOR SIGNATURE — DATE

April G Byrd — 3/26/25
HOMEOWNER SIGNATURE — 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 — DATE

HOMEOWNER SIGNATURE — DATE

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

INSPECTOR SIGNATURE — DATE

HOMEOWNER SIGNATURE — DATE

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

INSPECTOR SIGNATURE — DATE

HOMEOWNER SIGNATURE — DATE

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

March 26, 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. 1 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 Assitance Grants Milestone Inspection Form for acceptance of payment.

- A&E Drawings - Issued for Constrution Drawings dated Mar. 7, 2025 by the City of Bay St. Louis
- Pre-Construction Elevation Certificate dated February 7, 2025
- V-Zone Certificate dated March 11, 2025
- City of Bay St. Louis Building Permit dated March 24, 2025 (Permit Number 20241128)
- Notice to Proceed dated March 24, 2025
- Photos Depicting Project Mobilization at 4035 Honshu Street

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

Sanders Kane
Manager

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

STRUCTURAL NOTES

BUILDING CODE: INTERNATIONAL RESIDENTIAL CODE (IRC) [illegible]

DESIGN LOAD CRITERIA:

DEAD LOAD - [illegible] PSF FLOOR - [illegible] PSF ROOF

LIVE LOAD - [illegible] PSF FLOOR - [illegible] ROOF

SNOW LOAD CRITERIA - 0 PSF

WIND LOAD CRITERIA - [illegible] MPH ASCE - [illegible]

SEISMIC CRITERIA - N/A

DESIGN DEFLECTION CRITERIA (IRC) -

ROOF FRAMING LIVE LOAD (LL) SPANS/[illegible] TOTAL LOAD (TL) SPANS/[illegible]

FLOOR FRAMING LIVE LOAD (LL) SPANS/[illegible] TOTAL LOAD (TL) SPANS/[illegible]

MASONRY SUPPORT LIVE LOAD (LL) SPANS/[illegible]

CAST-IN-PLACE CONCRETE

CONCRETE REINFORCING - BAR (TYPICAL) ASTM A615, GR 60

CONCRETE REINFORCING - BAR (WELDABLE) ASTM A706, GR 60

CONCRETE REINFORCING - WELDED WIRE FABRIC ASTM A185 (PLAIN), ASTM A497 (DEFORMED)

CEMENT - ASTM C150

ADMIXTURES - ASTM C494, ASTM C260

[illegible]

AND ACI 318, BUILDING CODE REQUIREMENTS FOR STRUCTURAL CONCRETE.

[illegible]

GENERAL NOTES

[illegible]

GENERAL SPECIFICATIONS

[illegible]

[illegible]

CONCRETE MIX REQUIREMENTS

SEE PROJECT SPECIFICATIONS FOR FURTHER INFORMATION

	CLASS I	CLASS II	CLASS III	CLASS IV	CLASS V	CLASS VI
COMPRESSIVE STRENGTH (28 DAY)	3000 PSI	3000 PSI	3000 PSI	3000 PSI	3000 PSI	3000 PSI
UNIT WEIGHTS	145 PCF	145 PCF	145 PCF	145 PCF	145 PCF	145 PCF
COARSE AGGREGATE - ASTM C33	1" MAX	3/4" MAX	3/4" MAX	3/4" MAX	3/8" MAX	3/4" MAX
PORTLAND CEMENT - ASTM C150	TYPE I	TYPE I	TYPE I	TYPE I	TYPE I	TYPE I
AIR-ENTRAINMENT (ASTM C260)	N/A	N/A	6% ± 1%	N/A	N/A	N/A
PLASTICIZER (ASTM C494)	TYPE A	TYPE A	TYPE A	TYPE A	TYPE A	TYPE A
WATER/CEMENTITIOUS RATIO	0.55 MAX	0.45 MAX	0.45 MAX	0.45 MAX	0.45 MAX	0.55 MAX
SLUMP w/o PLASTICIZER	1" - 3"	1" - 3"	1" - 3"	1" - 4"	1" - 3"	1" - 3"
SLUMP w/PLASTICIZER	6"	6"	6"	6"	6"	6"

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

NOTE: LIGHT WEIGHT CONCRETE, 1 [illegible]/CU. FT.

