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

-														
Con	annen lle i	of thie I	Flovation	Cortificato an	h all ai	ttachmonte i	for (1) community	/ official	(2) incurance	agent/company	and (3) huilding	
OUD'					u an a				/ Unicial,		agenicompany	, and (0	<i>)</i> Dununiu	

Copy an pages of this Elevation Certificate and an attachments for (1) community official, (2) insurance agent/company, and (3) building owner.									
SECTION A – PROPERTY INFOR		ANCE COMPANY USE							
A1. Building Owner's Name			Policy Numb	ber:					
Gary Joachim									
A2. Building Street Address (including Apt., Unit, Suite, and/c Box No.	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company N								
113 Island Passage									
City	State		ZIP Code						
Galveston	•								
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 1 Block 1 r/p Lots 259-261 Evia, Phase Two									
• · · · · · · · · · · · · · · · · · · ·	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential								
A5. Latitude/Longitude: Lat. 29°15'35.9" Long	·94°52'10.8	3" Horizontal Da	atum: 🗌 NAD 1	927 🔀 NAD 1983					
A6. Attach at least 2 photographs of the building if the Certific	cate is being u	sed to obtain flood in	surance.						
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 crawlspac			ove adiacent ora	de N/A					
c) Total net area of flood openings in A8.b N/A			ovo adjačeni gra	<u> </u>					
	sq in								
d) Engineered flood openings? Yes X 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 g	garage within	1.0 foot above adjace	nt grade N	I/A					
c) Total net area of flood openings in A9.bN/A	sq	in							
d) Engineered flood openings? 🗌 Yes 🛛 No									
SECTION B – FLOOD INSURA	ANCE RATE	MAP (FIRM) INFOR							
B1. NFIP Community Name & Community Number	B2. County	. ,		B3. State					
	Galve			ТХ					
City of Galveston 485469									
Number Date Eff	RM Panel ective/ vised Date	B8. Flood B Zone(s)	9. Base Flood El (Zone AO, use	evation(s) Base Flood Depth)					
48167C0438 G 5/26/70 8/	15/19	AE & X	10	(as to AE)					
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:									
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:									

ELEVATION CERTIFICATE	OMB No. 1660-0008 Expiration Date: November 30, 2018								
IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE								
Building Street Address (including Apt., Unit, Suite, ar 113 Island Passage	ıd/or Bldg. No.) or P.O. Ro	oute and Box No.	Policy Number:						
City	State ZI	P Code	Company NAIC Number						
Galveston	ТХ	77554							
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)									
*A new Elevation Certificate will be required when C2. Elevations – Zones A1–A30, AE, AH, A (with BI	en construction of the buil FE), 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: AW0588 Vertical Datum: NAVD 88									
Indicate elevation datum used for the elevations	in items a) through h) be	low.							
🗌 NGVD 1929 🔀 NAVD 1988 🗌 Oti	her/Source:								
Datum used for building elevations must be the	same as that used for the	BFE.							
a) Top of bottom floor (including basement, cra	wispace, or enclosure flor	or) 16.	0 feet						
b) Top of the next higher floor		N/.	A feet						
c) Bottom of the lowest horizontal structural me	mber (V Zones only)	N/	A feet						
d) Attached garage (top of slab)		N/	A feet						
 e) Lowest elevation of machinery or equipment (Describe type of equipment and location in 	servicing the building Comments)	15.	0 feet						
f) Lowest adjacent (finished) grade next to buil	ding (LAG)	9.	8 feet						
g) Highest adjacent (finished) grade next to bui	• • •	10.	2 _{feet}						
 h) Lowest adjacent grade at lowest elevation of structural support 		9.	8 feet						
SECTION D – SURVEY	SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION								
This certification is to be signed and sealed by a land I certify that the information on this Certificate represent statement may be punishable by fine or imprisonment	d surveyor, engineer, or a sents my best efforts to int	rchitect authorized by	/ law to certify elevation information.						
Were latitude and longitude in Section A provided by			Check here if attachments.						
Certifier's Name	License Number								
Laurence C. Wall	4814		C OF P						
Title			S ATE BERE						
RPLS Company Name			- A / ** * * >) A						
TLTS, Inc.			LAURENCE CHARLES WALL						
Address			4814						
1801 Moody Avenue			AND RUNNEY OF						
City	State	ZIP Code	SOMA S						
Galveston	TX	77550-8015							
Signature Comme Mall	Date 10/31/19	Telephone 409.765.8883	Ext. 3						
Comments (including type of equipment and location, per C2(e), if applicable)									
Line separating Zones AE & X runs through property.									
Improvements lie mostly within Zone AE, BFE 10									
C2. e) = AC compressor (Photo One)									

