

DEPARTMENT OF HOMELAND SECURITY
 Federal Emergency Management Agency
 National Flood Insurance Program

ELEVATION CERTIFICATE

OMB No. 1660-0008
 Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name **BILL MARTIN**

A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
2384 SAND DRIFT LANE

City **CRYSTAL BEACH** State **TX** ZIP Code **77650**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 9 OF DRIFTWOOD ADDITION

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**

A5. Latitude/Longitude: Lat. **29°27'39"** Long. **-94°39'50"** Horizontal Datum: NAD 1927 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 **g**

A8. For a building with a crawlspace or enclosure(s):

- a) Square footage of crawlspace or enclosure(s) **703** sq ft
- b) No. 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? Yes No

A9. For a building with an attached garage:

- a) Square footage of attached garage **N/A** sq ft
- b) No. 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? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
485470 - GALVESTON COUNTY, TEXAS

B2. County Name
GALVESTON

B3. State
TX

B4. Map/Panel Number
0128

B5. Suffix
E

B6. FIRM Index Date
07/05/1993

B7. FIRM Panel Effective/Revised Date
07/05/1993

B8. Flood Zone(s)
V19

B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
16.00'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

- FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date _____ CBRS OPA

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. Use the same datum as the BFE.

Benchmark Utilized **RM-2B** Vertical Datum **1929**

Conversion/Comments _____

Check the measurement used.

- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) **9.2** feet meters (Puerto Rico only)
- b) Top of the next higher floor **23.4** feet meters (Puerto Rico only)
- c) Bottom of the lowest horizontal structural member (V Zones only) **21.9** feet meters (Puerto Rico only)
- d) Attached garage (top of slab) **N/A** feet meters (Puerto Rico only)
- e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) **23.1** feet meters (Puerto Rico only)
- f) Lowest adjacent (finished) grade next to building (LAG) **8.5** feet meters (Puerto Rico only)
- g) Highest adjacent (finished) grade next to building (HAG) **8.9** feet meters (Puerto Rico only)
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support **8.5** feet meters (Puerto Rico only)

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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name **RICHARD F. FAUST**

License Number **4782**

Title **Professional Land Surveyor**

Company Name **FAUST Engineering and Surveying, Inc.**

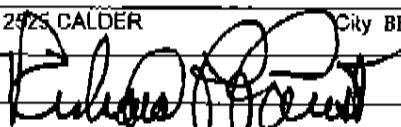
Address **2525 CALDER**

City **BEAUMONT**

State **Tx**

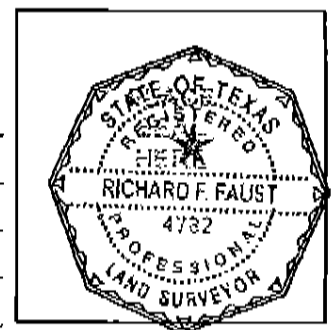
ZIP Code **77702**

Signature



Date **03/08/10**

Telephone **409-813-3410**



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. 2384 SAND DRIFT LANE	Policy Number
City CRYSTAL BEACH State TX ZIP Code 77650	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments THE MACHINERY OR EQUIPMENT REFERENCED IN SECTION C IS THE AIR CONDITIONING UNIT. T.B.M. SET IN POWER POLE AT ELEVATION 17.50'. BOTTOM ENCLOSURE IS CONSTRUCTED OF BREAK AWAY WALLS.

Richard Forest
Signature

Date 03/08/10

Check here if attachments

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 _____ 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 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters 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 equipment servicing the building is _____ feet meters 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? Yes No 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's or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments _____

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

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 and G9.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____
- G10. Community's design flood elevation _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments

Building Photographs

See Instructions for Item A6.

Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2384 SAND DRIFT LANE	For Insurance Company Use: Policy Number
City CRYSTAL BEACH State TX ZIP Code 77650	Company NAIC Number
<p>If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.</p>	

