U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

ELEVATION CERTIFICATE

OMB No. 1660-0008

Expiration Date: July 31, 2015 IMPORTANT: Follow the instructions on pages 1-9. National Flood Insurance Program FOR INSURANCE COMPANY USE **SECTION A - PROPERTY INFORMATION** A1. Building Owner's Name CST Job No. 16-0034 Policy Number: File No. 3075-0000-0043-000 Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or PO. Route and Box No. 2411 Sand Piper Company NAIC Number: State TX ZIP Code City Crystal Beach 77650 Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 43, DRIFTWOOD ADDITION A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL **⋈** NAD 1983 Long. -094°36'48" A5. Latitude/Longitude: Lat. 29°27'45" Horizontal Datum: NAD 1927 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number SIX (6) A9. For a building with an attached garage: A8. For a building with a crawlspace or enclosure(s): NA 690 a) Square footage of crawlspace or enclosure(s) sq ft a) Square footage of attached garage sa ft b) No. of permanent flood openings in the crawlspace or Number of permanent flood openings in the attached garage 0 enclosure(s) within 1.0 foot above adjacent grade within 1.0 foot above adjacent grade NA NA c) Total net area of flood openings in A8.b sq in Total net area of flood openings in A9.b sq in d) Engineered flood openings? ☐ No Engineered flood openings? ☐ No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3, State B1. NFIP Community Name & Community Number GALVESTON COUNTY B2. County Name B9. Base Flood Elevation(s) (Zone **B6. FIRM Index Date** B7. FIRM Panel Effective/ B8. Flood Zone(s) B4. Map/Panel Number **B5.** Suffix Revised Date AO, use base flood depth) 04/08/1971 07/05/1993 V19 Ε 485470 0128 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ Community Determined Other/Source: ☐ FIS Profile **⊠** FIRM B11. Indicate elevation datum used for BFE in Item B9: X NGVD 1929 ■ NAVD 1988 Other/Source: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? _/_ __ CBRS □ OPA __/___ SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: ☐ Building Under Construction* ★ Finished Construction ☐ Construction Drawings* *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. Vertical Datum: NGVD 1929 (Adjustment-0.00 NGS Vertcon 2.1) Benchmark Utilized: HGCSD 64 (NAVD 88) 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. 8 9 X feet □ meters a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 24 . 1 X feet ☐ meters b) Top of the next higher floor 22 1 c) Bottom of the lowest horizontal structural member (V Zones only) X feet meters NA . X feet ☐ meters d) Attached garage (top of slab) <u>24 , 0</u> X feet meters e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 8.2 f) Lowest adjacent (finished) grade next to building (LAG) X feet ☐ meters 8.2 X feet □ meters g) Highest adjacent (finished) grade next to building (HAG) 8 . 6 h) Lowest adjacent grade at lowest elevation of deck or stairs, including **X** feet meters structural support 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. X Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a Check here if attachments. licensed land surveyor? X Yes □ No License Number Certifier's Name 5287 SIDNEY BOUSE sid@surveygalveston.com Company Name COASTAL SURVEYING OF TEXAS, INC. R.P.L.S.

ZIP Code

77650

P.O. BOX 2742 975 LAZY LANE WEST

Address

Signature

CRYSTAL BEACH

Jan 14, 2016

Date

State

Telephone

(409) 684-6400

TX

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2411 Sand Piper	Unit, Suite, and/or Bldg. No.) or P.O.	. Route and Box No.		Policy Number;	
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SECTION	D - SURVEYOR, ENGINEER, O	CONTROL PROPERTY AND ADDRESS OF THE PERSON A	RTIFICATION (CONTINUED)	. 161
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r Items E1-E4, use natural grade, if a	available. Check the measurement u	ised. In Puerto Rico o	nly, enter meters.		
. Provide elevation information for the	e following and check the appropriat	te boxes to show whe	ther the elevation	is above or below the	e highest adjacent
grade (HAG) and the lowest adjacen	it grade (LAG).		☐ feet ☐ m	eters	☐ below the HAG.
a) Top of bottom floor (including basb) Top of bottom floor (including bas			_ □ feet □ m		below the LAG.
b) lop of bottom floor (including base). For Building Diagrams 6–9 with per	manent flood openings provided in !	Section A Items 8 and	/or 9 (see pages	8-9 of Instructions),	
the next higher floor (elevation C2.)			☐ feet ☐ m		below the HAG.
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. Top of platform of machinery and/o	r equipment servicing the building i	S	☐ feet ☐ m	eters above or	☐ below the HAG.
Zone AO only: If no flood depth num	nber is available, is the top of the bonknown. The local official must cert	ottom floor elevated in	accordance with Section G.	the community's floo	dplain management
SECTION	F - PROPERTY OWNER (OR	OWNER'S REPRES	ENTATIVE) CE	RTIFICATION	MEST Y
ne property owner or owner's authoriz- one AO must sign here. The statemen	ed representative who completes Sets in Sections A, B, and E are corre	ections A, B, and E for	Zone A (without	a FEMA-Issued or con	nmunity-issued BFE)
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BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2411 Sand Piper		FOR INSURANCE COMPANY USE Policy 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.

Picture Taken: Jan 14, 2016



Picture Taken: Jan 14, 2016



BUILDING PHOTOGRAPHS

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE	
	nit, Suite, and/or Bldg. No.) or RO. Route and Box No.	Policy Number:	
City Crystal Beach	State ZIP Code TX 77650	Company NAIC Number:	

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.

Picture Taken: Jan 14, 2016



Picture Taken: Jan 14, 2016

