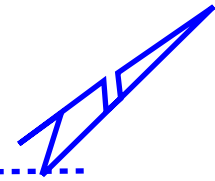


CR 819 (60' ROW)

N44°28'00"E, 224.83' M (REF BRG BASIS)



Subject to conditions as set forth in instruments recorded in the Official records of Brazoria Co. as may be disclosed in abstract of title to be performed

There are no other apparent or visible pipeline easements Affecting the limits of this property

(xxx) indicates record calls and distances
M indicates field measured c'alls and distances from assumed bearing held

THE FLOOD ZONE DESIGNATION OF THIS PROPERTY IS "X" & "AE" ACCORDING TO THE F.I.R.M. OF COMMUNITY 48039C (0755)K

THE BUYERS OF THIS PROPERTY AS OF THIS SURVEY IS/ARE TO BE DETERMINED

CR 388 (60' ROW)

N45°32'46"W, 200.69'M

(N45°32'W, 200')

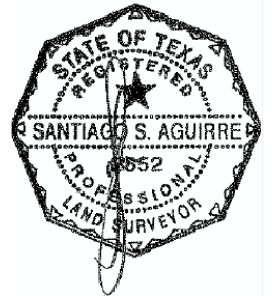
10' UTILITY EASEMENT

LOT 1
BLK 2
CCF# 20007-044185

LOT 2
BLK 2
CCF# 20007-044185

S45°40'57"E, 200.32' M
(S45°32'E, 200')

LOT 3
BLK 2
V.1571, P.550



STATE OF TEXAS
COUNTY OF BRAZORIA

5159 COUNTY ROAD 819

THIS IS TO CERTIFY THAT I HAVE THIS DAY MADE A CAREFUL AND ACCURATE SURVEY ON THE GROUNDSQUIRREL HOLLOW SUBDIVISION SECTION FOUR (4) A SUBDIVISION IN BRAZORIA COUNTY, TEXAS ACCORDING TO THE MAP OR PLAT THEREOF IN VOLUME 15, PAGE 365-366 OF THE PLAT RECORDS OF BRAZORIA COUNTY, TEXAS.

THE PLAT HEREON IS A TRUE, CORRECT AND ACCURATE REPRESENTATION OF THE PROPERTY AS DETERMINED BY SURVEY, THE LINES AND DIMENSIONS OF SAID PROPERTY BEING AS INDICATED BY THE PLAT, THE SIZE, TYPE AND LOCATION OF BUILDINGS AND IMPROVEMENTS BEING WITHIN THE BOUNDARIES OF SAID PROPERTY, THE SETBACK FROM PROPERTY LINES THE DISTANCES INDICATED.

THERE ARE NO ENCROACHMENTS CONFLICTS OR PROTRUSIONS AS INDICATED

DATE: JULY 14, 2021
SCALE: 1"=20'

S.S. AGUIRRE
REGISTERED PROFESSIONAL
LAND SURVEYOR TX. NO. 2552
64 MISTLETOE CT
F#101297-001
LAKE JACKSON, TEXAS
979-482-3529

