

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 <b>SLK &amp; ASSOCIATES LLC</b>				Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>1211 WINNIE</b>				Company NAIC Number:		
City <b>GALVESTON</b>		State <b>TEXAS</b>		Zip Code <b>77550</b>		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>ABST 628 PAGE 125 LOT 4 BLK 312 GALVESTON</b>						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>RESIDENTIAL</b>						
A5. Latitude/Longitude: Lat. <b>29°18'20.50"N</b> Long. <b>94°46'50.88"W</b> 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 <b>5</b>						
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) <b>N/A</b> sq ft		b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <b>N/A</b>		a) Square footage of attached garage <b>N/A</b> sq ft		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>N/A</b>
c) Total net area of flood openings in A8.b <b>N/A</b> sq in		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		c) Total net area of flood openings in A9.b <b>N/A</b> sq in		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number <b>CITY OF GALVESTON 485469</b>				B2. County Name <b>HARRIS</b>		B3. State <b>TEXAS</b>
B4. Map/Panel Number <b>4854690027</b>	B5. Suffix <b>E</b>	B6. FIRM Index Date <b>12/06/2002</b>	B7. FIRM Panel Effective/ Revised Date <b>12/06/2002</b>	B8. Flood Zone(s) <b>AE</b>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <b>11</b>	
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="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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: <b>GPS - Cap Net (Local Real Time Network)</b> Vertical Datum: <b>NAVD 1988, 2001 ADJ</b>						
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input checked="" type="checkbox"/> Other/Source: <b>NAVD 1988, 2001 ADJ</b>						
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)	<b>11</b>	<b>4</b>		<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
b) Top of the next higher floor	<b>N/A</b>			<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
c) Bottom of the lowest horizontal structural member (V Zones only)	<b>N/A</b>			<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
d) Attached garage (top of slab)	<b>N/A</b>			<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)	<b>14</b>	<b>2</b>		<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
f) Lowest adjacent (finished) grade next to building (LAG)	<b>7</b>	<b>1</b>		<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
g) Highest adjacent (finished) grade next to building (HAG)	<b>7</b>	<b>5</b>		<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<b>7</b>	<b>2</b>		<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters	

<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. 1211 WINNIE				Policy Number:	
City GALVESTON		State TEXAS		Zip Code 77550	
				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>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.</i>					
<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 STEVEN H. STAFFORD			License Number 4901		
Title Registered Professional Land Surveyor		Company Name Elevation Express Land Surveys			
Address 1450 W. Grand Parkway S., G-158		City Katy	State TX	Zip Code 77494	
Signature 		Date 4/8/2017	Telephone 281-674-5685		
					
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) C2e. AC WINDOW UNIT					
Signature 		Date 4/8/2017			
<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="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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> 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					
Address		City		State	ZIP Code
Signature		Date 4/8/2017		Telephone	
Comments					
<input checked="" type="checkbox"/> Check here if attachments.					

**ELEVATION CERTIFICATE, page 3**

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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. <b>1211 WINNIE</b>		Policy Number:	
City <b>GALVESTON</b> State <b>TEXAS</b> Zip Code <b>77550</b>		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="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement			
G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters Datum _____			
G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters Datum _____			
G10. Community's design flood elevation: _____ . _____ <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters Datum _____			
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments (including type of equipment and location, per C2(e), if applicable)			
<input type="checkbox"/> Check here if attachments.			







