U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires March 31, 2012

Federal Emergency Management Agency National Flood Insurance Program

Important: Read the instructions on pages 1-9.

Valional Flood insulance rogram					
	SECTION A - PROPERTY INFORMATION	For Insurance Company Use:			
A1. Building Owner's Name	2	Policy Number			
A2. Building Street Address (including Apt., Unit, Suite,	and/or Bidg. No.) or P.O. Route and Box No.	Company NAIC Number			
City DICKINGSON	State -	ZIP Code 77539			
A3. Property Description (Lot and Block Numbers, Tax LOT 18, BLOCK 1- FINAL	Parcel Number, Legal Description, etc.) REPLAT FOREST COVE				
		•			
A4. Building Use (e.g., Residential, Non-Residential, A A5. Latitude/Longitude: Lat. 29.45 262	Long. 095.062719 Horizontal	Datum: NAD 1927 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 1		la Na A accessor			
A8. For a building with a crawlspace or enclosure(s):	A9. For a building with an at A9 Square footage of at				
 a) Square footage of crawlspace or enclosure(s) b) No. of permanent flood openings in the crawls 	b) No. of permanent flo	od openings in the attached garage			
enclosure(s) within 1.0 foot above adjacent gra	de Within 1.0 foot above				
c) Total net area of flood openings in A8.b	C) Total net area of floor				
d) Engineered flood openings? Yes N					
SECTION B -	FLOOD INSURANCE RATE MAP (FIRM) INFORMATI	ON			
B1. NFIP Community Name & Community Number	B2. County Name	B3. State			
GALUESTON Co. 485470	GALVESTON	(8,			
B4. Map/Panel Number B5. Suffix B6. FIF	M Index B7. FIRM Panel B8. Flood	B9. Base Flood Elevation(s) (Zone			
	ate Effective/Revised Date Zone(s)	AO, use base flood depth)			
	2/83 5/2/83 AG				
B10. Indicate the source of the Base Flood Elevation (
	,				
B11. Indicate elevation datum used for BFE in Item B9	ces System (CBRS) area or Otherwise Protected Area (OPA)				
Designation Date	CBRS OPA				
	TOWN TO THE TAX TION IN COUNTY DECIDING VEHICLES OF THE TAX TOWN I	IIDED)			
SECTION C - BU	ILDING ELEVATION INFORMATION (SURVEY REQU				
C1. Building elevations are based on: Construct "A new Elevation Certificate will be required when	on Drawings*	Finished Construction			
CO Flourtiere Zeros A1 A30 AE AH A (with REE)	VE V1-V30 V (with BFF) AR ARIA ARIAE, ARIA1-A30, AF	VAH, AR/AO. Complete Items C2.a-h			
below according to the building diagram specified Benchmark Utilized A S S S S	Item A7. Use the same datum as the BFE.				
Benchmark Utilized AW S44	Vertical Datum NGV	D 1929			
Conversion/Comments					
Check the measurement used.					
 Top of bottom floor (including basement, craw 	ispace, or cholobare noor/	meters (Puerto Rico only) meters (Puerto Rico only)			
b) Top of the next higher floor		meters (Puerto Rico only)			
c) Bottom of the lowest horizontal structural men	toel (V Zorios orily)	meters (Puerto Rico only)			
 d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment s 	process proces	meters (Puerto Rico only)			
(Describe type of equipment and location in C	omments)				
f) Lowest adjacent (finished) grade next to build	ing (LAG)	meters (Puerto Rico only)			
g) Highest adjacent (finished) grade next to built		meters (Puerto Rico only)			
h) Lowest adjacent grade at lowest elevation of	deck or stairs, including \(\textstyle A \) feet	meters (Puerto Rico only)			
structural support SECTION D - S	URVEYOR, ENGINEER, OR ARCHITECT CERTIFICA	TION			
This certification is to be signed and sealed by a land	surveyor, engineer, or architect authorized by law to certify ele	evation			
information. I certify that the information on this Certif	icate represents my best efforts to interpret the data available.	OF TO			
M 000000000000000000000000000000000000	ble by fine or imprisonment under 18 U.S. Code, Section 100				
Check here if comments are provided on back of	form. Were latitude and longitude in Section A provided licensed land surveyor? Yes X No	Na A B			
		BOBERT L. DERRICK			
Certifier's Name ROBERT L. DERRICK	License Number 2753	INDENT L. DEITHON			
	y Name DERRICK ENGINEERING	2/53			
OWNER	State 7IP Code	ESSIO O			
Address 13016 ELIZABETH DRIVE City S	ANTA FE TEXAS 77	510 SURV			
1110	Deta				

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See reverse side for continuation.