ADDITIONAL FOOTING NOTES:

[illegible]

ACI LAP SPLICE LENGTHS (inches)

BAR SIZE	f'c = 3000 psi Top Bars Case 1	Case 2	Other Bars Case 1	Case 2	f'c = 3500 psi Top Bars Case 1	Case 2	Other Bars Case 1	Case 2	f'c = 4000 psi Top Bars Case 1	Case 2	Other Bars Case 1	Case 2
#3	28	42	22	32	26	39	21	30	24	36	19	28
#4	37	56	28	43	35	52	27	40	32	48	25	37
#5	47	70	36	54	44	65	34	51	40	60	31	47
#6	56	84	43	64	52	78	40	60	48	72	37	56
#7	81	122	63	94	76	114	58	88	70	106	54	81
#8	93	139	72	107	87	130	67	100	80	121	62	93
#9	105	157	81	121	98	147	76	113	91	136	70	105

Notes:

[illegible]

3. Top bars are horizontal bars and [illegible] bars with more than 12" of concrete below the bars.

[illegible]

Need city stamped approved plans on site for all inspections.

Need proof of termite treatment at footing inspection.

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

[illegible]

CONDITIONS OF THE PERMIT

[illegible]

[illegible]

BAY SAINT LOUIS BUILDING DEPARTMENT

[illegible]

[illegible]

Dreux A. Seghers, P.E., LLC

Civil Engineer

[illegible]

Project: New Residence

April Byrd

4035 Honshu Street

Biloxi, Mississippi 39520

Sheet Title: Structural Notes

SCALE: AS NOTED

DESIGNED BY: [illegible]

DRAWN BY: [illegible]

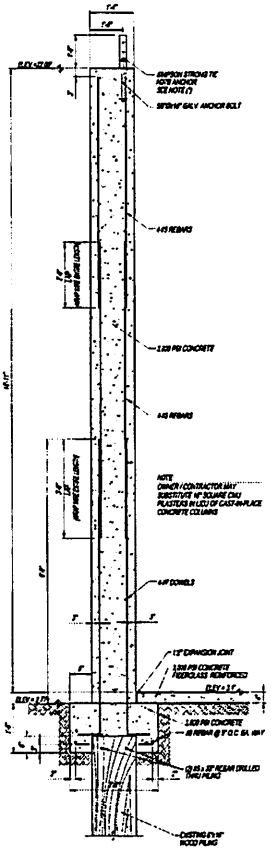
SHEET:

S-1

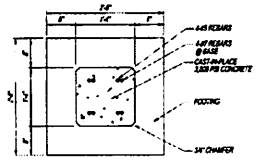
SHEET 1 OF 2 SHEETS

REV:

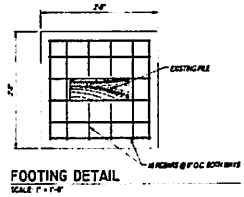
DATE: [illegible]



