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

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

ELEVATION CERTIFICATEImportant: 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						RANCE COMPANY USE	
A1. Building Owner's Name LTD SERVICES LLC Policy Number:						ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 1307 W ADAMS						AIC Number:	
City							
	PORT O'CONNOR Texas 77892						
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 9, BLOCK 167, TOWNSITE OF PORT O'CONNOR PLAT, RECORDED IN VOLUME 2, PAGE 1, CALHOUN COUNTY, TX							
A4. Building Use (e.g., Residen	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longitude: Lat. 28	°26'35.14334" L	ong. <u>-</u> 9	6°25'02.06936"	Horizontal Datur	n: NAD 1	927 X NAD 1983	
A6. Attach at least 2 photograpl	ns of the building if the	Certific	ate is being used to	o obtain flood insur	ance.		
A7. Building Diagram Number	5						
A8. For a building with a crawls	pace or enclosure(s):						
a) Square footage of crawls	space or enclosure(s)		320 sq ft				
b) Number of permanent flo	ood openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	e adjacent gra	ade4	
c) Total net area of flood op	penings in A8.b 9,79	92 s	q in				
d) Engineered flood openings? X Yes No							
A9. For a building with an attached garage:							
a) Square footage of attached garage sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade							
c) Total net area of flood openings in A9.b sq in							
d) Engineered flood openings? Yes No							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
		ISUKA		•	ATION	D2 Ctoto	
B1. NFIP Community Name & Community Number BEXAR COUNTY, TX AND INCORPORATED AREAS B2. County Name B3. State Texas							
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ B8. Flood Zone(s) B9. Base Flood Elevation(s) (Zone AO, use Base						ne AO, use Base	
48057C0383 E 08/02/2018 Revised Date 10/16/2014 A E Flood Depth) 8.0							
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile X FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X 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: CBRS OPA							

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IMPORTANT: In these spaces, copy the corresponding i	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or E 1307 W ADAMS	Policy Number:				
City State PORT O'CONNOR Texa			Company NAIC Number		
SECTION C – BUILDING ELE	VATION INFORMAT	ION (SURVEY R	EQUIRED)		
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on:					
h) Lowest adjacent grade at lowest elevation of deck structural support	or stairs, including	8. 0	x feet meters		
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 RHONDA K BUTLER Title OWNER Company Name ACE SURVEYING, INC.	License Number #5409		RHONDA K BUTUER		
Address P.O. BOX 597 City DEVINE	State Texas	ZIP Code 78016	5409 50R		
Signature All & Bu	Date 05/29/2019	Telephone (830) 334-7264			
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.					
Comments (including type of equipment and location, per of ADJACENT METAL BUILDING FINISH FLOOR ELEVATION					

ELEVATION CERTIFICATE

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MPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURANCE COMPANY USE	
	lding Street Address (including Apt., Uni 77 W ADAMS	t, Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	Policy Number:	
City POI	/ RT O'CONNOR	State Texas	ZIP Code 77892	Company NAIC Number	
		ILDING ELEVATION INFOFFICE FOR ZONE AO AND ZOI	ORMATION (SURVEY NO NE A (WITHOUT BFE)	OT REQUIRED)	
con	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.	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 basel crawlspace, or enclosure) is		feet me	ters	
	 Top of bottom floor (including basel crawlspace, or enclosure) is 	ment, ·_	feet me	ters above or below the LAG.	
E2.	For Building Diagrams 6–9 with perma the next higher floor (elevation C2.b in the diagrams) of the building is	nent flood openings provide		for 9 (see pages 1–2 of Instructions), ters ☐ above or ☐ below the HAG.	
E3.	Attached garage (top of slab) is		feet me	ters above or below the HAG.	
E4.	Top of platform of machinery and/or ed servicing the building is	quipment	feet _ me	ters above or below the HAG.	
E5.	Zone AO only: If no flood depth number floodplain management ordinance?			accordance with the community's st certify this information in Section G.	
	SECTION F – PROF	PERTY OWNER (OR OWN	ER'S REPRESENTATIVE)	CERTIFICATION	
The	e property owner or owner's authorized r nmunity-issued BFE) or Zone AO must s	epresentative who complete sign here. The statements in	es Sections A, B, and E for a Sections A, B, and E are c	Zone A (without a FEMA-issued or correct to the best of my knowledge.	
Pro	perty Owner or Owner's Authorized Rep	presentative's Name			
Add	dress		City	State ZIP Code	
Sig	nature		Date	Telephone	
Cor	mments				
				Check here if attachments.	

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1307 W ADAMS				Policy Number:		
City State ZIP Code PORT O'CONNOR Texas 77892				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.						
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 or Zone AO.		·				
G3. The following information (Items G4–	G10) is provided fo	or community floodplain ma	anageme	nt purposes.		
G4. Permit Number	G5. Date Permit	Issued		ate Certificate of ompliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	n Substantial Improvem	nent			
G8. Elevation of as-built lowest floor (including basement) fee				meters Datum		
G9. BFE or (in Zone AO) depth of flooding at the building site: feet _ meters						
G10. Community's design flood elevation:						
Local Official's Name		Title				
Community Name		Telephone				
Signature Date						
Comments (including type of equipment and location, per C2(e), if applicable)						
				Check here if attachments.		

BUILDING PHOTOGRAPHS

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See Instructions for Item A6.

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City	State	ZIP Code	Company NAIC Number
PORT O'CONNOR	Texas	77892	

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



Photo Two