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 INSU	FOR INSURANCE COMPANY USE				
A1. Building Owner's Name GREEN 1805071	Policy Number:	Policy Number:				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Company NAIC Number:					
32602 WATERSMEET						
City FULSHEAR State	TEXAS	Zip Code 77441				
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, 6 WESTON LAKES SEC 1, BLOCK 1, LOT 6	etc.)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longitude: Lat. 29°40′58.31" N Long. 95°56′00.23" W Horizontal Datum: O NAD 1927 O NAD 1983						
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flo	ood insurance.					
A7. Building Diagram Number1B						
A8. For a building with a crawlspace or enclosure(s): A9. For a bu	uilding with an attache	d garage:				
	otage of attached gar	rage 923 sq ft				
crawlspace or enclosure(s) within 1.0 foot in the atta	of permanent flood open sched garage within 1. acent grade					
c) Total net area of flood openings in A8.b N/A sq in c) Total net a	area of flood openings	s in A9.b N/A sq in				
	ed flood openings?	O Yes O No				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number B2. County Name CITY OF WESTON LAKES 481197	FORT BEND	B3. State TEXAS				
Revised Date	38. Flood Zone(s)	39. Base Flood Elevation(s) (Zone AO, use base flood				
48157C 0095 L 4-2-14 4-2-14	X	depth N/A				
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: ONGVD 1929 ONAVD 1988 Onther/Source:						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? OYes ONO						
Designation Date: CBRS COPA						
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: AW5484 Vertical Datum: _	NAVD 1988					
Indicate elevation datum used for the elevations in items a) through h) below. ONGVD 1929 ONAVD 1988						
Other/Source:						
Datum used for building elevations must be the same as that used for the BFE.	C	Check the measurement used.				
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)110	. 3	⊙ feet				

ELEVATION CERTIFICATE, page 2

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURANC	E COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.							
32602 WATERSMEET			Po	Policy Number:			
City FULSHEAR	State	TX	Zip C	//44	Nu	ompany NAIC umber:	
	SURVEYOR, ENG						
This certification is to be signed and sealed by a	land surveyor, en	gineer	, or arch	itect authori	ized by law	to certify elevation	n 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.							e statement may be
Check here if attachments.	Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No			CONTERNATION OF THE PROPERTY O			
Certifier's Name TOBY PAUL COUCHMAN	N License Number 5565						
Title R.P.L.S.	Company Name PRO-SURV TBPLS FIRM NO. 10119300			TOBY PAUL	COUCHMAN D		
Address P.O. BOX 1366	City FRIENDSWO	DOD	State TX	Zip Code 77549		SUR	
Signature of P. Covermen	Date 5-8-18		Telephone 281-996-1113		3		
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 loc				e agonicoon	inputity, unit	(o) banding owno	
THE ELEVATION IN SECTION C2e REFERS TO AN AIR CONDITIONING UNIT (CONDENSER)							
Signature Joh P. Jovehnau						Date	5-8-18
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)							
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, or enclosure) is	crawlspace,			⊙ feet	Ometers	✓ above or	below the HAG.
b) Top of bottom floor (including basement, or enclosure) is	crawlspace,			⊙ feet	Ometers	✓ above or	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 • feet Ometers							
E3. Attached garage (top of slab) is			\ <u></u>	⊙ feet	Ometers	✓ above or	below the HAG.
E4. Top of platform of machinery and /or equipm servicing the building is	ent		Eg-	⊙ feet	Ometers	✓ above or	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? Yes ONo Ounknown. The local official must certify this information in Section G.							

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

ELEVATION CERTIFICATE, page 3

OMB Control Number: 1660-0008

	Expiration: 11/30/2018			
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 N				
32602 WATERSMEET	Policy Number:			
City FULSHEAR State TEXAS Zip Code 77441	Company NAIC Number:			
SECTION G - COMMUNITY INFORMATION (OPTIC	20.000			
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. The information in Section C was taken from other documentation that has been signed or architect who is authorized by law to certify elevation information. (Indicate the sou Comments area below.)	ed and sealed by a licensed surveyor, engineer, irce and date of the elevation data in the			
G2. A community official completed Section E for a building located in Zone A (without a F or Zone AO.	EMA-issued or community-issued BFE)			
G3. The following information (Items G4-G10) is provided for community floodplain manage	90 0. 10			
G4. Permit Number G5. Date Permit Issued G6. Date C6	ertificate of Compliance/Occupancy Issued			
G7. This permit has been issued for: New Construction Substantial Improvement				
G8. Elevation of as-built lowest floor (including basement) of the building: (feet (r	meters Datum			
G9. BFE or (in Zone AO) depth of flooding at the building site: ·	meters Datum			
G10. Community's design flood elevation:	meters Datum			
Local Official's Name Title				
Community Name Telephone				
Signature Date 5-8-18				
Comments (including type of equipment and location, per C2(e), if applicable)				

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE, page 4

See instructions for Item A6.

ELLVATION CERTIFICATE, page	See instructions for item Ab.	Expiration: 11/30/2018
IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, 32602 WATERSMEET	Policy Number:	
City FULSHEAR	State TEXAS Zip Code 77441	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

OMB Control Number: 1660-0008

DATE: 5-8-18