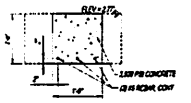
SECTION



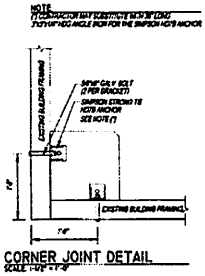
PIER TOP VIEW



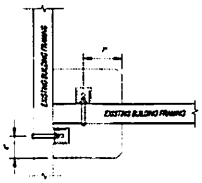
FOOTING DETAIL



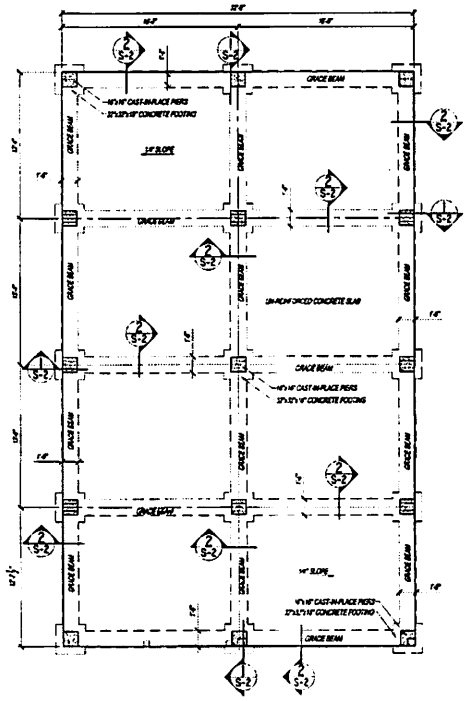
SECTION



CORNER JOINT DETAIL



INTERMEDIATE JOINT DETAIL



PIER AND FOUNDATION PLAN

Drew A. Sellers, P.E., LLC
Civil Engineer

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

Sheet Title: FOUNDATION PLAN

SCALE: AS NOTED
DESIGNED BY: DAS
Drawn BY: S. BELL

SHEET:
S-2
SHEET 2 OF 2 SHEETS

REV:

DATE: MARCH 3, 2023

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

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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION A – PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number:

A1. Building Owner's Name: Byrd

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

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

A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: 135M-0-39-336.000

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

A5. Latitude/Longitude: Lat. 30.33591 Long. -89.40703 Horizontal Datum: ☐ NAD 1927 ■ NAD 1983 ☐ WGS 84

A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).

A7. Building Diagram Number: **6**

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

a) Square footage of crawlspace or enclosure(s): 220 sq. ft.

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

c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade:
Non-engineered flood openings: N/A Engineered flood openings: 2

d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.

e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): 400 sq. ft.

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

A9. For a building with an attached garage:

a) Square footage of attached garage: N/A sq. ft.

b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐ Yes ☐ No ■ N/A

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

d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in.

e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): N/A sq. ft.

f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

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

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

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

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

B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9:
☐ FIS ■ FIRM ☐ Community Determined ☐ Other:

B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ■ NAVD 1988 ☐ Other/Source:

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ■ No
Designation Date: ☐ CBRS ☐ OPA

B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ■ Yes ☐ No

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ■ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Elevations – Zones A1–A30, AE, AH, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: Earl Dudley Inet GPS Network Vertical Datum: Geoid 18

Indicate elevation datum used for the elevations in items a) through h) below.
☐ NGVD 1929 ■ NAVD 1988 ☐ Other: _____

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

		Check the measurement used:
a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	10.6	■ feet ☐ meters
b) Top of the next higher floor (see Instructions):	N/A	■ feet ☐ meters
c) Bottom of the lowest horizontal structural member (see Instructions):	8.7	■ feet ☐ meters
d) Attached garage (top of slab):	N/A	■ feet ☐ meters
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	9.0	■ feet ☐ meters
f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ■ Finished	2.6	■ feet ☐ meters
g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ■ Finished	3.0	■ feet ☐ meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	N/A	■ feet ☐ meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state law to certify elevation information. *I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.*

JOB# 0077.

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

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

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

Title: Professional Surveyor

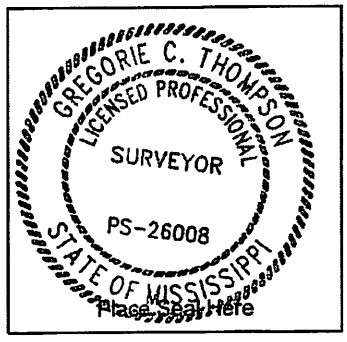
Company Name: MP Design Group

Address: 918 Howard Avenue

City: Biloxi State: MS ZIP Code: 39530

Signature: _____ Date: 2/27/2025

Telephone: 228-388-1930 Ext.: _____ Email: gthompson@mpdesigngroup.us



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

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):

TBM is set in wood pile on adjacent pier at elevation 4.00'

C2e=HVAC equipment located on southeastern side of residence

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 (C2.b in applicable Building Diagram) of the building is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

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

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

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

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

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

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

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2.a. ☐ A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.

G2.b. ☐ A local official completed Section H for insurance purposes.

G3. ☐ In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.

G4. ☐ The following information (Items G5–G11) is provided for community floodplain management purposes.

G5. Permit Number: _____ G6. Date Permit Issued: _____

G7. Date Certificate of Compliance/Occupancy Issued: _____

G8. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum: _____

G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____

G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ ☐ feet ☐ meters Datum: _____

G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____

G11. Variance issued? ☐ Yes ☐ No If yes, attach documentation and describe in the Comments area.