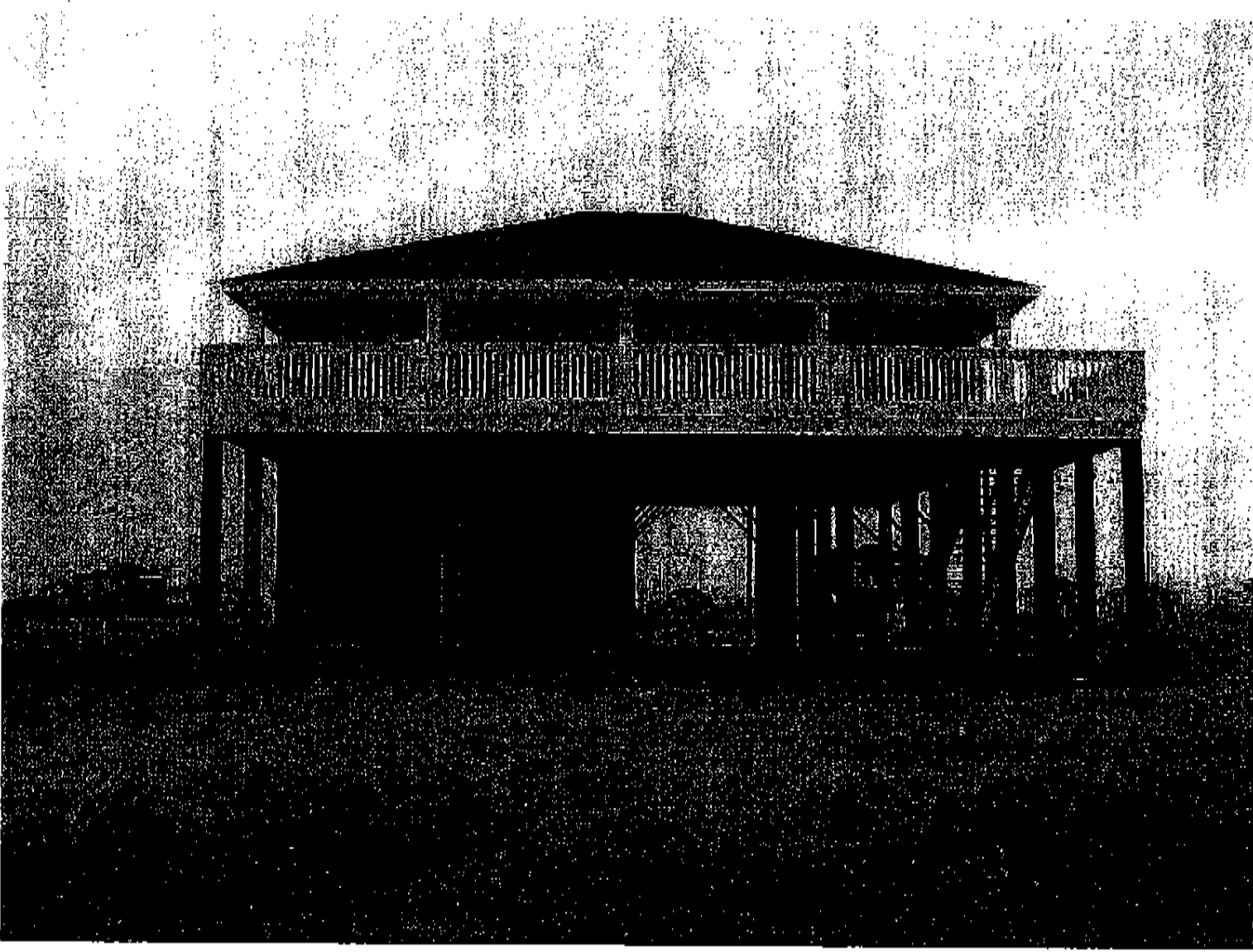


FRONT VIEW OF BUILDING

Building Photographs

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2384 SAND DRIFT LANE	For Insurance Company Use:
City CRYSTAL BEACH State TX ZIP Code 77650	Policy Number
Company NAIC Number	
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."	



REAR VIEW OF BUILDING

TEXAS FARMERS INSURANCE CO.
 FLOOD INSURANCE PROCESSING CENTER
 P.O. Box 2057
 KallsPELL, MT 59903-2057

(800)637-3846

SUBMIT FOR RATE QUOTE APPLICATION
 QUOTE NUMBER:
 POLICY NUMBER:
 ALTERNATE POLICY NUMBER:
 REQUESTED EFFECTIVE DATE:
 12:01 a.m. local time at the insured property location.

12894925

4-18-2018 to 4-18-2019

INSURED MAILING ADDRESS	MARTIN, BRETT 2384 SAND DRIFT LANE PORT BOLIVAR, TX 77650	AGENCY INFORMATION Agency Name: Producer Number: Alternate Agent Number: Address: Telephone:	Daniel Duran Daniel Duran 08811-01536-000-00001 1956361 4031 Eastex Fwy Beaumont, TX 77706-7146 (409)347-1414
	Telephone: Member ID: E-Mail:		Required Under Mandatory Purchase: No
PROPERTY ADDRESS	2384 SAND DRIFT LANE PORT BOLIVAR, TX 77650	FIRST MORTGAGEE INFORMATION	No No Insured Standard Standard - 30 Day Wait Additional Mortgagee Info on Application Part 2, If applicable. N/A
GENERAL INFORMATION	Insured Small Business: Insured Non-Profit: Send Renewal Bill To: Policy Type: Waiting Period: Loan Close Date: Prior Policy Number: Prior Policy Expiration Date: Prior Policy Issued By: Property purchased on or after 07-06-2012: Yes Property Purchase Date: 10-25-2012 Estimated Replacement Cost: \$212,000 Replacement Cost Ratio: 94%		

COVERAGE FOR	BASIC LIMITS			ADDITIONAL LIMITS			DEDUCTIBLE	PREMIUM CALCULATIONS		
	AMOUNT	RATE	PREMIUM	AMOUNT	RATE	PREMIUM	AMOUNT	DEDUCTIBLE DECREASE	COVERAGE AMOUNT	TOTAL ANNU PREMIUM
BUILDING	\$0	0.000	\$0	\$0	0.000	\$0	\$3,000	\$0	\$0	\$0
CONTENTS	\$0	0.000	\$0	\$0	0.000	\$0	\$3,000	\$0	\$0	\$0

DEDUCTIBLE OPTIONS		
BUILDING	CONTENTS	PREMIUM

BASE PREMIUM:	
Multiplier:	0%
ICC PREMIUM:	
CRS DISCOUNT:	0%
RESERVE FUND ASSESSMENT:	
HFIAA SURCHARGE:	
PROBATION SURCHARGE:	
FEDERAL POLICY FEE:	
TOTAL PREMIUM:	

Rate Table Used: SR2
 The information entered on this application indicates that the property may qualify for specific rating. Please submit a copy of the completed application, the elevation certificate, and photographs of the building to the Submit-For-Rate department.
 REQUESTED COVERAGES:
 Building Coverage: \$200,000
 The statements contained herein are correct to the best of my knowledge. The property owner and I understand that any false information may be punishable by fine or imprisonment under applicable federal law.

Signature of Agent/Producer

3-19-2018
 Date

Signature of Insured (Optional) Dal