

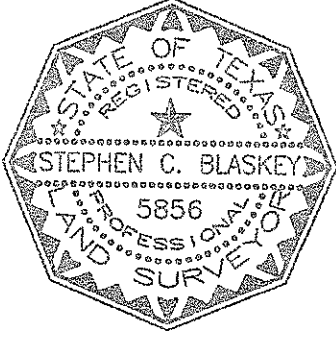
ELEVATION CERTIFICATE

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 INSURANCE COMPANY USE | |
|---|-----------------|-------------------------------------|--|---|---|-----------------------------|--|
| A1. Building Owner's Name HTS Job# 17-0067 | | | | | | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2217 Grover Avenue | | | | | | Company NAIC Number: | |
| City Galveston | | | | State TX | | Zip Code 77551 | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) GCAD: 4065-0006-0005-001 LEGAL: East 1/2 of Lot 5, Block 6, Hollywood Heights | | | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL | | | | | | | |
| A5. Latitude/Longitude: Lat. 29°16'33.7" Long. 94°49'59.8" Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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>Six (6)</u> | | | | | | | |
| A8. For a building with a crawlspace or enclosure(s): | | | | A9. For a building with an attached garage: | | | |
| a) Square footage of crawlspace or enclosure(s) | | <u>993</u> sq ft | | a) Square footage of attached garage | | <u>NA</u> sq ft | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade | | <u>0</u> | | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade | | <u>NA</u> | |
| c) Total net area of flood openings in A8.b | | <u>0</u> sq in | | c) Total net area of flood openings in A9.b | | <u>NA</u> sq in | |
| d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | | | |
| B1. NFIP Community Name & Community Number City of Galveston - 485469 | | | | B2. County Name GALVESTON | | B3. State TEXAS | |
| B4. Map/Panel Number 485469 0024 | B5. Suffix E | B6. FIRM Index Date May 26, 1970 | B7. FIRM Panel Effective/Revised Date Dec 6, 2002 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 11 | | |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____ | | | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____ | | | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA | | | | | | | |
| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | | | | | | | |
| C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> 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: <u>HGCSD 62 (AW5708)</u> | | | | Vertical Datum: <u>NAVD 88</u> | | | |
| Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> 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) | <u>4</u> | . | <u>9</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters | | |
| b) Top of the next higher floor | <u>13</u> | . | <u>0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters | | |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N</u> | . | <u>A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters | | |
| d) Attached garage (top of slab) | <u>N</u> | . | <u>A</u> | <input checked="" 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) | <u>N</u> | . | <u>A</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters | | |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>4</u> | . | <u>5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters | | |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>4</u> | . | <u>6</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters | | |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>4</u> | . | <u>5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters | | |

| | | | |
|---|---|---|---|
| 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. 2217 Grover Avenue | | Policy Number: | |
| City Galveston | State TX | Zip Code 77551 | Company NAIC Number: |
| 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. | | | |
| <input type="checkbox"/> Check here if attachments. | | Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Certifier's Name Stephen C. Blaskey | | License Number 5865 | |
| Title Registered Professional Land Surveyor | Company Name High Tide Land Surveying, LLC | | |
| Address 8017 Harborside Dr. | City Galveston | State TX | Zip Code 77554 |
| Signature <i>Stephen C. Blaskey</i> | Date Jan 18, 2017 | Telephone (409) 740-1517 | |
|  | | | |
| Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner. | | | |
| Comments (including type of equipment and location, per C2(e), if applicable) A5: LAT/LONG ESTABLISHED VIA RTK GPS AT SUBJECT TRACT. | | | HTS Job# 17-0067 |
| Signature <i>Stephen C. Blaskey</i> | | Date Jan 18, 2017 | |
| 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 | _____ . _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | <input type="checkbox"/> above or <input type="checkbox"/> below the HAG. |
| b) Top of bottom floor (including basement, crawlspace, or enclosure) is | _____ . _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | <input type="checkbox"/> above or <input type="checkbox"/> below the LAG. |
| E2. For Building Diagrams 6-9 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 | _____ . _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | <input type="checkbox"/> above or <input type="checkbox"/> below the HAG. |
| E3. Attached garage (top of slab) is | _____ . _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | <input type="checkbox"/> above or <input type="checkbox"/> below the HAG. |
| E4. Top of platform of machinery and /or equipment servicing the building is | _____ . _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters | <input type="checkbox"/> above or <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 | | | |
| <input type="checkbox"/> Check here if attachments. | | | |