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

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

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

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

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

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

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

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

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

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

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

☐ Yes ☐ No

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

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

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

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

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

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

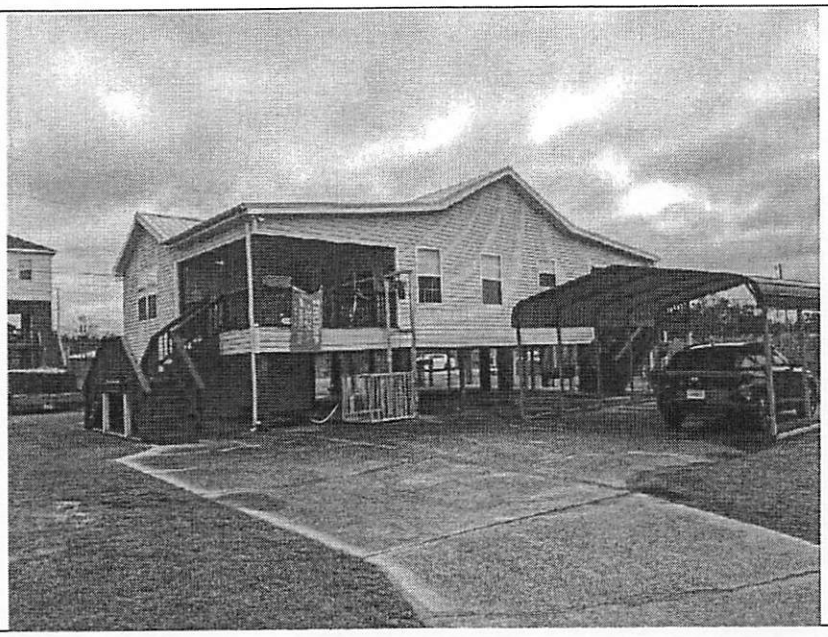


Photo One Caption: Front/Side View (Picture taken on 2.24.2025)

Clear Photo One

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

Clear Photo Two

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

BUILDING PHOTOGRAPHS

Continuation Page

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

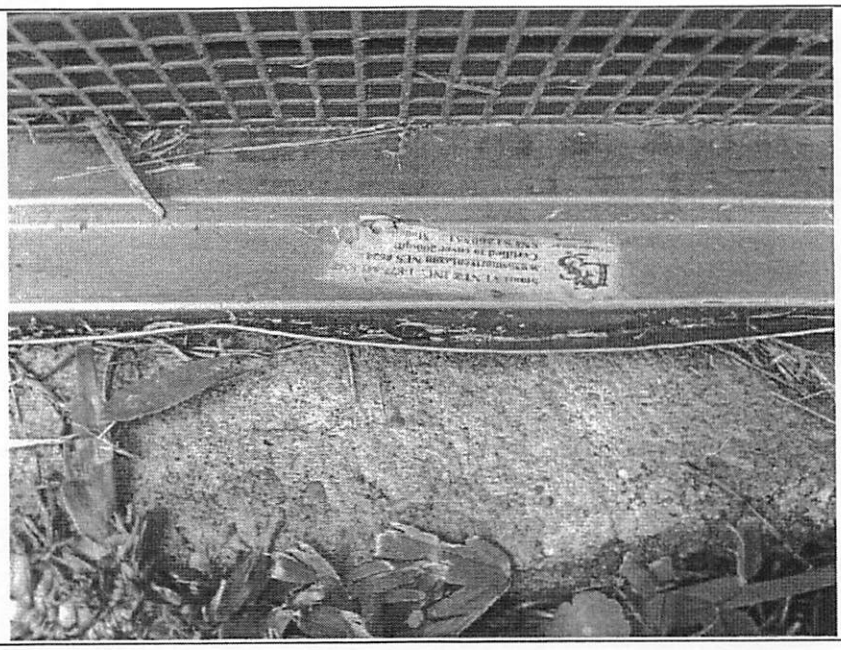


Photo Three Caption: Flood Vent Information (Smart Vent rated for 200 square feet each) Clear Photo Three

Photo Four

Photo Four Caption: Clear Photo Four

Note: The V Zone design certificate is not a substitute for the NFIP Elevation Certificate (see Fact Sheet No. 1.4, *Lowest Floor Elevation*), which is required to certify as-built elevations needed for flood insurance rating.

