

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

ELEVATION CERTIFICATE

OMB No. 1680-0008
Expires February 29, 2009

Important: Read the Instructions on pages 1-B.

SECTION A - PROPERTY INFORMATION				For Insurance Company Use:	
A1. Building Owner's Name	Robert Wheeler			Policy Number	
A2. Building Street Address	130 Barnaku Bend			Company NAIC Number	
City	Tiki Island	State	Texas	ZIP Code	77554
A3. Property Description	Lot 80 Tiki Island, Section 11				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	Residential				
A5. Latitude/Longitude	29° 17' 52.9" N		84° 05' 35.3" W		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 0					
A8. For a building with a crawl space or enclosure(s), provide:			A9. For a building with an attached garage, provide:		
a) Square footage of crawl space or enclosure(s)			sq ft	a) Square footage of attached garage	n/a sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	0			b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade	n/a
c) Total net area of flood openings in A8.b	0		sq ft	c) Total net area of flood openings in A9.b	n/a sq ft

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Village of Tiki Island 481585		B2. County Name Galveston		B3. State TX	
B4. Map/Panel Number 481585 0001	B5. Suffix D	B6. FIRM Index Date 11/1/85	B7. FIRM Panel Effective/Revised Date 11/1/85	B8. Flood Zone(s) V20	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 16
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe)					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe)					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

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, ARIA/E, ARIA1-A30, ARIA/H, ARIA/O. Complete items C2.a-g below according to the building diagram specified in Item A7.
Benchmark Utilized AWD468: P 1210 Vertical Datum NAVD88
Conversion/Comments _____

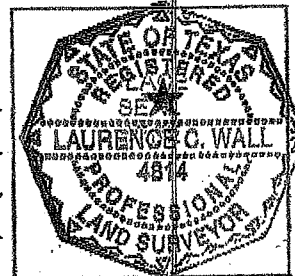
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>8.7</u>	feet
b) Top of the next higher floor	<u>20.4</u>	feet
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>18.8</u>	feet
d) Attached garage (top of slab)	<u>n/a</u>	feet
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>NAV</u>	feet
f) Lowest adjacent (finished) grade (LAG)	<u>5.0</u>	feet
g) Highest adjacent (finished) grade (HAG)	<u>8.2</u>	feet

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.

Check here if comments are provided on back of form.

Certifier's Name	Laurence Wall	License Number	4814
Title	RPLS	Company Name	TLTS
Address	1801 Moody Ave City Galveston	State	TX ZIP Code 77550
Signature		Date	6/13/08 Telephone (409)765-8883

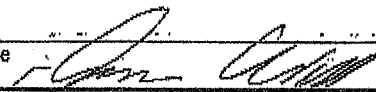


IMPORTANT: In these spaces, complete the corresponding information from Section C		For Insurance Company Use:	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 130 Bamaku Bend		Policy Number	
City TIKI Island	State Texas	ZIP Code 77554	Company NAIC Number

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 Area shown in A8 a) as per Galveston CAD

Signature  Date 6/13/08 ^{Pictures 5} 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, crawl space, or enclosure) is _____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 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 _____
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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 _____

Local Official's Name  Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments