









LEGEND

These standard symbols will be found in the drawing.

-  BOUNDARY LINE
-  EASEMENT LINE
-  BUILDING SETBACK LINE
-  WOOD FENCE
-  FOUND "X" ON CONCRETE
-  FOUND IRON ROD
-  FENCE POST
-  CONTROL MONUMENT



NOTE:
THIS SURVEY MEETS THE CURRENT STANDARDS OF THE TEXAS SOCIETY OF PROFESSIONAL SURVEYORS STANDARDS AND SPECIFICATION FOR A CATEGORY 1A, CONDITION II SURVEY.

THIS SURVEY IS BASED ON A TITLE COMMITMENT REPORT ISSUED BY FIRST NATIONAL TITLE INSURANCE COMPANY GF NO. 19-434234-SP ISSUED ON 08/05/2019.

FLOOD INFORMATION
FIRM: 48201C PANEL: 1090 M
REV. DATE: 01/06/2017
ZONE: "AE"

FLOOD INFORMATION PROVIDED HEREON IS BASED ON SCALING THE LOCATION OF THE SUBJECT TRACT ON THE FLOOD INSURANCE RATE MAPS, THE INFORMATION SHOULD BE USED TO DETERMINE FLOOD INSURANCE RATES ONLY AND IS NOT INTENDED TO IDENTIFY SPECIFIC FLOODING CONDITIONS. WE ARE NOT RESPONSIBLE FOR THE F.I.R.M.'S ACCURACY.



GRAPHIC SCALE



I, DAVID E. KING, JR, a Registered Professional Land Surveyor in the State of Texas, do hereby certify to CAPITAL TITLE OF TEXAS, LLC and STAGHORN HOMES LLC

that the above map is true and correct according to an actual field survey, made by me or under my supervision, of the property shown hereon or described by field notes accompanying this drawing. I further certify that all easements and rights-of-way of which I have been advised are shown hereon and that, except as shown, there are no apparent visible encroachments, no apparent visible overlapping of improvements, and

LAND TITLE SURVEY

JOB NO.:	1908016491	NO.	REVISION	DATE
DATE:	08/08/19			
DRAWN BY:	MF			
APPROVED BY:	DEK			

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 Staghorn Homes LLC					Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 18327 Blanchmont Ln.					Company NAIC Number:	
City Houston		State Texas		ZIP Code 77058		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 21, Block 10, Nassau Bay, Section One						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>						
A5. Latitude/Longitude: Lat. <u>29°32'35.43"N</u> Long. <u>95° 05'36.70"W</u> 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 <u>1B</u>						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u>						
c) Total net area of flood openings in A8.b <u>N/A</u> 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 <u>N/A</u> sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>						
c) Total net area of flood openings in A9.b <u>N/A</u> sq in						
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number City of Houston 480296				B2. County Name Harris		B3. State Texas
B4. Map/Panel Number 48201C1090	B5. Suffix M	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date 01-06-2017	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, 2018

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. 18327 Blanchmont Ln.			Policy Number:
City Houston	State Texas	ZIP Code 77058	Company NAIC Number

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. In Puerto Rico only, enter meters.
Benchmark Utilized: RM010030 - ELEV. 12.18 Vertical Datum: NAVD 1988, 2001 Adj.

Indicate elevation datum used for the elevations in items a) through h) below.
 NGVD 1929 NAVD 1988 Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

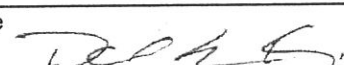

Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>14.45</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>14.15</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>13.77</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>13.89</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> 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 David E. King, Jr. License Number 6272 Title Project Surveyor Company Name Overland surveyors Address 1528 W. Contour Dr., Suite 204 City San Antonio State Texas ZIP Code 78212 Signature  Date 08-13-2019 Telephone (281) 940-8869 Ext.	
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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 C2(e), if applicable)

This Certificate is for the Main Residence Only

Air Conditioner equipment Located on Right Side Of Main Residence.

ELEVATION CERTIFICATE

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

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. 18327 Blanchmont Ln.			Policy Number:
City Houston	State Texas	ZIP Code 77058	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.

