

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name <u>DAVID GILLIS</u>	Policy Number	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>18722 UPPER BAY RD</u>	Company NAIC Number	
City <u>NASSAU BAY</u> State <u>TX</u> ZIP Code <u>77058</u>		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 11, BLOCK 30, NASSAU BAY, SECTION 8</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	<u>RESIDENTIAL</u>	
A5. Latitude/Longitude: Lat. <u>N29.5376°</u> Long. <u>W95.0859°</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>1A</u>		
A8. For a building with a crawlspace or enclosure(s):	A9. For a building with an attached garage:	
a) Square footage of crawlspace or enclosure(s) <u>2030</u> sq ft	a) Square footage of attached garage <u>NA</u> sq ft	
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>5</u>	b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>NA</u>	
c) Total net area of flood openings in A8.b <u>2125</u> sq in	c) Total net area of flood openings in A9.b <u>NA</u> sq in	
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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 <u>CITY OF NASSAU BAY</u>		B2. County Name <u>HARRIS</u>		B3. State <u>TX</u>	
B4. Map/Panel Number <u>48201C1090</u>	B5. Suffix <u>L</u>	B6. FIRM Index Date <u>6/18/07</u>	B7. FIRM Panel Effective/Revised Date <u>6/18/07</u>	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>12.0</u>

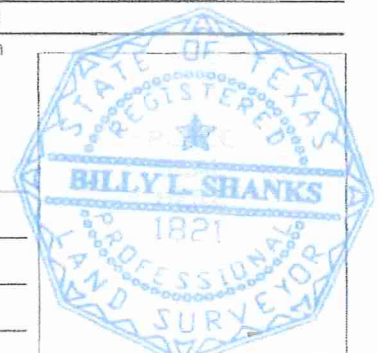
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date _____ CBRS OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction <small>*A new Elevation Certificate will be required when construction of the building is complete.</small>	
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. Use the same datum as the BFE. Benchmark Utilized <u>CITY OF NASSAU BAY MON. # 9</u> Vertical Datum <u>NAVD 1988</u> Conversion/Comments <u>2001 ADJUSTMENT</u>	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>7.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor <u>17.9</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) <u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab) <u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>7.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade next to building (LAG) <u>7.5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade next to building (HAG) <u>7.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>NA</u>	<input 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.	
<input checked="" type="checkbox"/> Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certifier's Name <u>BILLY L. SHANKS</u>	License Number <u>1821</u>
Title <u>PROFESSIONAL LAND SURVEYOR</u>	Company Name <u>SHANKS SURVEYORS</u>
Address <u>1414 WAVECREST LANE</u> City <u>HOUSTON</u>	State <u>TX</u> ZIP Code <u>77062</u>
Signature <u>Billy L. Shanks</u> Date <u>2/17/11</u>	Telephone <u>281-488-1486</u>



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. 18722 UPPER BAY RD	Policy Number
City NASSAU BAY State TX ZIP Code 77058	Company NAIC Number

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

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

Comments
 LATITUDE AND LONGITUDE WERE OBTAINED USING GPS EQUIPMENT.
 COMMENT C2E IS THE AIR CONDITIONER ALONG THE EXTERIOR OF THE HOME.
 ENGINEERED VENTS ARE CRAWL SPACE FEMA FLOOD COVER VENTS MODEL NO. D1220 RATED AT 425 SQ. FT. PER VENT.

Signature Billy L. Shank Date 2/17/11 Check here if attachments

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 8-9 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's or Owner's Authorized Representative's Name _____

Address _____	City _____	State _____	ZIP Code _____
Signature _____	Date _____	Telephone _____	
Comments _____			

Check here if attachments

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 and G9.

- 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-G9) is provided for community floodplain management purposes.

G4. Permit Number _____	G5. Date Permit Issued _____	G6. Date Certificate Of Compliance/Occupancy Issued _____
-------------------------	------------------------------	---

- 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 (PR) Datum _____
- G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____
- G10. Community's design flood elevation _____ feet meters (PR) Datum _____

Local Official's Name _____	Title _____
Community Name _____	Telephone _____
Signature _____	Date _____
Comments _____	

Check here if attachments

Building Photographs

See Instructions for Item A6.

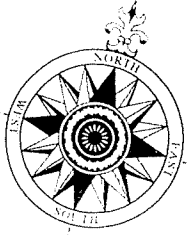
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 18722 UPPER BAY RD	For Insurance Company Use: Policy Number
City NASSAU BAY State TX ZIP Code 77058	Company NAIC Number
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page on the reverse.	



