## **ELEVATION CERTIFICATE** Important: Follow the instructions on pages 1–9.

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

|   |                | TION A – PROPERTY         |            |                                   | ., <u>.</u> , <u>.</u> ,  |                                  | RANCE COMPANY USE                  |
|---|----------------|---------------------------|------------|-----------------------------------|---------------------------|----------------------------------|------------------------------------|
| A1. Building Owner's Name   |                |                           |            |                                   | Policy Num                |                                  |                                    |
| Joseph Westman       A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.       Company NAIC         2601 S Broadway St #44       Company NAIC |                |                           |            |                                   |                           | AIC Number:                      |                                    |
| City  |                |                           |            | State                             |                           | ZIP Code                         |                                    |
| La Porte  |                |                           |            | Texas                             |                           | 77571                            |                                    |
| A3. Property Desc   | ription (Lot a | nd Block Numbers, Ta      | ax Parcel  | Number, Le                        | gal Description, ef       | c.)                              |                                    |
| A4. Building Use (  | e.g., Resider  | tial, Non-Residential,    | Addition   | , Accessory,                      | etc.) Residenti           | al                               |                                    |
|   |                | 29.6319                   | -          | / 95.0161                         |                           | l Datum: 🔲 NAD 1                 | 1927 🕱 NAD 1983                    |
| A6. Attach at least   | 2 photograp    | hs of the building if the | e Certific | ate is being ι                    | used to obtain floo       | d insurance.                     |                                    |
| A7. Building Diagra   | am Number      | 8                         |            |                                   |                           |                                  |                                    |
| A8. For a building  | with a crawls  | pace or enclosure(s):     |            |                                   |                           |                                  |                                    |
| a) Square foot  | age of crawl   | space or enclosure(s)     |            |                                   | N/A sq ft                 |                                  |                                    |
| b) Number of p  | ermanent flo   | ood openings in the cr    | awlspace   | e or enclosur                     | e(s) within 1.0 foo       | t above adjacent gra             | ade N/A                            |
| c) Total net are  | ea of flood op | penings in A8.b           |            | N/A sq ir                         | 1                         |                                  |                                    |
| d) Engineered   | flood openir   | ngs? 🗌 Yes 🗌 N            | ٩٥         |                                   |                           |                                  |                                    |
| A9. For a building w  | /ith an attach | ned garage:               |            |                                   |                           |                                  |                                    |
| a) Square foot  | age of attach  | ned garage                |            | 440.00 sq ft                      |                           |                                  |                                    |
| b) Number of p  | ermanent flo   | ood openings in the at    | tached g   | arage within                      | 1.0 foot above ad         | acent grade 0                    |                                    |
| c) Total net are  | ea of flood op | penings in A9.b           |            | 0.00 sq                           | in                        |                                  |                                    |
| d) Engineered   | flood openin   | ıgs? ∏Yes ∏N              | ١o         |                                   |                           |                                  |                                    |
|   |                |                           |            |                                   |                           |                                  |                                    |
|   | SE             | ECTION B - FLOOD          | INSURA     | NCE RATE                          | MAP (FIRM) INF            | ORMATION                         |                                    |
| B1. NFIP Commun<br>City Of La Porte 48  | 5              | Community Number          |            | B2. County<br>Harris              | 32. County Name<br>Harris |                                  | B3. State<br>Texas                 |
| B4. Map/Panel<br>Number   | B5. Suffix     | B6. FIRM Index<br>Date    | Effe       | RM Panel<br>ective/<br>vised Date | B8. Flood<br>Zone(s)      | B9. Base Flood E<br>(Zone AO, us | levation(s)<br>e Base Flood Depth) |
| 48201C0945  | М              | 01-06-2017                | 01-06-2    | 2017                              | AE                        | 14.0                             |                                    |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:   |                |                           |            |                                   |                           |                                  |                                    |
| FIS Profile X FIRM Community Determined Other/Source:   |                |                           |            |                                   |                           |                                  |                                    |
| 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       |                                   |                           |                                  |                                    |
|   |                |                           |            |                                   |                           |                                  |                                    |

