

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
National Flood Insurance Program
ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15


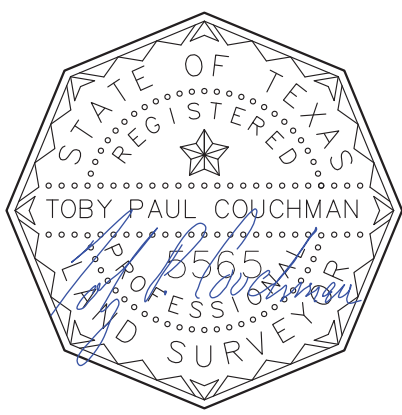

OMB Control Number: 1660-0008
Expiration: 11/30/2018

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

SECTION A - PROPERTY INFORMATION						FOR INSURANCE COMPANY USE	
A1. Building Owner's Name LEIST1801028						Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3330 WELLSPRING LAKE DRIVE						Company NAIC Number:	
CityFULSHEAR				StateTEXAS		Zip Code77441	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 2 - RIVERWOOD AT WESTON LAKES, SECTION 2, PARTIAL REPLAT NO. 1							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)RESIDENTIAL							
A5. Latitude/Longitude: Lat. 29°38'33.26" N Long. 95°56'01.86" W Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> NAD 1983							
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.							
A7. Building Diagram NumberN/A							
A8. For a building with a crawlspace or enclosure(s):							
a) Square footage of crawlspace or enclosure(s)N/A sq ft				A9. For a building with an attached garage:			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent gradeN/A				a) Square footage of attached garageN/A sq ft			
c) Total net area of flood openings in A8.bN/A sq in				b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent gradeN/A			
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No				c) Total net area of flood openings in A9.bN/A sq in			
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No				d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number CITY OF WESTON LAKES 481197				B2. County Name FORT BEND		B3. State TEXAS	
B4. Map/Panel Number 48157C 0095	B5. Suffix L	B6. FIRM Index Date 4-20-00	B7. FIRM Panel Effective/ Revised Date 4-20-00	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 104.5		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA							
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> Finished Construction * A new Elevation Certificate will be required when construction of the building is complete.							
C2. Elevations: Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.							
Benchmark Utilized: AW 5484				Vertical Datum: NAVD 1988			
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source:							
Datum used for building elevations must be the same as that used for the BFE.							
Check the measurement used.							
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	N/A	.	N/A	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
b) Top of the next higher floor	N/A	.	N/A	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	.	N/A	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
d) Attached garage (top of slab)	N/A	.	N/A	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	N/A	.	N/A	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
f) Lowest adjacent (finished) grade next to building (LAG)	102	.	4	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
g) Highest adjacent (finished) grade next to building (HAG)	104	.	7	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	.	N/A	<input checked="" type="radio"/> feet	<input type="radio"/> meters		

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, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3330 WELLSRING LAKE DRIVE				Policy Number:	
City FULSHEAR		State TX		Zip Code 77441	
				Company NAIC Number:	
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION					
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. <i>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.</i>					
<input type="checkbox"/> Check here if attachments.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="radio"/> Yes <input type="radio"/> No			
Certifier's Name TOBY PAUL COUCHMAN			License Number 5565		
Title R.P.L.S.		Company Name PRO-SURV TBPLS FIRM NO. 10119300			
Address P.O. BOX 1366		City FRIENDSWOOD		State TX	Zip Code 77549
Signature 		Date 1-4-18		Telephone 281-996-1113	
					
Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2(e), if applicable) TBM - SET NAIL IN STREET - ELEVATION = 104.2'					
Signature  Date 1-4-18					
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR 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 following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).					
a) Top of bottom floor (including basement, crawlspace, or enclosure) is		_____ . _____		<input checked="" type="radio"/> feet <input type="radio"/> meters <input checked="" type="checkbox"/> above or <input type="checkbox"/> below the HAG.	
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		_____ . _____		<input checked="" type="radio"/> feet <input type="radio"/> meters <input checked="" type="checkbox"/> above or <input type="checkbox"/> below the LAG.	
E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is		_____ . _____		<input checked="" type="radio"/> feet <input type="radio"/> meters <input checked="" type="checkbox"/> above or <input type="checkbox"/> below the HAG.	
E3. Attached garage (top of slab) is		_____ . _____		<input checked="" type="radio"/> feet <input type="radio"/> meters <input checked="" type="checkbox"/> above or <input type="checkbox"/> below the HAG.	
E4. Top of platform of machinery and /or equipment servicing the building is		_____ . _____		<input checked="" type="radio"/> feet <input type="radio"/> meters <input checked="" type="checkbox"/> above or <input type="checkbox"/> 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? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown. The local official must certify this information in Section G.					
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION					
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.					
Property Owner or Owner's Authorized Representative's Name TOBY PAUL COUCHMAN					
Address P.O. BOX 1366		City FRIENDSWOOD		State TEXAS	ZIP Code
Signature		Date 1-4-18		Telephone	
Comments					
<input type="checkbox"/> Check here if attachments.					