U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

OMB Control Number: 1660-0008 Expiration: 11/30/2018

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

SECTION A - PROPE	RTY INFORMA	TION			FOR INS	URANCE COM	IPANY USE	
A1. Building Owner's Name MOSES		Policy Number:						
A2. Building Street Address (including Apt., Unit Box No.	t, Suite, and/or	Bldg. No.) or	P.O. Route a	- 1	Company NAIC	;		
2802 HORSE TRAIL DRIVE			- I					
City ROSHARON	State		KAS	Zip Code	77583			
A3. Property Description (Lot and Block Numbe SUNCREEK RANCH SEC 2 (A0125 A ROI			•					
A4. Building Use (e.g., Residential, Non-Reside	ntial, Addition,	Accessory, et	,	ENTIAL				
A5. Latitude/Longitude: Lat. 29°20'31.33"N	Long. 95°	30'41.68"W	Horiz	ontal D	oatum: ONAI	0 1927 🔘	NAD 1983	
A6. Attach at least 2 photographs of the building	if the Certifica	te is being us	ed to obtain f	flood ir	surance.			
A7. Building Diagram Number N/A								
A8. For a building with a crawlspace or enclosur	re(s):		A9. For a b	buildin	g with an attach	ed garage:		
a) Square footage of crawlspace or enclosur	re(s) N/A	sq ft	a) Square	footag	e of attached ga	arage N	/A so	
 b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 				tached	manent flood op I garage within of t grade	1.0 foot	/A	
c) Total net area of flood openings in A8.b	N/A		c) Total ne	t area	of flood opening	 ne in Δ0 h N	//A so	
,		sq in						
d) Engineered flood openings? OYes	⊙ No	DANCE DAT	· •		ood openings?	O Yes (⊙ No	
B1. NFIP Community Name & Community Num	ber	B2. Coun	•	VI) INF	ORMATION	 E	33. State	
BRAZORIA COUNTY UNINC. 485458			,	BRA	ZORIA		TEXAS	
B4. Map/Panel Number B5. Suffix B6. FIRM	Index Date B	37. FIRM Pan Revised D		B8.	Flood Zone(s)	B9. Base Floo		
48039C 0235 H 9-22-99		6-5-8			AE	(Zone AO, use base flood depth 45.5 *		
						4	15.5 "	
B10. Indicate the source of the Base Flood Eleva			d depth enter	red in I	tem B9:			
○FIS Profile ○FIRM ○Community Det	ermined Oot	her/Source:						
B11. Indicate elevation datum used for BFE in Ite	em B9: 🧿 NG	VD 1929 🔘	NAVD 1988	Ot	her/Source: _			
B12. Is the building located in a Coastal Barrier F	Resources Syst	em (CBRS) a	rea or Other	wise P	rotected Area (0	OPA)? ○ Ye	s © No	
Designation Date:	CBRS O	OPA						
SECTION C - BU	JILDING ELEV	ATION INFO	RMATION (S	SURVE	Y REQUIRED)			
C1. Building elevations are based on: OConstr	ruction Drawing	s* O Ruil	ding Under (Constri	ıction*	Finished Cons	truction	
A new Elevation Certificate will be required whe	J		· ·					
C2. Elevations: Zones A1-A30, AE, AH, A (with E	-		-			, AR/AH, AR/A	O. Complete	
Items C2.a-h below according to the building dia	gram specified	in Item A7. In	Puerto Rico	only, e				
Benchmark Utilized: AW4044			rtical Datum:		NGVD 1929			
Indicate elevation datum used for the elevations	in items a) thro	ugh h) below.	⊙NGVD 1	1929	ONAVD 1988			
Other/Source:								
Datum used for building elevations must be the s	same as that us	ed for the BF	E.			Check the me	asurement use	
a) Top of bottom floor (including basement, craw	/Ispace, or encl	osure floor)	N/A		N/A	• feet	meters	
b) Top of the next higher floor			N/A		N/A	• feet	meters	
c) Bottom of the lowest horizontal structural mer	N/A		N/A	• feet	meters			
d) Attached garage (top of slab)			N/A		N/A	• feet	meters	
 e) Lowest elevation of machinery or equipment sometimes (Describe type of equipment and location in C 	_	uilding	N/A		N/A	• feet	meters	
f) Lowest adjacent (finished) grade next to build	43		0	• feet	meters			
g) Highest adjacent (finished) grade next to build	43	_	3	• feet	meters			
h) Lowest adjacent grade at lowest elevation of structural support		ncluding	N/A		N/A	• feet	Ometers	
Silastatai Support			-	_				

ELEVATION CERTIFICATE, page 2

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IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE											
Building Street Address (including Apt., Unit, State 2802 HORSE TRAIL DRIVE		Policy Number:									
City ROSHARON	State	TX	Zip Co	ode 77583		Company NAIC					
	SUDVEYOR ENG		OD 45		I	Number:					
	SURVEYOR, ENG						o information I coult				
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by 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? Oracle Provided Section A provided by a licensed land surveyor? Oracle Provided Section A provided Section Section A provided Section Secti						E OF					
Certifier's Name	O 163		se Numb	ner.	— <u> </u>		A CO. T				
TOBY PAUL COUCHMAN			5565	<u></u>		TOBY PAUL	COUCHMAN				
Title R.P.L.S.	Company Name PRO-SUR		-SURV				905 200 200 1				
Address P.O. BOX 1366	City FRIENDSW		State TX	Zip Code 77549		SURV					
Signature / / / Overman	Date 11-7-16		Telephone 281-996-1113		3						
Copy all pages of this Elevation Certificate for (1) community offici	al, (2) i	nsurance	e agent/con	npanv. an	d (3) building owne	er.				
	-			- ago		a (0) 2 aag 0	**				
Comments (including type of equipment and location, per C2(e), if applicable)											
TBM - SET NAIL IN STREET CENTERLINE - ELEVATION = 46.0'											
Signature / / (ovchman)						Date	11-7-16				
SECTION E - BUILDING ELEVATION INFO	ORMATION (SUR	RVEY N	OT REC	QUIRED) FO	OR ZONE	AO AND ZONE A	(WITHOUT BFE)				
For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.											
E1. Provide elevation information for the followin highest adjacent grade (HAG) and the lowes			iate boxe	es to show	whether th	ne elevation is abo	ve or below the				
a) Top of bottom floor (including basement, or enclosure) is	crawlspace, —			• feet	O meters	s above or	below the HAG.				
b) Top of bottom floor (including basement, or enclosure) is	crawlspace, —			• feet	meter	s 📝 above or	below the LAG.				
E2. For Building Diagrams 6-9 with permanent fl higher floor (elevation C2.b in the diagrams) of the		vided ir	Section		and/or 9 (ructions), the next				
E3. Attached garage (top of slab) is				• feet	O meter	s ✓ above or	below the HAG.				
E4. Top of platform of machinery and /or equipm servicing the building is	ent			• feet	O meter	s 📝 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? OYes ONO OUnknown. The local official must certify this information in Section G.											
SECTION F - PROPEI	RTY OWNER (OF	OWNI	ER'S RE	PRESENT	ATIVE) C	ERTIFICATION					
The property owner or owner's authorized repre community-issued BFE) or Zone AO must sign	sentative who cor	mpletes	Section	ıs A, B, and	E for Zor	ne A (without a FEN					
Property Owner or Owner's Authorized Represe				JL COUCH		ect to the best of th	y knowledge.				
Address P.O. BOX 1366	City FI	RIENDS	WOOD	State	TEXA	AS ZIP C	Code				
Signature	Date	11-7-	16	Telepl	hone						
Comments				<u> </u>							