



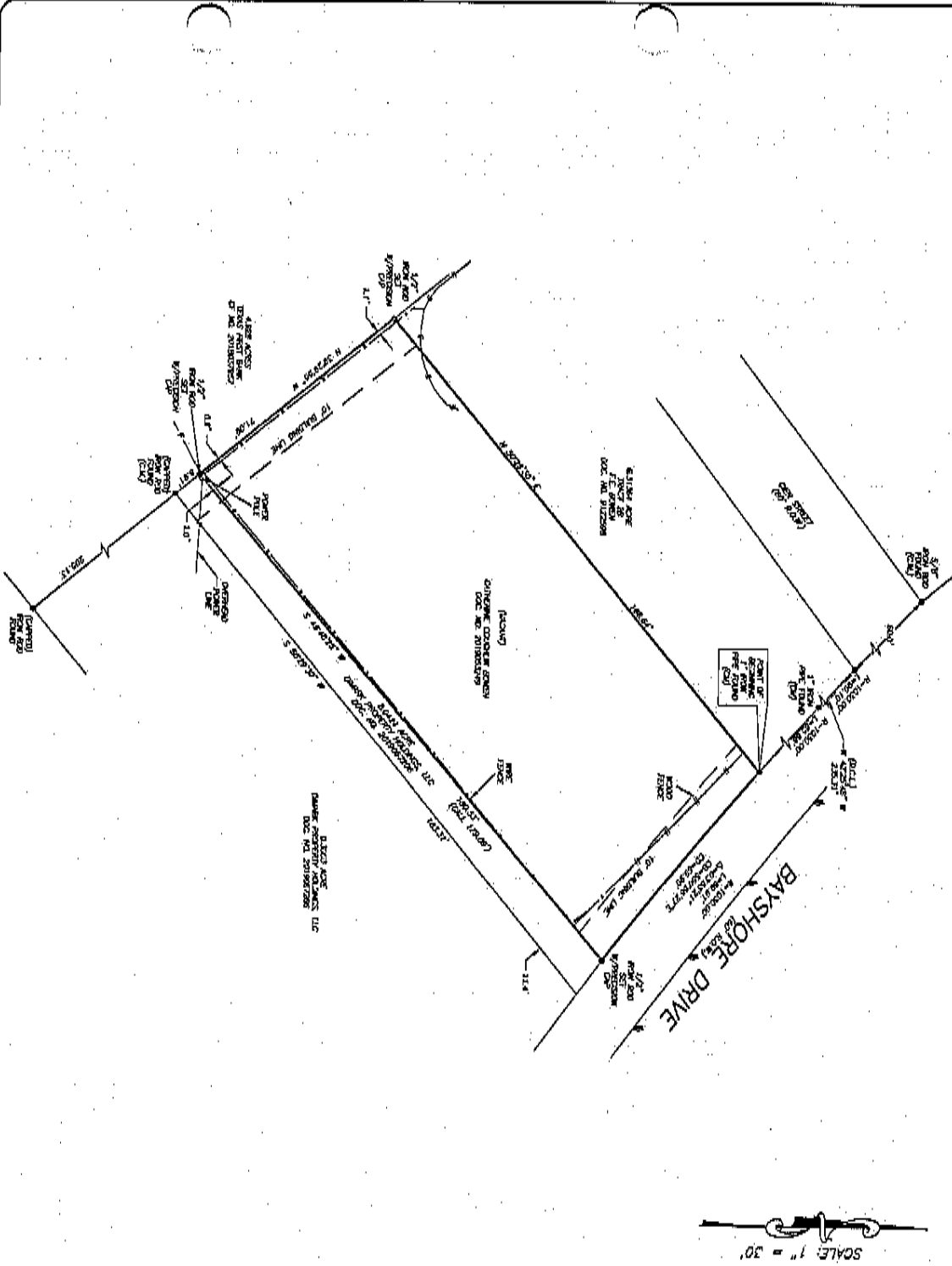
PRECISION
Surveyors

281-636-1929
800-786-0888

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800-786-0888



SCALE: 1" = 30'

OF NO. 2457857-1045 FIRST AMERICAN TITLE
ADDRESS: 1415 BAYSHORE DRIVE
KELLY, TEXAS 77505
BORROWER: LEE B. BRAD AND
JEANNE BRAD

0.2777 ACRE
BEING A PORTION OF
RESERVE "B"
SEAGATE, SECTION 1

ACCORDING TO THE MAP OR PLAT THEREOF RECORDED
IN VOLUME 118, PAGE 66 OF THE MAP RECORDS
OF GALVESTON COUNTY, TEXAS
(SEE ATTACHED METES AND BOUNDS)

NOTE: ASSUMED BY AND ENTIRELY RESPONSIBLE AND WILL
NOT BE HELD LIABLE BY THE SURVEYOR FOR ANY
MISTAKES OR OMISSIONS IN THIS SURVEY.



