## **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, an | and (3) building owner |
|--|------------------------|

| SECTIO   | N A – PROPERTY         |                           | ( )                              | <u>, , , , , , , , , , , , , , , , , , , </u> |                                  | RANCE COMPANY USE                  |  |
|--|------------------------|---------------------------|----------------------------------|---|----------------------------------|------------------------------------|--|
| A1. Building Owner's Name  |                        |                           |                                  |   |                                  | ber:                               |  |
| HAZELWOOD 2101371  |                        |                           |                                  |   |                                  |                                    |  |
| <ul> <li>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and<br/>Box No.</li> <li>4708 MAPLE STREET</li> </ul> |                        |                           |                                  |   |                                  | AIC Number:                        |  |
| City   | State ZIP Code         |                           |                                  |   |                                  |                                    |  |
| BELLAIRE   |                        |                           |                                  |   |                                  |                                    |  |
| A3. Property Description (Lot and E<br>LOTT 21 BLOCK 9 BELLAIRE OAK  |                        | k Parcel                  | Number, Leg                      | al Description, etc                           | 2.)                              |                                    |  |
| A4. Building Use (e.g., Residential,   | Non-Residential, A     | Addition,                 | Accessory, e                     | etc.) RESIDEN                                 | TIAL                             |                                    |  |
| A5. Latitude/Longitude: Lat. 29°41   | '29.37" N              | Long. 95                  | 5°27'37.93" W                    | / Horizontal                                  | Datum: 🗌 NAD 1                   | 927 🗙 NAD 1983                     |  |
| A6. Attach at least 2 photographs c  | of the building if the | Certific                  | ate is being u                   | sed to obtain flood                           | l insurance.                     |                                    |  |
| A7. Building Diagram Number  | 1B                     |                           |                                  |   |                                  |                                    |  |
| A8. For a building with a crawlspac  | e or enclosure(s):     |                           |                                  |   |                                  |                                    |  |
| a) Square footage of crawlspa  | ce or enclosure(s)     |                           |                                  | N/A sq ft                                     |                                  |                                    |  |
| b) Number of permanent flood   | openings in the cra    | wlspace                   | e or enclosure                   | e(s) within 1.0 foot                          | above adjacent gra               | ade N/A                            |  |
| c) Total net area of flood openi   | ngs in A8.b            |                           | N/A sq in                        |   |                                  |                                    |  |
| d) Engineered flood openings?  | Yes 🛛 No               | 0                         |                                  |   |                                  |                                    |  |
| A9. For a building with an attached  | garage:                |                           |                                  |   |                                  |                                    |  |
| a) Square footage of attached  |                        |                           | 264.00 sq ft                     |   |                                  |                                    |  |
| b) Number of permanent flood   |                        |                           |                                  |   | acent grade 0                    |                                    |  |
| c) Total net area of flood openi   |                        | Ū                         | N/A sq                           | -   | ·                                |                                    |  |
| d) Engineered flood openings?  | ☐ Yes 🖂 No             | 0                         |                                  |   |                                  |                                    |  |
|  |                        |                           |                                  |   |                                  |                                    |  |
| SECT   | ION B – FLOOD I        | ISURA                     | NCE RATE                         | MAP (FIRM) INF                                | ORMATION                         |                                    |  |
| B1. NFIP Community Name & Community Number<br>CITY OF BELLAIRE 480289  |                        | B2. County Name<br>HARRIS |                                  | B3. State<br>Texas                            |                                  |                                    |  |
| B4. Map/Panel B5. Suffix B6<br>Number  | 6. FIRM Index<br>Date  | Effe                      | M Panel<br>ective/<br>vised Date | B8. Flood<br>Zone(s)                          | B9. Base Flood E<br>(Zone AO, us | levation(s)<br>e Base Flood Depth) |  |
| 48201C0855 L 11  | -15-2019               | 06-18-2                   |                                  | AE  | 54                               | 4                                  |  |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:  |                        |                           |                                  |   |                                  |                                    |  |
| 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:  |                        |                           |                                  |   |                                  |                                    |  |
|  |                        |                           |                                  |   |                                  |                                    |  |
|  |                        |                           |                                  |   |                                  |                                    |  |