OMB No.	1660-0	8000		
Expiration	Date:	November	30,	2018

ELEVATION CERTIFICATE		Expiration Date: November 30, 2018		
IMPORTANT: In these spaces, copy the corresp	F	OR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite,	and/or Bldg. No.)	or P.O. Route and Box I	No. P	olicy Number:
113 Island Passage				
City	State	ZIP Code	С	ompany NAIC Number
Galveston	ТХ	77554		
SECTION E – BUILDING FOR Z		FORMATION (SURVE)		EQUIRED)
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, u enter meters.				
 E1. Provide elevation information for the following the highest adjacent grade (HAG) and the low a) Top of bottom floor (including basement, 			whether th	ne elevation is above or below
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 flo	od openings provi	ded in Section A Items 8	and/or 9	(see pages 1–2 of Instructions),
the next higher floor (elevation C2.b in the diagrams) of the building is		feet		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 equipmer servicing the building is	nt	feet	meters	above or below the HAG.
E5. Zone AO only: If no flood depth number is ava floodplain management ordinance?				rdance with the community's tify this information in Section G.
SECTION F – PROPERTY	OWNER (OR OW	NER'S REPRESENTATI		TIFICATION
The property owner or owner's authorized represer community-issued BFE) or Zone AO must sign her	ntative who compl e. The statements	etes Sections A, B, and E in Sections A, B, and E	E for Zone are correc	A (without a FEMA-issued or t to the best of my knowledge.
Address		City	State	e ZIP Code
Signature		Date	Telep	bhone
Comments				
				Check here if attachments.

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

ELEVATION CERTIFICATE	Expiration Date: November 30, 2018		
IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, S 113 Island Passage	No. Policy Number:		
City Galveston	State TX	ZIP Code 77554	Company NAIC Number
		IITY INFORMATION (OPTIO	NAL)
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, er	rdinance to admin Certificate. Comp nter meters.	ister the community's floodpla plete the applicable item(s) ar	ain management ordinance can complete nd sign below. Check the measurement
			ned and sealed by a licensed surveyor, cate the source and date of the elevation
G2. A community official completed Sect or Zone AO.	ion E for a building	g located in Zone A (without a	a FEMA-issued or community-issued BFE)
G3. The following information (Items G4-	-G10) is provided	for community floodplain mar	nagement purposes.
G4. Permit Number	G5. Date Perm	it Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:		on 🗌 Substantial Improveme	ent
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
G10. Community's design flood elevation:		L	feet meters Datum
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments (including type of equipment and lo	cation, per C2(e),	if applicable)	
			Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE		
Building Street Address (including A	Policy Number:		
113 Island Passage			
City	Company NAIC Number		
Galveston	ТХ	77554	

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.



Front & right



Rear

BUILDING PHOTOGRAPHS OMB No. 1660-0008 ELEVATION CERTIFICATE Continuation Page OMB No. 1660-0008						
IMPORTANT: In these spaces, copy the co	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit	, Suite, and/or Bldg. No.) (or P.O. Route and Box No.	Policy Number:			
113 Island Passage						
City	State	ZIP Code	Company NAIC Number			
Galveston	ТХ	77554				
If submitting more photographs than will f with: date taken; "Front View" and "Rea photographs must show the foundation with	ar View"; and, if require	d, "Right Side View" and	"Left Side View." When applicable,			
	Photo 1	[hree				
NO PHOTO						

Photo Four