FRONT VIEW (12/8/10)



REAR VIEW (12/8/10)



City of Nassau Bay

Phone: 281.333.4211 • Fax: 281.333.2301
18100 Upper Bay Road, Suite 200 • Nassau Bay • Texas 77058-3547
P.O. Box 58448 • Nassau Bay • Texas 77258-8448

www.nassaubay.com

Donald C. Matter
Mayor

August 11, 2010

Chris Reed
City Manager

Mr. Dave Gillis
18722 Upper Bay Road
Nassau Bay TX 77058

NOTICE OF DETERMINATION

Dear Mr. Gillis:

Based on the information you provided, the City has determined that your home at 18722 Upper Bay Road received damages exceeding 50% of the pre-damage structure value as the result of the flooding that occurred on September 13, 2008. We understand your home is a valuable asset and deeply personal to you. We hope to assist you in every way we can as you recover from this disaster.

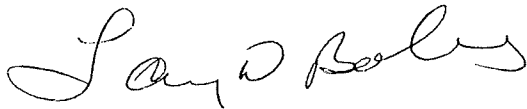
Under the requirements of the City of Nassau Bay City Ordinance Chapter 8.5, structures located within the 100 year floodplain that receive damage of any origin, whereby the cost of restoring the structure would equal or exceed 50% of the structure value must be brought into compliance with the Ordinance. For residential structures with more than 50% damage, the structures must be removed from the floodplain, have the lowest floor (including basement) elevated, or demolish and rebuild.

Under the National Flood Insurance Program, the Increased Cost of Compliance or ICC program may provide additional financial assistance to you. The ICC applies to flooded structures that are substantially damaged and is in addition to any insurance payments you may receive.

Please be advised that all repairs, reconstruction, and new construction are subject to the provisions of the Nassau Bay Building Codes and require a permit. Construction activities that occur without a proper permit are considered to be non-compliant.

Members of our Building Department are prepared to meet with you at our office to discuss the substantial damage determination process and to provide guidance for reconstruction or repair of your home. To schedule a meeting or discuss questions regarding this determination, please contact me in the Building Department at 281-336-6293 between the hours of 8:00 A.M. and 5:00 P.M. Monday through Friday.

We are sincerely sorry for your loss,

A handwritten signature in black ink, appearing to read "Larry Boles". The signature is fluid and cursive, with the first name "Larry" being more prominent than the last name "Boles".

Larry Boles
Building Official

000770055/91F
 POLICY NO. FL 9/8/2008 - 9/8/2009
 POLICY TERM
 \$ 250,000.00
 AMT OF BLDG COV AT TIME OF LOSS
 \$ 0.00
 AMT OF CNTS COV AT TIME OF LOSS

U.S. DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM
PROOF OF LOSS
 (See reverse side for Privacy Act Statement and Paperwork Burden Disclosure Notice)

O.M.B. No. 1560-0005
 Expires JUNE 30, 2007

USAA CIC
 AGENT
San Antonio, TX
 AGENCY AT

TO THE NATIONAL FLOOD INSURANCE PROGRAM:
 At time of loss, by the above indicated policy of insurance, you insured the interest of
 GILLIS, CDR DAVID; 18722 UPPER BAY RD; HOUSTON, TX 77058

against loss by flood to the property described according to the terms and conditions of said policy and of all forms, endorsements, transfers and assignments attached thereto.
 TIME AND ORIGIN A Flood ~~Wind~~ Damage loss occurred about the hour of 12:00 o'clock PM on the 13 day of September, 2008. The cause of the said loss was:
Over flow of Clear Lake

OCCUPANCY The premises described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever:
Single family primary residence.
 INTEREST No other person or persons had any interest therein or encumbrance thereon except:
USAA Federal Savings Bank

1. FULL AMOUNT OF INSURANCE applicable to the property for which claim is presented is	\$	<u>250,000.00</u>
2. ACTUAL CASH VALUE of building structures	\$	<u>135,841.11</u>
3. ADD ACTUAL CASH VALUE OF CONTENTS of personal property insured	\$	<u>0.00</u>
4. ACTUAL CASH VALUE OF ALL PROPERTY	\$	<u>135,841.11</u>
5. FULL COST OF REPAIR OR REPLACEMENT (Building and Contents).....	\$	<u>140,133.99</u>
6. LESS APPLICABLE DEPRECIATION	\$	<u>16,451.97</u>
7. ACTUAL CASH VALUE LOSS is	\$	<u>123,682.02</u>
8. LESS DEDUCTIBLES	\$	<u>1,000.00</u>
9. NET AMOUNT CLAIMED under above numbered policy is	\$	<u>122,682.02</u>

