

**LEGEND** \* ITEMS THAT MAY APPEAR IN DRAWING BELOW

M.U.E. = MUNICIPAL UTILITY EASEMENT  
 U.E. = UTILITY EASEMENT  
 A.E. = AERIAL EASEMENT  
 D.E. = DRAINAGE EASEMENT  
 S.S.E. = SANITARY SEWER EASEMENT  
 S.W.S.E. = STORM SEWER EASEMENT  
 W.L.E. = WATER LINE EASEMENT

F.I.R. = FOUND IRON ROD  
 F.I.P. = FOUND IRON PIPE  
 S.I.R. = SET IRON ROD  
 W.P. = WOODEN POST  
 M.P. = METAL POST  
 C.F.# = CROWN FILE NUMBER  
 P.O.C. = POINT OF COMMENCING  
 P.O.B. = POINT OF BEGINNING  
 B.L. = BUILDING LINE  
 P.D. = POWER POLE  
 S.F.A.P. = SEARCHED FOR, NOT FOUND  
 U.T.S. = UNABLE TO SET

P.A.E. = PERMANENT ACCESS EASEMENT  
 P.U.E. = PUBLIC UTILITY EASEMENT  
 W.S.E. = WATER & SEWER EASEMENT  
 E.E. = ELECTRIC EASEMENT  
 P.C. = POINT OF CURVATURE  
 P.T. = POINT OF TANGENCY  
 P.R.C. = POINT OF REVERSE CURVATURE  
 P.C.C. = POINT OF COMPOUND CURVATURE  
 P.P. = POWER POLE  
 S.F.A.P. = SEARCHED FOR, NOT FOUND  
 U.T.S. = UNABLE TO SET

⊙ CONTROL MONUMENT  
 ——— PROPERTY LINE  
 - - - EASEMENT LINE  
 - - - BUILDING SETBACK LINE  
 - - - BUILDING WALL

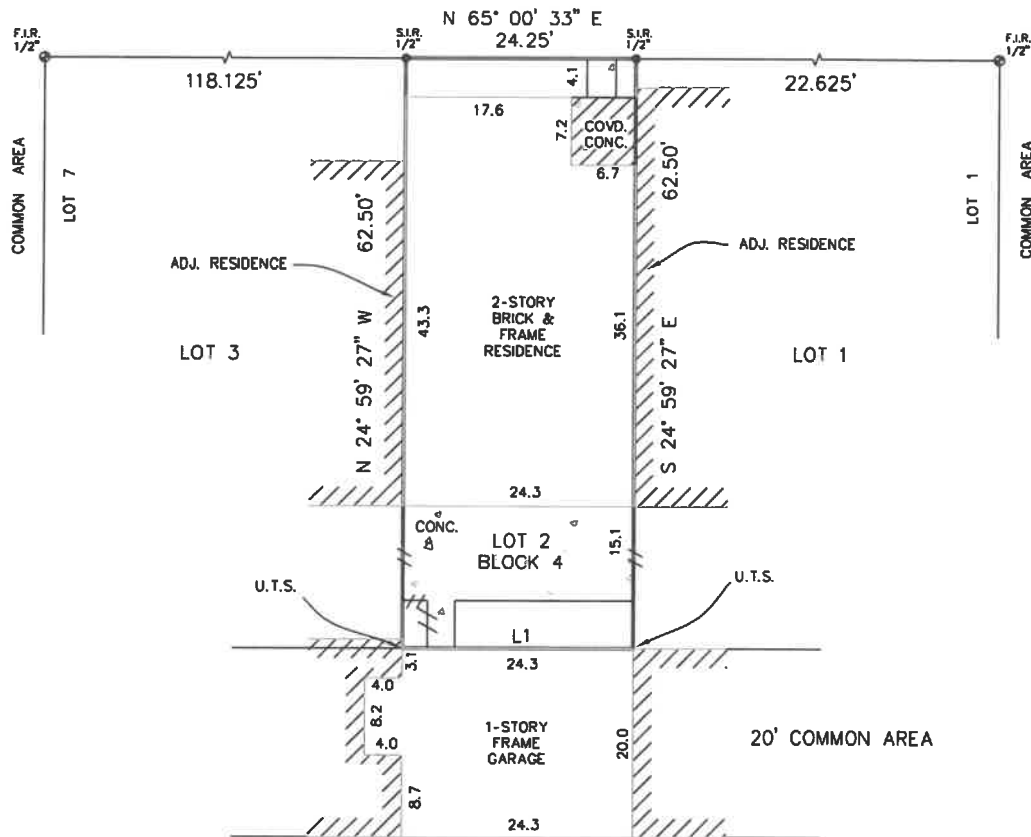
— WOODEN FENCE  
 — CHAIN LINK FENCE  
 ⊙ METAL FENCE  
 — WIRE FENCE  
 — WHITE FENCE

L1 S 65° 00' 33" W 24.25'

SCALE 1"=15'



**COMMON AREA**



1917 BACK BAY DRIVE  
 (28' R.O.W.)

Reviewed & Accepted by \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date \_\_\_\_\_