V ZONE DESIGN CERTIFICATE

Name Ms. April Byrd Policy Number (Insurance Co. Use)

Building Address of Other Description 4035 Honshu Street

Permit No. City Bay St. Louis State MS Zip Code 39520

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. 285251 Panel No. 28045C0833G Suffix FIRM Date 10/16/2007 FIRM Zone(s) VE20

SECTION II: Elevation Information Used for Design

[NOTE: This section documents the elevations/depths used or specified in the design – it does not document surveyed elevations and is not equivalent to the as-built elevations required to be submitted during or after construction.]

1.	FIRM Base Flood Elevation (BFE)	20.0' feet*
2.	Community's Design Flood Elevation (DFE)	21.0' feet*
3.	Elevation of the Bottom of Lowest Horizontal Structure Member	22.0' feet*
4.	Elevation of Lowest Adjacent Grade	2.77' feet*
5.	Depth of Anticipated Scour/Erosion used for Foundation Design	3.66' feet
6.	Embedment Depth of Pilings of Foundation Below Lowest Adjacent Grade	-10.0'* feet

* Indicate elevation datum used in 1-4: ☐ NGVD29 ☒ NAVD88 ☐ Other

SECTION III: V Zone Design Certification Statement

I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards of practice** for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE.
- The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood***. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Design Certification Statement

[NOTE: This section must be certified by a registered engineer or architect when breakaway walls are designed to have a resistance of more than 20 psf (0.96 kN/m2) determined using allowable stress design]

I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of breakaway walls to be constructed under the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards of practice** for meeting the following provisions:

- Breakaway wall collapse shall result from a water load less than that which would occur during the base flood***.
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (see Section III).

SECTION V: Certification and Seal

This certification is to be signed and sealed by a registered professional engineer or architect authorized by law to certify structural designs. I certify the V Zone Design Certification Statement (Section III) and _____ the Breakaway Wall Design Certification Statement (Section IV, check if applicable).

Certifier's Name Dreux A. Seghers, PE License Number MS 11888

Title Civil Engineer Company Name Dreux A. Seghers, PE, LLC

Address 166 Nixon Street

City Biloxi State MS Zip Code 39530

Signature Dreux A Segh PE Date 3/11/25 Telephone (228) 324-5771

Place Seal Here

DREUX A. SEGHERS REGISTERED PROFESSIONAL ENGINEER 11888 3-11-25 STATE OF MISSISSIPPI

PW013A

House Leveling/Raising

BAY SAINT LOUIS
A PLACE APART

688 HWY. 90 • BAY ST. LOUIS, MS 39520 • PHONE 469-0531

20241128
PERMIT NUMBER

BUILDING PERMIT

SITE INSPECTION CARD

THIS CARD MUST BE DISPLAYED ON FRONT OF BUILDING BEING PERMITTED AND IS NOT TO BE REMOVED UNTIL CERTIFICATE OF COMPLETION IS ISSUED.

Owner BYRD

Job Location 4035 Honshu St.

Building Contractor Kane Const.

RJ	3/24/2025		
ISSUED BY	DATE	INSPECTED BY	DATE

TETRA TECH

March 24, 2025

To: Sanders Kane
Kane Construction, LLC
301 Longfellow Drive
Bay St. Louis, MS 39520

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

Tetra Tech, acting on behalf of Bay St. Louis, hereby issues this Notice to Proceed with the elevation project for the above-referenced property. All required documentation, including the Elevation Certificate, Engineering and Design Plans, V-Zone Certificate, Executed Contract, and Building Permit, has been reviewed and approved.

You are authorized to commence work on this project effective **March 24, 2025**, in accordance with the approved scope of work and applicable codes and regulations.

The project must be completed within 180 calendar days from the date of this Notice to Proceed. Failure to complete the project within this timeframe may jeopardize program funding, unless an extension is approved in writing due to extenuating circumstances.

Please ensure all work adheres to the standards set forth in the approved plans, local permitting requirements, and program guidelines. Coordination with the homeowner and any required inspections should be documented and submitted to the Project Manager, Kimberly Ryals-Brooks as outlined in the milestone inspection form.