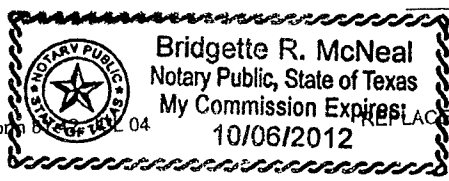
The said loss did not originate by any act, design or procurement on the part of your insured, nothing has been done by or with the privity or consent of your insured to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss, no property saved has in any manner been concealed, and no attempt to deceive the said insurer as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

I understand that this insurance (policy) is issued Pursuant to the National Flood Insurance Act of 1968, or any Act Amendatory thereof, and Applicable Federal Regulations in Title 44 of the Code of Federal Regulations, Subchapter B, and that knowingly an willfully making any false answers of misrepresentations of fact may be punishable by fine or imprisonment under applicable United States Codes.

Subrogation - To the extent of the payment made or advanced under this policy, the insured hereby assigns, transfers and sets over to the insurer all rights, claims or interest that he has against any person, firm or corporation liable for the loss or damage to the property for which payment is made or advanced. He also hereby authorizes the insurer to sue any such third party in his name.
 The insured hereby warrants that no release has been given or will be given or settlement or compromise made or agreed upon with any third party who may be liable in damages to the insured with respect to the claim being made herein.

The furnishing of this blank or the preparation of proofs by a representative of the above insurer is not a waiver of any of its rights.

State of TX David B. Gillis
 County of Harris
 Subscribed and sworn before me this 21 day of January, 2009
Bridgette R. McNeal
 Notary Public



U.S. DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
 NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 1660-0005
 Expires JUNE 30, 2007

**Statement as to full cost or repair or replacement
 under the replacement cost coverage, subject
 to the terms and conditions of this policy***

(See reverse side for Privacy Act Statement and Paperwork Burden Disclosure Notice)

Policy No. FL 000770055/91F

Agency at San Antonio, TX

Agent USAA GIC

Insured GILLIS, CDR DAVID

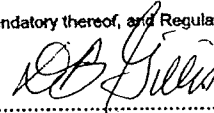
Location 18722 UPPER BAY RD, HOUSTON, TX 77058

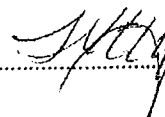
Type of property involved in claim Single family primary residence

Date of Loss 9/13/2008

1. Full Amount of Insurance applicable to the property for which claim is presented was	\$250,000.00
2. Full Replacement Cost of the said property at the time of the loss was	\$233,205.13
3. The Full cost of Repair or Replacement is	\$140,133.99
4. Applicable Depreciation is	\$16,451.97
5. Actual Cash Value loss is <i>(Line 3 minus Line 4)</i>	\$123,682.02
6. Less deductibles and/or participation by the insured	\$1,000.00
7. Actual Cash Value Claim is <i>(Line 5 minus Line 6)</i>	\$122,682.02
8. Supplemental Claim, to be filled in accordance with the terms and conditions of the Replacement Cost Coverage within 180 days from date of loss shown above, will not exceed <i>(This figure will be that portion of the amounts shown on Lines 4 and 6 which is recoverable)</i>	\$15,102.03

The Standard Flood Insurance Policy is subject to the National Flood Insurance Act of 1968 and any Acts Amendatory thereof, and Regulations issued by the Federal Insurance Administration pursuant to such statute(s).


