



TEXAS WINDSTORM
INSURANCE ASSOCIATION

Certificate of Compliance for Completed Improvement WPI-8-C

Date of Construction: 12/21/2017 **Certification Number:** 8011811
Application ID: 3011811 **Building Type:** House

Certification Type: New **Certification Detail:** Entire Building **Certification Date:** 5/4/2018

Location of Property:

Street
3415 Winnie

Engineer/Non-Engineer:
Engineered

City, Zip, County
Galveston, 77550, Galveston

State:
TEXAS

Wind Zone & Building Code Details:

Seaward - Seaward - International Residential Code, 2006 Edition (Amended with 2006 Texas Revisions)

This certification has been issued in reliance on the information submitted to TWIA. By issuing this certification, TWIA has not warranted, guaranteed, or approved the design, construction, installation or condition of the building components made subject to this certification. Issuance of this certification only effects eligibility for windstorm insurance through TWIA per Texas Insurance Code section 2210.2515 and corresponding Rules adopted by the Texas Department of Insurance and does not guarantee the insurability or future condition of the subject property.

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.

SECTION A - PROPERTY INFORMATION					FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Galveston County Finance Corporation					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 3415 Winnie					Company NAIC Number:	
City Galveston		State TX		ZIP Code 77550		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Tract D Galveston Housing Finance Corporation Replat of Lots 1, 2, 3 and the West one-half of Lot 4, in Block 334 in the City of Galveston, Galveston County, Texas						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential						
A5. Latitude/Longitude: Lat. 29°17'57.0" N Long. 94°48'21.8" W Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983						
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.						
A7. Building Diagram Number 5						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) N/A sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A						
c) Total net area of flood openings in A8.b N/A sq in						
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
A9. For a building with an attached garage:						
a) Square footage of attached garage N/A sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A						
c) Total net area of flood openings in A9.b N/A sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number City of Galveston 485469				B2. County Name Galveston		B3. State TX
B4. Map/Panel Number 485469 0026	B5. Suffix E	B6. FIRM Index Date 5/26/70	B7. FIRM Panel Effective/ Revised Date 12/6/02	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 11	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____						
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						

ELEVATION CERTIFICATE

OMB No. 1660-0008
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. 3415 Winnie			Policy Number:
City Galveston	State TX	ZIP Code 77550	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, 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: COG BM(s) Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____


Datum used for building elevations must be the same as that used for the BFE.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>18.4</u>	feet
b) Top of the next higher floor	<u>N/A</u>	feet
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	feet
d) Attached garage (top of slab):	<u>N/A</u>	feet
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>18.2</u>	feet
f) Lowest adjacent (finished) grade next to building (LAG)	<u>7.6</u>	feet
g) Highest adjacent (finished) grade next to building (HAG)	<u>8.0</u>	feet
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>7.6</u>	feet

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 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 Check here if attachments.

Certifier's Name Laurence C. Wall	License Number 4814	
Title RPLS		
Company Name TLTS, Inc.		
Address 1801 Moody Avenue		
City Galveston	State TX	

Signature 	Date 3/22/18	Telephone 409.765.8883	Ext.
--	-----------------	---------------------------	------

Comments (including type of equipment and location, per C2(e), if applicable)

C2 e) = see photos AC compressor

No necessary information for Pages 3, 4 and 6, therefore not included. Blank pages may be inserted.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

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. 3415 Winnie			Policy Number:
City Galveston	State TX	ZIP Code 77550	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. 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. If submitting more photographs than will fit on this page, use the Continuation Page.



C2. e): AC

Photo One

Front & right



Photo Two

Rear & left