If you have any questions or require clarification, please contact:

Kimberly Ryals-Brooks
Project Manager, Tetra Tech
(225) 305-9233
Kim.ryalsbrooks@tetratech.com

Sincerely,

Kim RyalsBrooks

Kimberly Brooks

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

March 26, 2025

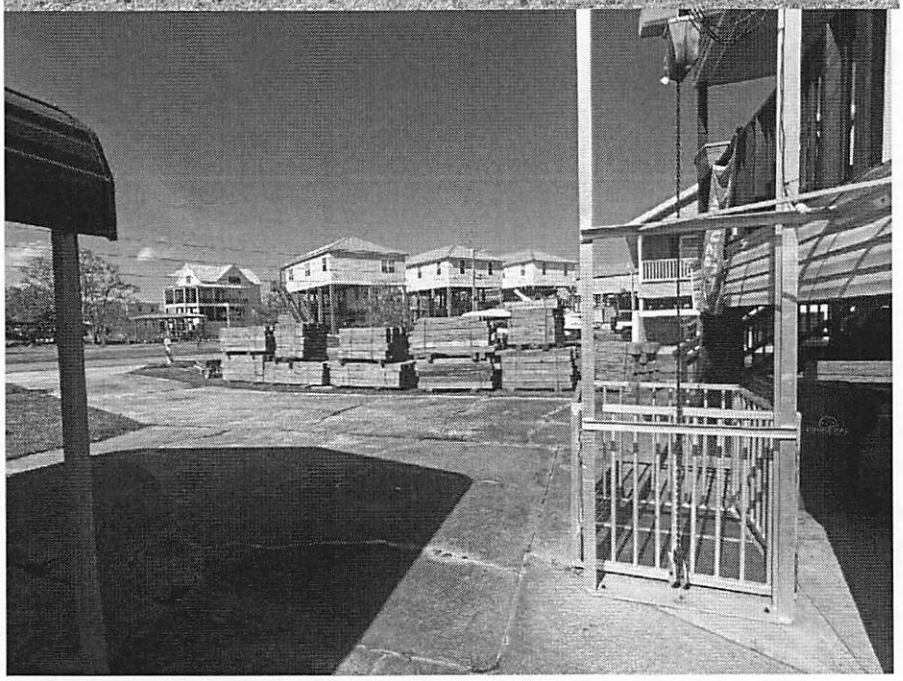
Tetra Tech
Attn: Kimberly Brooks, CFM

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 No. 1 Progress Photos

Kane Construction is providing photos depicting the mobilization effort in regards to Milestone No. 1. Work has commenced with invoice No. 1 being submitted for approval by Kane Construction.

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



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

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

Dreux A. Seghers, P.E., LLC
Consulting Civil Engineer
1102 Iberville Drive
Ocean Springs, MS 39564
(228) 324-5771

April 9, 2025

No-Adverse Impacts Letter

Property owners:	April Byrd residence
Location:	4035 Honshu Street, Bay St. Louis
Water Body:	Bay of St. Louis
Re:	Foundation Fill

Mr. Ricky Ladner
Building Inspector
City of Bay St. Louis

Dear Mr. Ladner,

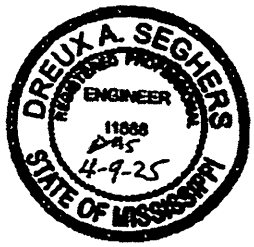
I am writing in reference to the proposed elevating of the Byrd Residence on Honshu St. in Bay St. Louis. The property is located in an VE 20 Flood Zone. The proposed residence will be elevated to above the Base Flood Elevation (BFE) as per FEMA and City requirements with steel reinforced concrete columns.

The design for the new foundation is proposed to utilize the existing timber pilings and cut them off at grade and connect to the new columns and concrete grade beams. The original design anticipated cutting the existing timber pilings at approximately 1.77'AMSL. However, during construction it was determined that an existing column footing is interfering with establishing the column at this level and provide space to drill and install reinforcing rods for the new columns. Therefore, it is now proposed to cut the exiting timber columns at elevation at 2.93" AMSL (Approximately 14" higher than the original design) and pour a capping slab to approximately elevation 4.26' AMSL.