**NOTES:**  
 - BEARING BASIS: PLAT  
 - SUBJECT TO ANY AND ALL RECORDED AND UNRECORDED EASEMENTS  
 - SURVEYOR HAS NOT INDEPENDENTLY ABSTRACTED PROPERTY  
 - UNDERGROUND UTILITY INSTALLATIONS, UNDERGROUND IMPROVEMENTS, FOUNDATIONS AND/OR OTHER UNDERGROUND STRUCTURES WERE NOT LOCATED BY THIS SURVEY  
 - THIS SURVEY IS CERTIFIED FOR THIS TRANSACTION ONLY, IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS  
 - SUBJECT TO RESTRICTIVE COVENANTS AS PER TITLE COMMITMENT  
 - SUBJECT TO ZONING AND BUILDING ORDINANCES ENFORCED BY LOCAL MUNICIPALITIES  
 - AGREEMENT WITH HOUSTON LIGHTING & POWER PER VOL. 2454, PG. 301 D.R.G.C.  
 - R.O.W. TO H.L. & P. RECORDED IN VOL. 2469, PG. 3, D.R.G.C. (DOES NOT AFFECT THIS LOT)

**LEGAL DESCRIPTION**  
 LOT 2, BLOCK 4, OF BACKBAY TOWNHOMES, SECTION ONE (1), A SUBDIVISION IN GALVESTON COUNTY, TEXAS, ACCORDING TO THE MAP OR PLAT THEREOF RECORDED IN VOLUME 15, PAGE 15, MAP RECORDS OF GALVESTON COUNTY, TEXAS

CLEVELAND R. McLAIN  
 AGNES McLAIN

**ADDRESS**  
 1917 BACK BAY DRIVE



I DO HEREBY CERTIFY THAT THIS SURVEY WAS THIS DAY MADE ON THE GROUND OF THE PROPERTY LEGALLY DESCRIBED HEREON (OR ON ATTACHED SHEET), AND THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN, AND WAS DONE BY ME OR UNDER MY SUPERVISION, AND CONFORMS TO OR EXCEEDS THE CURRENT STANDARDS AS ADOPTED BY THE TEXAS BOARD OF PROFESSIONAL LAND SURVEYING.

**JOB #** 1708209  
**DATE** 08-16-17  
**GF#** GV1754580

**PRO-SURV**  
 P.O. BOX 1366, FRIENDSWOOD, TX 77549  
 PHONE-281-996-1113 FAX-281-996-0112  
 EMAIL: orders@prosurv.net  
 TBPLS FIRM NO.:10119300

ONLY SURVEY MAPS WITH THE SURVEYOR'S ORIGINAL SIGNATURE ARE GENUINE TRUE AND CORRECT COPIES OF THE SURVEYOR'S ORIGINAL WORK AND OPINION.  
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**T-47 RESIDENTIAL REAL PROPERTY AFFIDAVIT  
(MAY BE MODIFIED AS APPROPRIATE FOR COMMERCIAL TRANSACTIONS)**

Date: \_\_\_\_\_ GF No. \_\_\_\_\_

Name of Affiant(s): Cleveland McLain, Agnes McLain

Address of Affiant: 1917 Back Bay Dr, Galveston TX 77551

Description of Property: Hall & Jones Sur Lot 2 Blk 4 BackBay Townhouses Sec 1

County Galveston, Texas

"Title Company" as used herein is the Title Insurance Company whose policy of title insurance is issued in reliance upon the statements contained herein.

Before me, the undersigned notary for the State of Texas, personally appeared Affiant(s) who after by me being sworn, stated:

1. We are the owners of the Property. (Or state other basis for knowledge by Affiant(s) of the Property, such as lease, management, neighbor, etc. For example, "Affiant is the manager of the Property for the record title owners."):

2. We are familiar with the property and the improvements located on the Property.

3. We are closing a transaction requiring title insurance and the proposed insured owner or lender has requested area and boundary coverage in the title insurance policy(ies) to be issued in this transaction. We understand that the Title Company may make exceptions to the coverage of the title insurance as Title Company may deem appropriate. We understand that the owner of the property, if the current transaction is a sale, may request a similar amendment to the area and boundary coverage in the Owner's Policy of Title Insurance upon payment of the promulgated premium.

4. To the best of our actual knowledge and belief, since August 16, 2017 there have been no:

- a. construction projects such as new structures, additional buildings, rooms, garages, swimming pools or other permanent improvements or fixtures;
- b. changes in the location of boundary fences or boundary walls;
- c. construction projects on immediately adjoining property(ies) which encroach on the Property;
- d. conveyances, replattings, easement grants and/or easement dedications (such as a utility line) by any party affecting the Property.

EXCEPT for the following (If None, Insert "None" Below:) None

5. We understand that Title Company is relying on the truthfulness of the statements made in this affidavit to provide the area and boundary coverage and upon the evidence of the existing real property survey of the Property. This Affidavit is not made for the benefit of any other parties and this Affidavit does not constitute a warranty or guarantee of the location of improvements.

