

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM
ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION
Form containing owner name (Edwin & Julia Groves), address (13007 San Domingo Drive, Galveston, TX), and property description (Pirates Beach #2).

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION
Form containing community name (Galveston County, TX 485470), firm index (C), and base flood elevation (14).

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)
Form containing building elevation data, datum information (NAVD 1988), and a table of elevation measurements for various building points.

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION
Form containing certification text, signature of Laurence Wall, and company information (RPLS, 1801 Moody Avenue, Galveston TX 77550).



ATTENTION: In these spaces, copy the corresponding information from Section A.		For Insurance Company Use:
STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.		Policy Number
STATE	ZIP CODE	Company NAIC Number

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

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

REMARKS: DATE OF CONSTRUCTION UNKNOWN BUT
CERTAINLY PREDATES LATEST MAPS
OF 12/4/02
PREVIOUS FEMA DATA USED.

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE)

one AO and Zone A (without BFE), complete items E1 through E3. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-P, Section G must be completed.

Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 9 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

The top of the bottom floor (including basement or enclosure) of the building is _____ ft.(m) _____ in.(cm) _____ above or _____ below (check one) the highest adjacent grade.

or 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

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.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

NATURE OF BUSINESS _____ DATE _____ TELEPHONE _____

REMARKS _____

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

Community official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete items A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

The information in Section G was taken from other documentation that has been signed and attested by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

The following information (Items G4-G6) is provided for community floodplain management purposes.

PERMIT NUMBER _____	GR. DATE PERMIT ISSUED _____	GR. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED _____
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This permit has been issued for: New Construction Substantial Improvement

Elevation of as-built lowest floor (including basement) of the building is: _____

FE or (in Zone AO) depth of flooding at the building site is: _____

ft.(m) Datum: _____

ft.(m) Datum: _____

OFFICIAL'S NAME _____

TITLE _____

ADDRESS _____

TELEPHONE _____

NATURE _____

DATE _____

REMARKS _____

Check here if attachments