

ELEVATION CERTIFICATE

OMB No. 1660-0008
 Expiration Date: July 31, 2015

Important: Read the instructions on pages 1-9.

16-0188

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE
 Policy Number
 Company/NAIC Number

A1. Building Owner's Name **BRENT HUCKABAY**
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
9226 FM 1442
 City **ORANGE** State **TX** ZIP Code **77630**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **RESIDENTIAL**

A5. Latitude/Longitude: Lat. **N 30° 06' .197** Long. **W 93° 53' .575** Horizontal Datum: NAD 1927 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 **N/A**

A8. For a building with a crawlspace or enclosure(s):
 a) Square footage of crawlspace or enclosure(s) **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**
 c) Total net area of flood openings in A8.b **N/A** sq in
 d) Engineered flood openings? Yes No

A9. For a building with an attached garage:
 a) Square footage of attached garage **N/A** sq ft
 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 A9.b **N/A** sq in
 d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number **480510** B2. County Name **ORANGE** B3. State **TX**

B4. Map/Panel Number 0150	B5. Suffix B	B6. FIRM Index Date 6-5-97	B7. FIRM Panel Effective/Revised Date 1-6-83	B8. Flood Zone(s) A-4	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 13.00
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.
 FIS Profile FIRM Community Determined Other/Source: _____

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)?
 Designation Date: **N/A** CBRS OPA Yes 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, 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: **OCBM #51** Vertical Datum: **NGVD29**

Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 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)	N/A _____	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	N/A _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	N/A _____	<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)	N/A _____	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	12.00	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	12.18	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A _____	<input type="checkbox"/> feet	<input type="checkbox"/> meters

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. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments.

Certifier's Name **WM. LEE JAMES** License Number **2815**

Title **SUPERVISOR** Company Name **ANDERSON SURVEYING & MAPPING, INC.**

Address **P.O. BOX 692** City **BRIDGE CITY** State **TX** ZIP Code **77611**

Signature *[Signature]* Date **6-6-16** Telephone **409-735-6161**

