# U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program **ELEVATION CERTIFICATE** 

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

OMB Control Number: 1660-0008 Expiration: 11/30/2018

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 INS	URANCE CON	IPANY USE
A1. Building Owner's Name CST Job# 16-0761 GCAD Long Acct No: 2673-0000-0055-000	Policy Number:		
<ul><li>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.</li><li>842 Sea Spray Drive</li></ul>	Company NAIO Number:	3	
City Crystal Beach State TX		Zip Code 77	7650
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.	.)	1-0-0-0-1	000
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood  A7. Building Diagram Number SIX (6)	○ NAD 1927	NAD 1983	
a) Square footage of crawlspace or enclosure(s) 170 sq ft a) Square foota	as of attached as	250.00	
b) Number of permanent flood openings in the b) Number of per	ge of attached ga ermanent flood op ed garage within ent grade	penings 1.0 foot	NA sq f
c) Total net area of flood openings in A8.b NA sq in c) Total net area	a of flood opening	gs in A9.b	NA sq ii
d) Engineered flood openings?	flood openings?	○ Yes	7 No
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) IN	FORMATION		
B1. NFIP Community Name & Community Number B2. County Name		E	33. State
	ESTON		TEXAS
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ B8. Revised Date	Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth	
485470 0123 E Apr 8, 1971 Jul 5, 1993	V19		16'
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 C C B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise I Designation Date: CBRS COPA		OPA)? (Ye	s 🗸 No
C1. Building elevations are based on: Construction Drawings* Building Under Const * A new Elevation Certificate will be required when construction of the building is complete.		Finished Cons	truction
C2. Elevations: Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only,		, AR/AH, AR/A	O. Complete
Benchmark Utilized: HGCSD 64 Vertical Datum: NA	VD 88		
Indicate elevation datum used for the elevations in items a) through h) below.   Other/Source:	<b>⊘</b> NAVD 1988		
Datum used for building elevations must be the same as that used for the BFE.		Check the me	asurement used
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	6	feet	meters
b) Top of the next higher floor 24	8	✓ feet	meters
c) Bottom of the lowest horizontal structural member (V Zones only)	8	✓ feet	() meters
d) Attached garage (top of slab)			meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	7		meters
f) Lowest adjacent (finished) grade next to building (LAG) 8 .	3	feet	C meters
g) Highest adjacent (finished) grade next to building (HAG) 8	7		○ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	4	√ feet	meters
Date: Aug 22, 2016 CST Job# 16-0761			

## **ELEVATION CERTIFICATE**, page 2

OMB Control Number: 1660-0008

IMPORTANT: In these spaces, copy the corr	esponding informati	ion from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, S			
842 Sea Spray Drive			Policy Number:
City	State	Zip Code	Company NAIC
Crystal Beach	TX	77650	Number:
		EER, OR ARCHITECT CER	
This certification is to be signed and sealed by a that the information on this Certificate represent punishable by fine or imprisonment under 18 U.	s my best efforts to int	terpret the data available. I t	by law to certify elevation information. I certify understand that any false statement may be
Check here if attachments.	Were latitude and longitude in Section A provided by a licensed land surveyor?  Yes No		OF THE OF
Certifier's Name	Lie	cense Number	G. REG A SO. TO
Brene Addison brene@surveyg	jalveston.com	6598	DDTNIT ADDICAL
Title	Company Name		BRENE ADDISON
Registered Professional Land Surveyor		eying of Texas, Inc.	6598 25.0
Address 975 Lazy Lane West - PO Box 2742	City Crystal Beach	State Zip Code TX 77650	10 Essi
Signature	Date	Telephone	SUR
Buy tolder	Aug 22, 2016	(409) 684-6400	
Copy all pages of this Elevation Certificate for (1		(2) insurance agent/compan	av. and (3) building owner
C2e: REFERS TO THE TOP OF AN AIR ( Lower enclosure has louvered walls.	CONDITIONER DEC	CK.	
SECTION E - BUILDING ELEVATION INF	ORMATION (SURVE		ob# 16-0761 Date Aug 22, 2016 CONE AO AND ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), complete It	ems E1-E5. If the Cert	tificate is intended to support	rt a LOMA or LOMR-F request, complete
Sections A, B, and C. For Items E1-E4, use nate E1. Provide elevation information for the following highest adjacent grade (HAG) and the lower	ng and check the appr	ropriate boxes to show whet	
Top of bottom floor (including basement, or enclosure) is	crawlspace,	Cfeet Cr	neters above or below the HAG.
<ul> <li>b) Top of bottom floor (including basement, or enclosure) is</li> </ul>	crawlspace,	C feet C r	meters above or below the LAG.
E2. For Building Diagrams 6-9 with permanent f higher floor (elevation C2.b in the diagrams) of the control of		ed in Section A Items 8 and/	
E3. Attached garage (top of slab) is	St. Age to a		meters above or below the HAG.
E4. Top of platform of machinery and /or equipr servicing the building is	nent	C feet C	meters above or below the HAG.
E5. Zone AO only: If no flood depth number is a management ordinance? Yes No			
SECTION F - PROPE	RTY OWNER (OR O	WNER'S REPRESENTATIV	VE) CERTIFICATION
The property owner or owner's authorized reprocommunity-issued BFE) or Zone AO must sign			
Property Owner or Owner's Authorized Repres	sentative's Name		
Address	City	State	ZIP Code
Signature	Date	Telephone	9
Comments			
,**			☐ Check here if attachmen

#### **BUILDING PHOTOGRAPHS**

### **ELEVATION CERTIFICATE**, page 4

See instructions for Item A6.

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IMPORTANT: In these spaces, copy the corresponding information from Section A.  Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  842 Sea Spray Drive			Policy Number:	
Crystal Beach	TX	77650	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.

Picture Taken: 08-22-2016



Picture Taken: 08-22-2016



#### **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**, page 5

Continuation Page

OMB Control Number: 1660-0008 Expiration: 11/30/2018 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. Policy Number: 842 Sea Spray Drive City State Zip Code Company NAIC Number: Crystal Beach TX 77650

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.

Picture Taken: 08-22-2016



Picture Taken: 08-22-2016