6. We understand that we have no liability to Title Company that will issue the policy(ies) should the information in this Affidavit be incorrect other than information that we personally know to be incorrect and which we do not disclose to the Title Company.

Cleveland McLain  
Cleveland McLain

Agnes McLain  
Agnes McLain

SWORN AND SUBSCRIBED this 19th day of February, 2021

Notary Public Kayla Meshel Wittig



(TXR-1907) 02-01-2010

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 INSURANCE COMPANY USE	
A1. Building Owner's Name McLAIN 1708209			Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1917 BACK BAY DRIVE			Company NAIC Number:		
City	GALVESTON	State	TEXAS	Zip Code	77551
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) ABST 121 HALL & JONES SUR LOT 2 BLK 4 BACKBAY TOWNHOUSES SEC 1					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat. 29°16'31.53" N Long. 94°50'35.80" W 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 1A					
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) N/A sq ft		a) Square footage of attached garage N/A sq ft			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A			
c) Total net area of flood openings in A8.b N/A sq in		c) Total net area of flood openings in A9.b N/A 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 12-6-02	B7. FIRM Panel Effective/ Revised Date 12-6-02	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: NGS MON. AW0605 Vertical Datum: NAVD 1988					
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)	9	.	4	<input checked="" type="radio"/> feet	<input type="radio"/> meters
b) Top of the next higher floor	19	.	4	<input checked="" type="radio"/> feet	<input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	.	N/A	<input checked="" type="radio"/> feet	<input type="radio"/> meters
d) Attached garage (top of slab)	N/A	.	N/A	<input checked="" type="radio"/> feet	<input type="radio"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	N/A	.	N/A	<input checked="" type="radio"/> feet	<input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	8	.	8	<input checked="" type="radio"/> feet	<input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	8	.	9	<input checked="" type="radio"/> feet	<input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	.	N/A	<input checked="" type="radio"/> feet	<input type="radio"/> meters

**ELEVATION CERTIFICATE, page 2**

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>		<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1917 BACK BAY DRIVE		Policy Number:	
City GALVESTON	State TX	Zip Code 77551	Company NAIC Number:
<b>SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION</b>			
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="radio"/> Yes <input type="radio"/> No	
Certifier's Name TOBY PAUL COUCHMAN		License Number 5565	
Title R.P.L.S.	Company Name PRO-SURV		
Address P.O. BOX 1366	City FRIENDSWOOD	State TX	Zip Code 77549
Signature <i>Toby Paul Couchman</i>	Date 8-16-17	Telephone 281-996-1113	
			
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)  NONE			
Signature <i>Toby Paul Couchman</i>		Date 8-16-17	
<b>SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)</b>			
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 checked="" type="radio"/> feet <input type="radio"/> meters <input checked="" type="checkbox"/> above or <input type="checkbox"/> below the HAG.	
b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____		<input checked="" type="radio"/> feet <input type="radio"/> meters <input checked="" 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 checked="" type="radio"/> feet <input type="radio"/> meters <input checked="" type="checkbox"/> above or <input type="checkbox"/> below the HAG.	
E3. Attached garage (top of slab) is _____ . _____		<input checked="" type="radio"/> feet <input type="radio"/> meters <input checked="" type="checkbox"/> above or <input type="checkbox"/> below the HAG.	
E4. Top of platform of machinery and /or equipment servicing the building is _____ . _____		<input checked="" type="radio"/> feet <input type="radio"/> meters <input checked="" 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="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown. The local official must certify this information in Section G.			
<b>SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION</b>			
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   TOBY PAUL COUCHMAN			
Address P.O. BOX 1366	City FRIENDSWOOD	State TEXAS	ZIP Code
Signature	Date 8-16-17	Telephone	
Comments			
<input type="checkbox"/> Check here if attachments.			

**ELEVATION CERTIFICATE, page 3**

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>		<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1917 BACK BAY DRIVE		Policy Number:
City GALVESTON	State TEXAS Zip Code 77551	Company NAIC Number:
<b>SECTION G - COMMUNITY INFORMATION (OPTIONAL)</b>		
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-G10. In Puerto Rico only, enter meters.		
G1. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> The following information (Items G4-G10) is provided for community floodplain management purposes.		
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for: <input type="radio"/> New Construction <input type="radio"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ <input type="radio"/> feet <input type="radio"/> meters Datum _____		
G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ <input type="radio"/> feet <input type="radio"/> meters Datum _____		
G10. Community's design flood elevation: _____ . _____ <input type="radio"/> feet <input type="radio"/> meters Datum _____		
Local Official's Name		Title
Community Name		Telephone
Signature		Date 8-16-17
Comments (including type of equipment and location, per C2(e), if applicable) <div style="text-align: right; margin-top: 10px;"><input type="checkbox"/> Check here if attachments.</div>		

**BUILDING PHOTOGRAPHS**

See instructions for Item A6.

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1917 BACK BAY DRIVE			Policy Number:	
City GALVESTON	State TEXAS	Zip Code 77551	Company NAIC 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.



FRONT VIEW

DATE: 8-16-17



REAR VIEW

DATE: 8-16-17