THIS PROPERTY IS AFFIRMED BY THE
REGISTERED SURVEYOR TO BE
THE PROPERTY OF THE SURVEYOR
AND NOT THE PROPERTY OF ANY
OTHER PARTY. THE SURVEYOR
WILL NOT BE HELD LIABLE FOR
ANY MISTAKES OR OMISSIONS
IN THIS SURVEY.

DATE: 08/05/2010
BY: JAMES L. MOSELEY
REGISTERED SURVEYOR
NO. 5912
EXPIRES: 08/05/2015



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

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

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 LEE B. BAHL AND JEANNE BAHL		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1438 BAYSHORE DRIVE		Company NAIC Number:
City KEMAH	State Texas	ZIP Code 77565
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 0.2777 ACRE PORTION OF RESERVE "B", SEAGATE, SECTION 1, GALVESTON COUNTY, TEXAS		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>PROPOSED RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. <u>29.534236</u> Long. <u>-95.011003</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):		
a) Square footage of crawlspace or enclosure(s) _____ sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____		
c) Total net area of flood openings in A8.b _____ sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number CITY OF KEMAH, 485481		B2. County Name GALVESTON		B3. State Texas	
B4. Map/Panel Number 48167 C 0042	B5. Suffix G	B6. FIRM Index Date 08-15-2019	B7. FIRM Panel Effective/ Revised Date 08-15-2019	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 13.0 FEET

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/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 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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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1438 BAYSHORE DRIVE			Policy Number:	
City KEMAH	State Texas	ZIP Code 77565	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: RM010025, EL.=9.90 FEET Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

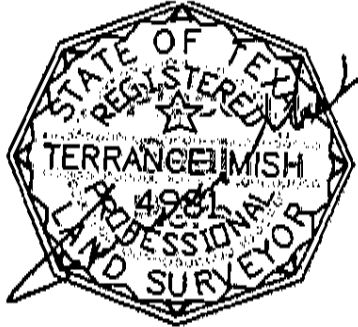
Datum used for building elevations must be the same as that used for the BFE.

- | | | Check the measurement used. |
|--|------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _____ | 14.7 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor _____ | | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) _____ | | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) _____ | | <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) _____ | | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) _____ | 13.1 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) _____ | 13.7 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ | | <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 TERRANCE MISH	License Number 4981	
Title REGISTERED PROFESSIONAL LAND SURVEYOR		
Company Name PRECISION SURVEYORS, INC.		
Address 950 THREADNEEDLE STREET, SUITE 150		
City HOUSTON	State Texas	

Signature 	Date 01-22-2020	Telephone (281) 496-1586	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)
 C2. a): PROPOSED TOP OF BOTTOM FLOOR IS THE EXISTING GROUND ELEVATION + 1 FOOT.
 NATURAL GROUND ELEVATION (NGE.) @ LEFT FRONT PROPERTY CORNER = 13.4 FEET; NGE @ LEFT REAR PROPERTY CORNER = 13.1 FEET; NGE. @ RIGHT REAR PROPERTY CORNER = 13.5 FEET; NGE. @ RIGHT FRONT PROPERTY CORNER = 13.6 FEET; NGE. @ PROPERTY CENTER = 13.4 FEET.
 TEMPORARY BENCHMARK IS A MAG NAIL IN THE CENTER LINE OF AN INTERSECTION, ELEVATION = 14.03 FEET

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. 1438 BAYSHORE DRIVE			Policy Number:
City KEMAH	State Texas	ZIP Code 77565	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.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1438 BAYSHORE DRIVE			Policy Number:
City KEMAH	State Texas	ZIP Code 77565	Company NAIC Number

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 FRONT VIEW, 01-21-2020

Clear Photo One

Photo Two

Photo Two Caption

Clear Photo Two

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

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. 1438 BAYSHORE DRIVE			Policy Number:
City KEMAH	State Texas	ZIP Code 77565	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.

Photo Three

Photo Three Caption

Clear Photo Three

Photo Four

Photo Four Caption

Clear Photo Four