 Insured


 Adjuster

**CITY OF NASSAU BAY
BUILDING DEPARTMENT**



PERMIT # _____
DATE: 12 | 30 | 2008
FEE: _____

PROJECT
 ADDRESS: 18722 Upper Bay Rd. Nassau Bay, TX 77058

DESCRIBE WORK TO BE
 DONE: DEMOLITION, NEW CONSTRUCTION, LAND SCAPING

ESTIMATED COST
 OF CONSTRUCTION: _____

LEGAL DESCRIPTION
 OF PROPERTY: LT 11 BLK 30 Nassau Bay Sec 8

TYPE OF PERMIT:
 CHECK ALL THAT APPLY

- | | | | |
|---|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> RESIDENTIAL | <input type="checkbox"/> BUILDING | <input type="checkbox"/> POOL | <input type="checkbox"/> FIRE ALARM |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> SIGN ERECTION | <input type="checkbox"/> FIRE SUPPRESSION |
| | <input type="checkbox"/> PLUMBING | <input type="checkbox"/> DEMOLITION | <input type="checkbox"/> FUMIGATION |
| | <input type="checkbox"/> HVAC | <input type="checkbox"/> FOUNDATION | <input type="checkbox"/> STORAGE CONTAINER |
| | <input type="checkbox"/> GAS | <input type="checkbox"/> BULKHEAD | |
| | <input type="checkbox"/> IRRIGATION | <input type="checkbox"/> FIRE SPRINKLER | |

PROPERTY OWNER
 TENNENT NAME David B. Gillis
 ADDRESS 18722 Upper Bay Rd.
 CITY Nassau Bay STATE TX ZIP 77058 PHONE 619-990-9883

CONTRACTOR: CAVALCADE CUSTOM HOMES
 ADDRESS: 5000 Bee Caves Rd. Ste. 104
 CITY: Austin STATE TX ZIP 78746 PHONE 512-306-9198

APPLICANT
 SIGNATURE [Signature] DATE 12/30/2008

FOR OFFICE USE ONLY

OCCUPANCY TYPE _____ CONSTRUCTION TYPE _____ FEMA FLOODZONE _____
 MAX OCCUPANT LOAD _____ TOTAL AREA OF BUILDING S.F. _____
 LOWEST HABITABLE FLOOR ELEV. (MSL) _____

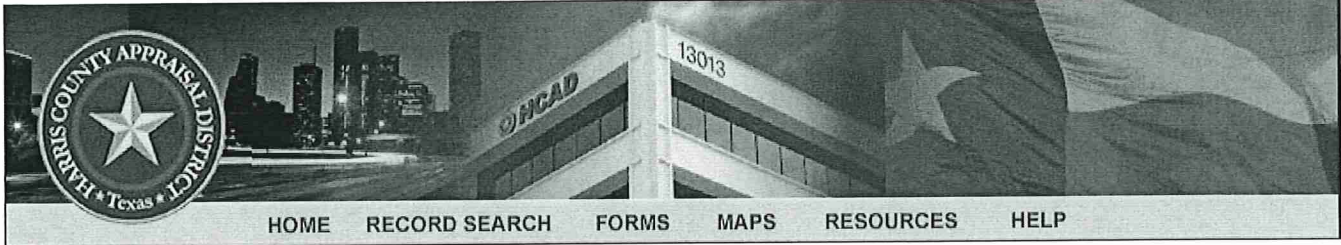
REQUIRED DOCUMENTS

- | | |
|---|--|
| <input type="checkbox"/> PLOT PLAN | <input type="checkbox"/> PLANNING COMMISSION APPROVAL |
| <input type="checkbox"/> SURVEY | <input type="checkbox"/> CONST. DOCUMENTS (2 SETS) |
| <input type="checkbox"/> ELEC. LOAD ANALYSIS | <input type="checkbox"/> LETTER OF ADA APPROVAL BY STATE AGENCY IF OVER 50,000 |
| <input type="checkbox"/> PLUMB. RISER DIAGRAMS | |
| <input type="checkbox"/> CERTIFICATE OF ELEVATION | |

APPROVAL/DATE _____



Monday, February 09, 2009



Tax Year: 2008

HARRIS COUNTY APPRAISAL DISTRICT
REAL PROPERTY ACCOUNT INFORMATION
098483000011

Print E-mail

Ownership History

Owner and Property Information

Owner Name & Mailing Address: **GILLIS DAVID B
18722 UPPER BAY RD
HOUSTON TX 77058-4233**

Legal Description: **LT 11 BLK 30
NASSAU BAY SEC 8**
Property Address: **18722 UPPER BAY RD
HOUSTON TX 77058**

State Class Code

A1 -- Real, Residential, Single-Family

Land Use Code

1001 -- Residential Improved

Land Area	Total Living Area	Neighborhood	Map Facet	Key Map®
10,560 SF	3,044 SF	2994.01	6148A	619W