| ELEVATION CERTIFICATE  | DMB No. 1660-0008<br>Expiration Date: November 30, 2018 |   |  |  |  |  |
|--|---|---|--|--|--|--|
| IMPORTANT: In these spaces, copy the correspon   | FOR INSURANCE COMPANY USE                               |   |  |  |  |  |
| Building Street Address (including Apt., Unit, Suite, an 2601 S Broadway St #44  | -   |   | Policy Number:                           |  |  |  |
| City   | State   | ZIP Code  | Company NAIC Number                      |  |  |  |
| La Porte   | Texas   | 77571   |  |  |  |  |
| SECTION C - BUILDING   | GELEVATION INF  | ORMATION (SURVEY I  | REQUIRED)                                |  |  |  |
| <ul> <li>C1. Building elevations are based on: Constraint on Constra</li></ul> | en construction of th                                   | 8   |  |  |  |  |
| Complete Items C2.a–h below according to the<br>Benchmark Utilized: 010270   | building diagram sp                                     | Decified in Item A7. In Pue<br>Datum: NAVD88              | rto Rico only, enter meters.             |  |  |  |
| Indicate elevation datum used for the elevations   |   |   |  |  |  |  |
| □ NGVD 1929 🕱 NAVD 1988 □ Ot   | , <b>c</b>  | i ii) below.  |  |  |  |  |
| Datum used for building elevations must be the   |   | for the BFE.  |  |  |  |  |
| , , , , , , , , , , , , , , , , , , ,  |   |   | Check the measurement used.              |  |  |  |
| a) Top of bottom floor (including basement, cra  | awlspace, or enclosu                                    | ure floor)  | 11.60 🗙 feet 🗌 meters                    |  |  |  |
| b) Top of the next higher floor  |   |   | 19.00 🗙 feet 🗌 meters                    |  |  |  |
| c) Bottom of the lowest horizontal structural me   | ember (V Zones only                                     | /)  | N/A x feet meters                        |  |  |  |
| d) Attached garage (top of slab)   |   |   | 11.80 🕱 feet 🗌 meters                    |  |  |  |
| <ul> <li>e) Lowest elevation of machinery or equipmen<br/>(Describe type of equipment and location in</li> </ul>   | t servicing the buildi<br>Comments)                     | ng  | 31.80 🗙 feet 🗌 meters                    |  |  |  |
| f) Lowest adjacent (finished) grade next to bui  | ilding (LAG)  |   | 11.60 🕱 feet 🗌 meters                    |  |  |  |
| g) Highest adjacent (finished) grade next to bu  | 18.80 🕱 feet 🗌 meters                                   |   |  |  |  |  |
| <ul> <li>h) Lowest adjacent grade at lowest elevation o<br/>structural support</li> </ul>  |   | uding   | 13.90 🛛 feet 🗍 meters                    |  |  |  |
| SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION   |   |   |  |  |  |  |
| This certification is to be signed and sealed by a lan<br>I certify that the information on this Certificate repres  | d surveyor, enginee<br>sents my best efforts            | r, or architect authorized<br>s to interpret the data ava | by law to certify elevation information. |  |  |  |
| statement may be punishable by fine or imprisonme<br>Were latitude and longitude in Section A provided by  |   | ·   | Check here if attachments.               |  |  |  |
| Certifier's Name   | License Num   | iber  |  |  |  |  |
| Barry D. Adkins  | 6137  |   | TEOFTE                                   |  |  |  |
| Title<br>Surveyor  |   |   | S ALGISTERED                             |  |  |  |
| Company Name<br>DaRam Engineers, Inc.  |   |   | BARRY D. ADKINS                          |  |  |  |
| Address  |   |   |  |  |  |  |
| 5420 Dashwood Dr., Ste. 206  |   |   | POETO CONTRA                             |  |  |  |
| City   | State   | ZIP Code  | - AND ESSI OA                            |  |  |  |
| Houston  | Texas   | 77081   | SURVE                                    |  |  |  |
| Signature Balle  | Date<br>06-21-2017                                      | Telephone<br>(713) 528-1552                               | Ext.                                     |  |  |  |
| Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.  |   |   |  |  |  |  |
| Comments (including type of equipment and location<br>Garage is attached making the C2a. 11.60 the next  |   | -   |  |  |  |  |
|  |   |   |  |  |  |  |
|  |   |   |  |  |  |  |

