

# ELEVATION CERTIFICATE

#44674

Important: Read the instructions on pages 1-8.

| SECTION A - PROPERTY INFORMATION                                                                                                                  |                       |                                                                                                      | For Insurance Company Use: |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------|----------------------------|
| A1. Building Owner's Name                                                                                                                         |                       |                                                                                                      | Policy Number              |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>6102 PINE LAKES DRIVE                    |                       |                                                                                                      | Company NAIC Number        |
| City<br><b>KATY</b>                                                                                                                               | State<br><b>TEXAS</b> | ZIP Code<br><b>77494</b>                                                                             |                            |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br><b>LOT 13, BLOCK 1 PINE LAKES SECTION ONE (1)</b> |                       |                                                                                                      |                            |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>RESIDENTIAL</b>                                               |                       |                                                                                                      |                            |
| A5. Latitude/Longitude: Lat. <b>29 48.727N</b> Long. <b>95 49.663W</b>                                                                            |                       | Horizontal Datum: <input type="checkbox"/> NAD 1927 <input 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 <u>1</u>                                                                                                              |                       |                                                                                                      |                            |
| A8. For a building with a crawl space or enclosure(s), provide:                                                                                   |                       | A9. For a building with an attached garage, provide:                                                 |                            |
| a) Square footage of crawl space or enclosure(s)                                                                                                  | <b>N/A</b> sq ft      | a) Square footage of attached garage                                                                 | <b>432</b> sq ft           |
| b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade                                  | <b>N/A</b>            | b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade | <b>N/A</b>                 |
| c) Total net area of flood openings in A8.b                                                                                                       | <b>N/A</b> sq in      | c) Total net area of flood openings in A9.b                                                          | <b>N/A</b> sq in           |

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

|                                                                                                                                                                                                                                                                                         |                          |                                                            |                                                                               |                                  |                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------|
| B1. NFIP Community Name & Community Number<br><b>CITY OF KATY 480301</b>                                                                                                                                                                                                                |                          | B2. County Name<br><b>HARRIS</b>                           |                                                                               | B3. State<br><b>TEXAS</b>        |                                                                              |
| B4. Map/Panel Number<br><b>4803010005</b>                                                                                                                                                                                                                                               | B5. Suffix<br><b>"D"</b> | B6. FIRM Index Date<br><b>MAP2/8/83<br/>LOMR 8/31/2007</b> | B7. FIRM Panel Effective/Revised Date<br><b>MAP 2/8/83<br/>LOMR 8/31/2007</b> | B8. Flood Zone(s)<br><b>"AE"</b> | B9. Base Flood Elevation(s) (Zone AO, use base flood depth)<br><b>149.0'</b> |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.<br><input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> <b>FIRM</b> <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe) |                          |                                                            |                                                                               |                                  |                                                                              |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> <b>NAVD 1988</b> <input type="checkbox"/> Other (Describe)                                                                                                |                          |                                                            |                                                                               |                                  |                                                                              |
| 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"/> <b>No</b><br>Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> 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-g below according to the building diagram specified in Item A7.

Benchmark Utilized **RM6** Vertical Datum \_\_\_\_\_

Conversion/Comments \_\_\_\_\_

Check the measurement used.

|                                                                                                               |              |                                          |                                                    |
|---------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------|----------------------------------------------------|
| a) Top of bottom floor (including basement, crawl space, or enclosure floor)                                  | <b>150.0</b> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| b) Top of the next higher floor                                                                               | <b>160.0</b> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| c) Bottom of the lowest horizontal structural member (V Zones only)                                           | <b>N/A</b>   | <input type="checkbox"/> feet            | <input type="checkbox"/> meters (Puerto Rico only) |
| d) Attached garage (top of slab)                                                                              | <b>149.7</b> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments) | <b>149.5</b> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| f) Lowest adjacent (finished) grade (LAG)                                                                     | <b>148.0</b> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters (Puerto Rico only) |
| g) Highest adjacent (finished) grade (HAG)                                                                    | <b>149.3</b> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> 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.

|                                              |                  |                          |              |
|----------------------------------------------|------------------|--------------------------|--------------|
| <b>FRANK M. SHERIDAN, SR</b>                 |                  | #3698                    |              |
| Certifier's Name                             |                  | License Number           |              |
| <b>REGISTERED PROFESSIONAL LAND SURVEYOR</b> |                  | <b>FMS SURVEYING INC</b> |              |
| Title                                        | Company Name     | State                    | ZIP Code     |
| <b>2245 PASADENA BLVD</b>                    | <b>PASADENA</b>  | <b>TEXAS</b>             | <b>77502</b> |
| Address                                      | City             | State                    | ZIP Code     |
|                                              | <b>1/29/2008</b> | <b>713-475-8301</b>      |              |
|                                              | Date             | Telephone                |              |

FRANK M. SHERIDAN SR  
RPLS #3698  
1/29/2008