Value Status Information

Capped Account	Value Status	Notice Date	Shared CAD
No	Noticed	4/7/2008	Yes

Exemptions and Jurisdictions

Exemption Type	Districts	Jurisdictions	ARB Status	2007 Rate	2008 Rate	Online Tax Bill
None	027	CLEAR CREEK ISD	Certified: 08/22/2008	0.000000	1.360000	
	040	HARRIS COUNTY	Certified: 08/22/2008	0.392390	0.389230	View
	041	HARRIS CO FLOOD CNTRL	Certified: 08/22/2008	0.031060	0.030860	
	042	PORT OF HOUSTON AUTHY	Certified: 08/22/2008	0.014370	0.017730	
	043	HARRIS CO HOSP DIST	Certified: 08/22/2008	0.192160	0.192160	
	044	HARRIS CO EDUC DEPT	Certified: 08/22/2008	0.005853	0.005840	
	073	CITY OF NASSAU BAY	Certified: 08/22/2008	0.632120	0.642120	

Valuations

	2007 Value		2008 Value	
	Market	Appraised	Market	Appraised
Land	36,400	Land	43,632	
Improvement	217,110	Improvement	194,375	
Total	253,510	Total	238,007	238,007

5-Year Value History

Land

Market Value Land

Line	Description	Site Code	Unit Type	Units	Size Factor	Site Factor	Appr O/R Factor	Appr O/R Reason	Total Adj	Unit Price	Adj Unit Price	Value
1	1001 -- Res Imprvd Table Val	SF1	SF	9,600	1.00	1.00	1.00	--	1.00	4.50	4.50	43,200
2	1001 -- Res Imprvd Table Val	SF3	SF	960	1.00	0.10	1.00	--	0.10	4.50	0.45	432

Building

Building	Year Built	Type	Style	Quality	Impr Sq Ft	Building Details
1	1968	Residential Single Family	101 -- Residential 1 Family	Above Average	3,044 *	Displayed

* All HCAD residential building measurements are done from the exterior, with individual measurements rounded to the closest foot. This measurement includes all closet space, hallways, and interior staircases. Attached garages are not included in the square footage of living

area, but valued separately. Living area above *attached* garages is included in the square footage living area of the dwelling. Living area above *detached* garages is not included in the square footage living area of the dwelling but is valued separately. This method is used on all residential properties in Harris County to ensure the uniformity of square footage of living area measurements district-wide. There can be a reasonable variance between the HCAD square footage and your square footage measurement, especially if your square footage measurement was an interior measurement or an exterior measurement to the inch.

Building Details (1)

Texas law prevents us from displaying residential sketches on our website. You can see the sketch or get a copy at HCAD's information center at 13013 NW Freeway.

Building Data		Building Areas	
Element	Details	Description	Area
Cond / Desir / Util	Good	BASE AREA PRI	940
Foundation Type	Slab	ONE STORY MAS PRI	1,164
Grade Adjustment	B-	OPEN FRAME PORCH PRI	185
Heating / AC	Central Heat/AC	OPEN FRAME PORCH PRI	116
Physical Condition	Average	BASE AREA UPR	940
Exterior Wall	Frame / Concrete Blk	Extra Features	
Exterior Wall	Brick / Masonry	Description	Units
Element	Units	Foundation Repaired	1
Room: Total	9	Frame Detached Garage w/living area abov	1
Room: Rec	1	Gunite Pool	1
Room: Half Bath	2		
Room: Full Bath	2		
Room: Bedroom	4		
Fireplace: Wood	1		

49

✓ 137,000.00 from USAF rec'd @ 11:40 AM
 spoke with Mr. Hill's he claims ✓ is not
 likely enough to rebuild home based on
 present costs to build new. He wanted to
 know why his ins. co covers up to 250k then
 but won't pay him max if house is totalled
 claims doesn't seem fair by insurance to
 do him like that. I agreed & explained
 ICA funds to him. He is 100% flood
 damage. No wind storm paid a thing.
 He will meet with Laura next & get deal
 for us this week. (He 12:00 AM) Said he
 is past retirement age and still owes a balance
 on his mortgage as well & he isn't sure how
 all of this will work out. Advised him that
 after I get his info I would prep ICA letter
 for determination so he could at least
 apply for funds to take down home.
 I also advised him to possibly seek an
 independent appraisal on home since
 damage is 63'07" '07" value on home was
 higher than '08".

1,985.00 *

1,985.00

2,791.10 ÷

2.0 =

109,155.00 +

109,155.00 *

50%