| OMB No.    | 1660-0008         |        |
|------------|-------------------|--------|
| Expiratior | Date: November 30 | , 2018 |

| ELEVATION CERTIFICATE  |                                     |   | Expiration Date: November   | 30, 2018       |  |  |
|--|-------------------------------------|---|---|----------------|--|--|
| IMPORTANT: In these spaces, copy the correspo  | FOR INSURANCE COMPA                 | ANY USE   |   |                |  |  |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2601 S Broadway St #44   |                                     |   | Policy Number:  |                |  |  |
| City<br>La Porte   | State<br>Texas                      | ZIP Code<br>77571   | Company NAIC Number   |                |  |  |
| SECTION E – BUILDING I<br>FOR ZO   | ELEVATION IN<br>ONE AO AND Z        | FORMATION (SURVEY<br>ONE A (WITHOUT BFE)                  | NOT REQUIRED)   |                |  |  |
| 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. |                                     |   |   |                |  |  |
| <ul> <li>E1. Provide elevation information for the following a the highest adjacent grade (HAG) and the lower</li> <li>a) Top of bottom floor (including basement,</li> </ul>  |                                     |   | lether the elevation is above or be                                     | elow           |  |  |
| crawlspace, or enclosure) is<br>b) Top of bottom floor (including basement,  |                                     | feet  | neters above or below t   | he HAG.        |  |  |
| crawlspace, or enclosure) is<br>E2. For Building Diagrams 6–9 with permanent floor   | d openings provi                    |   |   |                |  |  |
| the next higher floor (elevation C2.b in<br>the diagrams) of the building is   |                                     |   |   |                |  |  |
| E3. Attached garage (top of slab) is   |                                     | feet  | neters above or below t   | he HAG.        |  |  |
| E4. Top of platform of machinery and/or equipment servicing the building is  |                                     | feet  | neters 🗌 above or 🗌 below t   | he HAG.        |  |  |
| E5. Zone AO only: If no flood depth number is availa floodplain management ordinance?  |                                     |   | in accordance with the communit<br>nust certify this information in Sec |                |  |  |
| SECTION F – PROPERTY O   | WNER (OR OW                         | NER'S REPRESENTATIV                                       | E) CERTIFICATION  |                |  |  |
| The property owner or owner's authorized represent community-issued BFE) or Zone AO must sign here.  | ative who compl<br>. The statements | etes Sections A, B, and E t<br>in Sections A, B, and E ar | or Zone A (without a FEMA-issue<br>e correct to the best of my knowle   | ed or<br>edge. |  |  |
| Property Owner or Owner's Authorized Representati  | ve's Name                           |   |   |                |  |  |
| Address  |                                     | City  | State ZIP Coo   | le             |  |  |
| Signature  |                                     | Date  | Telephone   |                |  |  |
| Comments   |                                     |   |   |                |  |  |
|  |                                     |   |   |                |  |  |
|  |                                     |   |   |                |  |  |
|  |                                     |   |   |                |  |  |
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|  |                                     |   |   |                |  |  |
|  |                                     |   |   |                |  |  |
|  |                                     |   | Check here if attacl  | hments.        |  |  |

| OMB No.    | 1660-0 | 0008     |     |      |
|------------|--------|----------|-----|------|
| Expiration | Date:  | November | 30, | 2018 |