It is my professional opinion that the new higher cut off elevation of the timber columns and capping slab will not create any adverse impacts. The minimal addition of fill around the foundation, will allow any water energy/waves to dissipate prior to reaching any adjacent structures.

Please feel free to contact me if you would like to discuss this matter further or if you require any additional information.

Sincerely,
Dreux A. Seghers, PE.
Dreux A. Seghers, PE
Civil Engineer MS # 11888



Dreux A. Seghers, PE, LLC

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

April 15, 2025

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

RE: Reimbursement Request – Milestone 1, 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. 1) in the amount of $51,596.88 for work completed under Milestone 1 of the structure elevation project located at 4035 Honshu Street. The contractor, Kane Construction, LLC, has fulfilled the initial 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 the signed Notice to Proceed, permit documentation, Elevation Certificate, engineering and design plans, 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
(228) 466-5457

Enclosures:
Reimbursement Request Form (RRF No. 1)
Contractor Invoice
Tetra Tech Approval Letter
Supporting Documentation (Permit, EC, NTP, Progress Photos)

TETRA TECH

Tetra Tech
Kimberly Ryals-Brooks
Sr. Hazard Mitigation Grant Specialist
Tetra Tech
Kim.ryalsbrooks@tetratech.com
(225) 305-9233

April 15, 2025

City of Bay St. Louis
Attention: Michael J. Reso
688 Highway 90
Bay St. Louis, MS 39520

RE: Approval Recommendation – Reimbursement Request for 4035 Honshu Street Structure Elevation (FMA-PJ-04-MS-2022-008)

Dear Mr. Reso,

Tetra Tech has completed a thorough review of the payment invoice and associated backup documentation submitted for Milestone No. 1 of the 4035 Honshu Street Structure Elevation project. This includes verification of the contractor's invoice, executed contract, Elevation Certificate, engineering and design documents, Notice to Proceed, building permit, and photographic evidence of mobilization.

Based on our review, all documentation is complete and consistent with the approved scope of work under the Flood Mitigation Assistance (FMA) Swift Current grant. We find the invoice amount of **$51,596.88** submitted by Kane Construction, LLC to be accurate and in alignment with the contractual milestone payment schedule.

Accordingly, Tetra Tech recommends approval of the reimbursement request and disbursement of funds to Kane Construction, LLC.

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

Sincerely,

Kim RyalsBrooks

Kimberly Ryals-Brooks
Sr. Hazard Mitigation Grant Specialist
Tetra Tech
Kim.ryalsbrooks@tetratech.com
(225) 305-9233

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

APPLICANT

City of Bay St. Louis, MS

FIPS #

2803980

DISASTER #

FMA-PJ-04-MS-2022

PROJECT # (F#)

8

ATTACHMENT	TOTAL AMOUNT REQUESTED (TO INCLUDE FEDERAL AND NON-FEDERAL)
A - FORCE ACCOUNT LABOR SUMMARY RECORDS	
B - FORCE ACCOUNT EQUIPMENT SUMMARY RECORDS	
C - RENTED EQUIPMENT SUMMARY RECORDS	
D - CONTRACT SUMMARY RECORDS	$51,596.88
E - ADMINISTRAVTIVE FEES (1603 & 1607)	
F - SUB-RECIPIENT MANAGEMENT COST	
G - COASTAL PROTECTION & RESTORATION AUTHORITY COST	

GRAND TOTAL OF REQUEST (TO INCLUDE FEDERAL AND NON-FEDERAL) $51,596.88

APPLICANT OR DESIGNATED AGENT'S SIGNATURE

Michael J. Reso

APPLICANT OR DESIGNATED AGENT'S PRINT NAME

04/15/2025

DATE

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	1	☑ YES ☐ NO

DESCRIPTION OF WORK PERFORMED
Contractor Milestone 1

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 Street, Bay St. Louis, MS	Kane Construction LLC	1	3/26/2025	$51,596.88	$51,596.88	$51,596.88	.	$51,596.88	Permit and Notice to Proceed: Submitted A&E drawings, obtained pre-construction EC, building permits, NTP, specs for lift
Total					$51,596.88	$51,596.88	$51,596.88	$0.00	$51,596.88	