

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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 NOHELY RAMIREZ | | | | | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 14218 MCCADDEN ST | | | | | Company NAIC Number: | |
| City HOUSTON | | State Texas | | ZIP Code 77045 | | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) S 20 FT OF LT 44 & N 40 FT OF LT 45 BLK 10 MEREDITH MANOR | | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL (VACANT LOT) | | | | | | |
| A5. Latitude/Longitude: Lat. 29°37'12.58"N Long. 95°25'58.49"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 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | | |
| B1. NFIP Community Name & Community Number CITY OF HOUSTON 480296 | | | B2. County Name HARRIS | | B3. State Texas | |
| B4. Map/Panel Number 48201C1010 | B5. Suffix M | B6. FIRM Index Date 11/15/2019 | B7. FIRM Panel Effective/ Revised Date 05/02/2019 | B8. Flood Zone(s) X-SHADED | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 46.2 | |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input checked="" type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ | | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> Other/Source: NAVD88 ,ADJ2001 | | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | | |

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

| | | | |
|---|-----------------------|--------------------------|----------------------------------|
| 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. 14218 MCCADDEN ST | | | Policy Number: |
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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: HCRM NO. 030105 (ELEV. 52.02') Vertical Datum: NAVD 1988, ADJ 2001

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☐ NAVD 1988 ☒ Other/Source: NAVD 1988, ADJ 2001

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>52.69</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>N / A</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N / A</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N / 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 / A</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>46.77</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>47.81</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>N / A</u> | <input checked="" 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.

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

| | | | |
|---|--|-------------------------------------|---|
| Certifier's Name GEORGE JOSEPH MALIAKKAL | | License Number RPLS 5180 |  |
| Title Registered Professional Land Surveyor | | | |
| Company Name Elevation Express Land Surveys | | Firm Registration # 10191800 | |
| Address 1450 W. Grand Parkway S., G-158 | | | |
| City Katy | | | |
| State Texas | | ZIP Code 77494 | |

Signature *George J. Maliakkal* Date 10/29/2020 Telephone 281-674-5685 Ext.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)
500 YEAR D.F.E. = 50.69'

Center of McCadden St. Elevation: 46.16 feet

Benchmark located on Buffalo Speedway at Sims Bayou

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| SECTION G – COMMUNITY INFORMATION (OPTIONAL) | | | |
| <p>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.</p> <p>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.)</p> <p>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.</p> <p>G3. <input type="checkbox"/> The following information (Items G4–G10) is provided for community floodplain management purposes.</p> | | | |
| G4. Permit Number | G5. Date Permit Issued | G6. Date Certificate of Compliance/Occupancy Issued | |
| <p>G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement</p> <p>G8. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____</p> <p>G9. BFE or (in Zone AO) depth of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____</p> <p>G10. Community's design flood elevation: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____</p> | | | |
| Local Official's Name | | Title | |
| Community Name | | Telephone | |
| Signature | | Date 10/29/2020 | |
| <p>Comments (including type of equipment and location, per C2(e), if applicable)</p> <p style="text-align: right;"><input type="checkbox"/> Check here if attachments.</p> | | | |

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

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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.



Photo One Caption

10/29/2020

Clear Photo One



Photo Two Caption

10/29/2020

Clear Photo Two

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BUILDING PHOTOGRAPHS

Continuation Page

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| | | | |
|---|-----------------------|--------------------------|----------------------------------|
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If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.

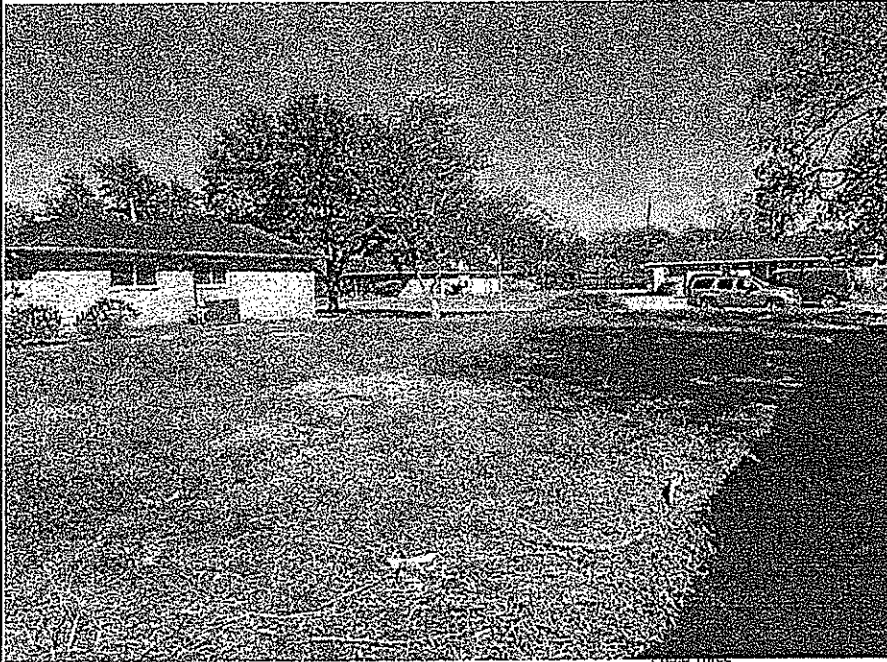


Photo Three Caption

10/29/2020

Clear Photo Three

Photo Four

Photo Four Caption

10/29/2020

Clear Photo Four