| ELEVATION CERTIFICATE  | Expiration Date: November 30, 2018   |                                 |   |  |  |  |  |  |
|--|--|---------------------------------|---|--|--|--|--|--|
| IMPORTANT: In these spaces, copy the corre   | FOR INSURANCE COMPANY USE  |                                 |   |  |  |  |  |  |
| Building Street Address (including Apt., Unit, St<br>2601 S Broadway St #44                    | No. Policy Number:   |                                 |   |  |  |  |  |  |
| City<br>La Porte   | State<br>Texas   | ZIP Code<br>77571               | Company NAIC Number   |  |  |  |  |  |
| SECTIO   | ON G – COMMU   | NITY INFORMATION (OPTIO         | NAL)  |  |  |  |  |  |
| Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en | The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters. |                                 |   |  |  |  |  |  |
|  |  |                                 | gned and sealed by a licensed surveyor, cate the source and date of the elevation |  |  |  |  |  |
| G2. A community official completed Sect<br>or Zone AO.   | ion E for a buildir  | ng located in Zone A (without a | a FEMA-issued or community-issued BFE)  |  |  |  |  |  |
| G3. The following information (Items G4-   | -G10) is provided  | l for community floodplain ma   | nagement purposes.  |  |  |  |  |  |
| G4. Permit Number  | G5. Date Perm  | nit Issued                      | G6. Date Certificate of<br>Compliance/Occupancy Issued                            |  |  |  |  |  |
|  | G7. This permit has been issued for:   |                                 |   |  |  |  |  |  |
| G8. Elevation of as-built lowest floor (including of the building:                             | g basement)  | [                               | feet meters Datum   |  |  |  |  |  |
| G9. BFE or (in Zone AO) depth of flooding at   | the building site:   |                                 | feet meters Datum   |  |  |  |  |  |
| G10. Community's design flood elevation:   |  |                                 | feet meters   |  |  |  |  |  |
| Local Official's Name  |  | Title                           |   |  |  |  |  |  |
| Community Name   |  | Telephone                       |   |  |  |  |  |  |
| Signature  |  | Date                            |   |  |  |  |  |  |
| Comments (including type of equipment and location, per C2(e), if applicable)                  |  |                                 |   |  |  |  |  |  |
|  |  |                                 |   |  |  |  |  |  |
|  |  |                                 |   |  |  |  |  |  |
|  |  |                                 |   |  |  |  |  |  |
|  |  |                                 |   |  |  |  |  |  |
|  |  |                                 |   |  |  |  |  |  |
|  |  |                                 |   |  |  |  |  |  |
|  |  |                                 |   |  |  |  |  |  |
|  |  |                                 | Check here if attachments.  |  |  |  |  |  |

| <b>ELEVATION CERTIFICAT</b>   | TE See Instructions for Item A6.   |  | OMB No. 1660-0008<br>Expiration Date: November 30, 2018 |                 |
|---|--|--|---|-----------------|
| MPORTANT: In these spaces, copy the corresponding information from Section A. |  |  | FOR INSURANCE COMPANY USE                               |                 |
| Building Street Address (including 2601 S Broadway St #44                     |  |  | Policy Number:  |                 |
| City  | State  | ZIP Code   | Company NAIC Nu   | umber           |
| La Porte  | Texas  | 77571  |   |                 |
| instructions for Item A6. Identify a<br>"Left Side View." When applicab       | e to obtain NFIP flood insurance<br>all photographs with date taken; "Fi<br>ble, photographs must show the fi<br>If submitting more photographs th | ront View" and "Rear View"; a<br>oundation with representative | nd, if required, "Right<br>e examples of the flo        | Side View" and  |
|   |  |  |   |                 |
| Photo One Caption 06/21/2017  | Photo  | o One  |   | Clear Photo One |
|   |  |  |   |                 |
|   | 6/21/2017 12:38:00<br>Photo  | о Тwo  |   |                 |
| Photo Two Caption 06/21/2017  |  |  |   | Clear Photo Two |

**BUILDING PHOTOGRAPHS** 

FEMA Form 086-0-33 (7/15)

Replaces all previous editions.

## **ELEVATION CERTIFICATE Continuation Page** Expiration Date: November 30, 2018 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 2601 S Broadway St #44 City State ZIP Code Company NAIC Number La Porte Texas 77571 If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. Photo Three Photo Three Caption 06/21/2017 **Clear Photo Three** Photo Four Photo Four Caption 06/21/2017

BUILDING PHOTOGRAPHS

OMB No. 1660-0008

FEMA Form 086-0-33 (7/15)

Replaces all previous editions.

Clear Photo Four