| ELEVATION CERTIFICATE  | OMB No. 1660-0008<br>Expiration Date: November 30, 2022  |   |  |  |  |
|--|--|---|--|--|--|
| IMPORTANT: In these spaces, copy the corres  | ponding information fr   | om Section A.   | FOR INSURANCE COMPANY USE  |  |  |
| Building Street Address (including Apt., Unit, Suit<br>4708 MAPLE STREET   |  |   | Policy Number:   |  |  |
| City<br>BELLAIRE   | StateZIP CodeRETexas77401  |   |  |  |  |
| SECTION C – BUILE  | ING ELEVATION INFO   | ORMATION (SURVEY F  | REQUIRED)  |  |  |
| <ul> <li>C1. Building elevations are based on: Ca</li> <li>*A new Elevation Certificate will be required</li> <li>C2. Elevations – Zones A1–A30, AE, AH, A (width Complete Items C2.a–h below according to Benchmark Utilized: <u>CITY OF BELLAIRE F</u></li> <li>Indicate elevation datum used for the elevation</li> <li>MGVD 1929 NAVD 1988 </li> <li>Datum used for building elevations must be</li> </ul> | th BFE), VE, V1–V30, V<br>o the building diagram sp<br>RM 1R Vertical<br>tions in items a) through<br>Other/Source: NAVD 1 | (with BFE), AR, AR/A, AF<br>ecified in Item A7. In Pue<br>Datum: <u>NAVD 1988, 200</u><br>h) below.<br>988, 2001 ADJ. | R/AE, AR/A1–A30, AR/AH, AR/AO.<br>rto Rico only, enter meters.<br>1 ADJ. |  |  |
| <u> </u>   |  |   | Check the measurement used.  |  |  |
| a) Top of bottom floor (including basement   | , crawlspace, or enclosu   | ire floor)  | 52.1 X feet meters   |  |  |
| b) Top of the next higher floor  |  |   | N/A feet meters  |  |  |
| c) Bottom of the lowest horizontal structura   | al member (V Zones only  | /)  | N/A feet meters  |  |  |
| d) Attached garage (top of slab)   |  |   | 51.5 X feet meters   |  |  |
| <ul> <li>e) Lowest elevation of machinery or equip<br/>(Describe type of equipment and location)</li> </ul>  | ment servicing the buildin<br>n in Comments)   | ng  | 51.3 X feet meters   |  |  |
| f) Lowest adjacent (finished) grade next to  | building (LAG)   |   | 51.3 X feet meters   |  |  |
| g) Highest adjacent (finished) grade next t  | o building (HAG)   |   | 51.4 X feet meters   |  |  |
| <ul> <li>h) Lowest adjacent grade at lowest elevati<br/>structural support</li> </ul>  | on of deck or stairs, inclu  | uding   | N/A feet meters  |  |  |
| SECTION D – SUR  | VEYOR, ENGINEER, C   | OR ARCHITECT CERTI  | FICATION   |  |  |
| This certification is to be signed and sealed by a<br>I certify that the information on this Certificate re<br>statement may be punishable by fine or impriso  | epresents my best efforts<br>nment under 18 U.S. Co  | to interpret the data avai<br>de, Section 1001.   | lable. I understand that any false                                       |  |  |
| Were latitude and longitude in Section A provide   |  | ,   | Check here if attachments.   |  |  |
| Certifier's Name<br>TOBY PAUL COUCHMAN   | License Num<br>5565  | ber   | OF TO  |  |  |
| Title<br>R.P.L.S.  |  |   | TO OCTOR   |  |  |
| Company Name<br>PROSURV TBPELS FIRM NO. 10119300   |  |   | TOBY PAUL COUCHMAN   |  |  |
| Address<br>P.O. BOX 1366   |  |   | Time SSION   |  |  |
| City<br>FRIENDSWOOD  | State<br>Texas   | ZIP Code<br>77549   | SURV   |  |  |
| Signature / P. Couchman  | Date<br>01-26-2020   | Telephone<br>(281) 996-1113   | Ext.   |  |  |
| 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 loc<br>ELEVATION IN SECTIO   | ation, per C2(e), if applic<br>ON C2E IS THE AIR CO  |   |  |  |  |
|  |  |   |  |  |  |

## **ELEVATION CERTIFICATE**

## **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2022

| IMPORTANT: In these spaces, copy the                            | FOR INSURANCE COMPANY USE |          |                     |
|---|---------------------------|----------|---------------------|
| Building Street Address (including Apt., L<br>4708 MAPLE STREET | Policy Number:            |          |                     |
| City  | State                     | ZIP Code | Company NAIC Number |
| BELLAIRE  | Texas                     | 77401    |                     |

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 Caption FRONT VIEW

Clear Photo One



Photo Two Caption REAR VIEW

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.