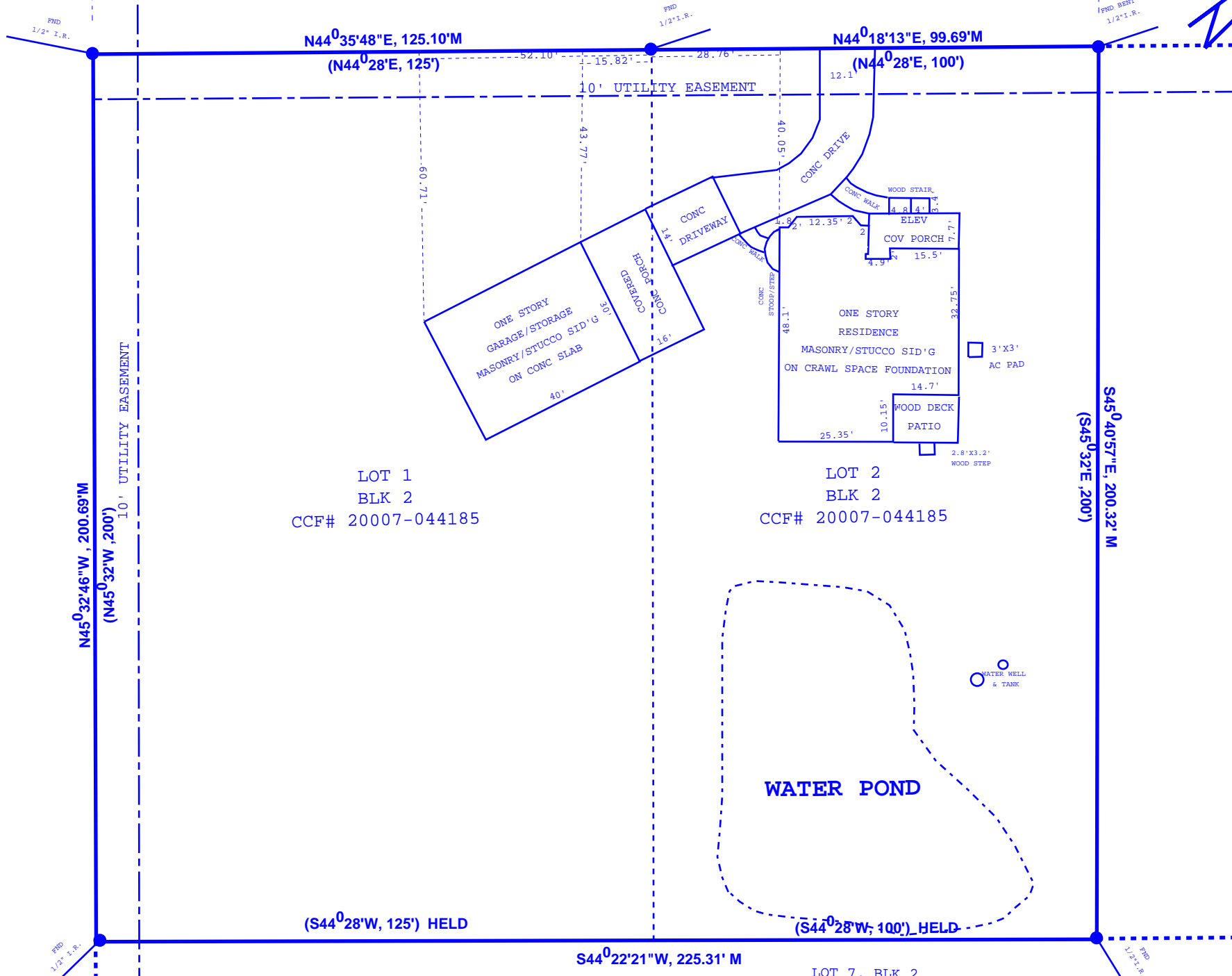
(S44°28'W, 125') HELD

S44°22'21"W, 225.31' M

(S44°28'W, 100') HELD

LOT 7, BLK 2
V.1505, P.409

67



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 KKM-KBW				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5159 CR 819				Company NAIC Number:	
City Brazoria		State Tx	▼	ZIP Code 77422	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot1 & 2 , Block 2 Squirrel Hollow Subdivision					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)				Residential	
A5. Latitude/Longitude: Lat. 28.955650° Long. -95.567378° 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 8					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) 1730 sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 7					
c) Total net area of flood openings in A8.b 2453 sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage na sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade na					
c) Total net area of flood openings in A9.b na sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number 48039C			B2. County Name BRAZORIA		B3. State TX <input type="checkbox"/>
B4. Map/Panel Number 0755	B5. Suffix K	B6. FIRM Index Date 12-30-21	B7. FIRM Panel Effective/ Revised Date 12-30-21	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 14'
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, 2022

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:
City	State	ZIP Code	Company NAIC Number

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 6–9 with permanent flood openings provided 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 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 or Owner's Authorized Representative's Name

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

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:
City	State	ZIP Code <input type="text"/>	Company NAIC Number

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–G10. In Puerto Rico only, enter meters.

- 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–G10) 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 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 Datum _____

Local Official's Name	Title
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Community Name	Telephone
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Signature	Date
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Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2022

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. 5159 CR 819			Policy Number:
City Brazoria	State Tx	ZIP Code 77422	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.



Photo One

Photo One Caption

Street View 7-17-21

Rear View 7-17-21

Clear Photo One



Photo Two

Photo Two Caption

Left Side View

Right Side View

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2022

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. 5159 County Rd 819			Policy Number:
City Brazoria	State TX	ZIP Code ▼ 77422	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." 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	Right Side /Rear View	Detached Garage Street View CR 388	Clear Photo Three
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Photo Four

Photo Four

Photo Four Caption			Clear Photo Four
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