Telephone

409-925-7221

Replaces all previous editions

IMPORTANT: In these spaces, co	py the corre	sponding information from Section	Α.	For Insurance Company Use:
Building Street Address (including Apt., 6 3 14 Forest	Unit, Suite, and	DRIVE	TID 2 1	Policy Number
DICKINSON		State K.	77539	Company NAIC Number
SECTION	- SURVEYO	R, ENGINEER, OR ARCHITECT CE	RTIFICATION (C	ONTINUED)
Copy both sides of this Elevation Certific	ate for (1) com	munity official, (2) insurance agent/compa	ny, and (3) building	owner.
Comments				
			and the second s	and the second s
Signature7 / H	. /	Date I		[mi]
1 hul h Lu	ATION INFO	2/16/12	D) FOR ZONE AC	Check here if attachments
SECTION E - BUILDING ELEV	ATION INFO	RMATION (SURVEY NOT REQUIRE	D) FOR ZONE AC	S AND ZONE A (WITHOUT CITE)
and C. For Items E1-E4, use natural gr E1. Provide elevation information for t grade (HAG) and the lowest adjac a) Top of bottom floor (including b	ade, if available he following and tent grade (LAC asement, crawl asement, crawl	space, or enclosure) is	to Rico only, enter nether the elevation if feet meters feet meters feet meters feet meters feet sid/or 9 (see pages 8	above or below the highest adjacent above or below the HAG. above or below the LAG. -9 of Instructions), the next higher floor
(elevation C2.b in the diagrams) of E3. Attached garage (top of slab) is _ E4. Top of platform of machinery and/E5. Zone AO only: If no flood depth in	of the building is or equipment solumber is availa	feet meters above or beervicing the building is	above or below the HAG. feet meters in accordance with	w the had.
		Y OWNER (OR OWNER'S REPRES		TIFICATION
The property owner or owner's authorize	ed representativ	re who completes Sections A, B, and E fo	r Zone A (without a	FEMA-issued or community-issued BFE)
or Zone AO must sign here. The staten	nents in Section	s A, B, and E are correct to the best of m	y knowledge.	
Property Owner's or Owner's Authorized	d Representativ	e's Name		
Address		City	State	e ZIP Code
Signature		Date	Tele	phone
Comments				
				Check here if attachment
	SECTIO	ON G - COMMUNITY INFORMATION	(OPTIONAL)	
and G of this Elevation Certificate. Comp	plete the applica	administer the community's floodplain mobile item(s) and sign below. Check the m	easurement used in	Rems do and do.
G1. The information in Section C w	as taken from o	ther documentation that has been signed ation. (Indicate the source and date of the	and sealed by a lice elevation data in the	ensed surveyor, engineer, or architect who ne Comments area below.)
G2. A community official completed	Section E for a	building located in Zone A (without a FE	MA-issued or comm	unity-issued BFE) or Zone AO.
G3. The following information (Item	s G4-G9) is pro	vided for community floodplain managem		
G4. Permit Number	G5. Date Per	mit Issued G6. I	Date Certificate Of C	compliance/Occupancy Issued
G7. This permit has been issued for:	New Constru	ction Substantial Improvement		
G8. Elevation of as-built lowest floor (in			feet meter	rs (PR) Datum
G9. BFE or (in Zone AO) depth of flood			feet meter	rs (PR) Datum
G10. Community's design flood elevation		Annual Control of the	feet meter	rs (PR) Datum
Local Official's Name		Title	ada art managa tibang at a sana da man handa ang at an	
Community Name		Telephone		
Signature		Date		
Comments				
		ALL CALLES AND		
				Total base is attachmen
				Check here if attachmen

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Shooting Date/Time





Shooting Date/Time

: 2/16/2012 12:16:38 PM

534 FONEST COVE ROAD