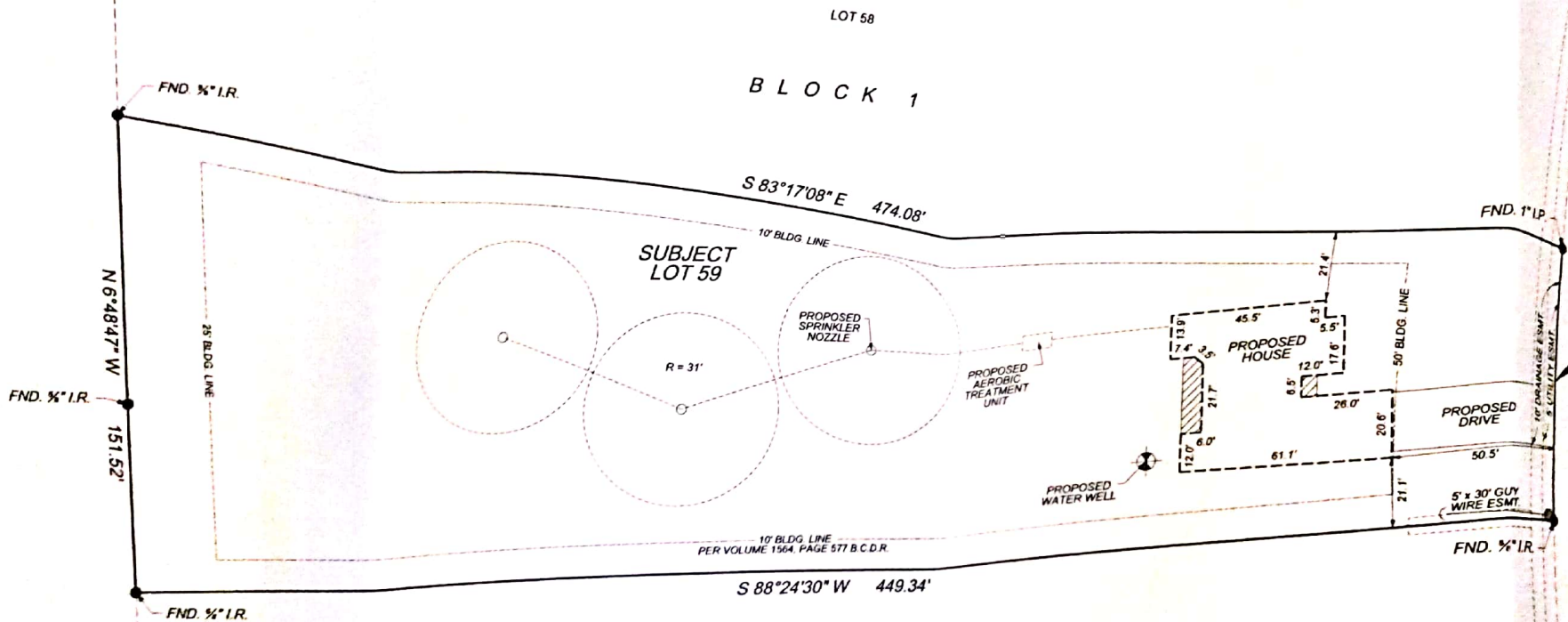


BRAZORIA COUNTY
TEXAS

SAMUEL CARTER SURVEY
ABSTRACT 53



FRONTIER TRAIL (60' R.O.W.)



R = 570.00'
L = 82.70'
CH = 8° 18' 45"
CH = S2° 33' 11\"/>

SITE PLAN
OF
LOT 59, BLOCK 1

OF THE
BAR X RANCH SUBDIVISION
SECTION 3
RECORDED IN
VOLUME 16, PAGE 163-164
OF THE
BRAZORIA COUNTY PLAT RECORDS
IN THE
SAMUEL CARTER SURVEY
ABSTRACT 53
BRAZORIA COUNTY, TEXAS

TATIANA LEWAY

1120 FRONTIER TRAIL

Doyle & Wachtstetter, Inc.
Surveying and Mapping GPS/GIS
151 COMMERCIAL STREET, CLUTE, TEXAS 77556
OFFICE 409.261.2622 FAX 409.261.9900 PERM NO. 1000000

CHARLES D. WACHTSTETTER, REGISTERED PROFESSIONAL LAND SURVEYOR
HEREBY CERTIFY THAT THE ABOVE PLAT IS A TRUE REPRESENTATION OF A
PLAT MADE UNDER MY SUPERVISION, ON THE GROUND, AND THAT THERE ARE
NO EXCESSES NOR INTRUSIONS ON THIS PROPERTY, EXCEPT AS SHOWN.
DATE SURVEYED: MAY 1, 2021



Charles D. Wachtstetter
CHARLES D. WACHTSTETTER
REGISTERED PROFESSIONAL LAND SURVEYOR
TEXAS REGISTRATION NUMBER 4547

- LEGEND
- FOUND PIPE/IRON ROD
 - SET 5/8" IRON ROD W/SURVEY CAP "CDW 4547"
 - POWER POLE
 - PED TELEPHONE PEDISTAL
 - ⊠ ELECTRICAL BOX
 - OH— OVERHEAD WIRE
 - BUILDING LINE
 - EASEMENT

NOTES:

1. ALL COORDINATES AND BEARINGS ARE RELATIVE TO THE TEXAS STATE PLANE COORDINATE SYSTEM, SOUTH CENTRAL ZONE (NAD 83).
2. ALL DISTANCES ARE HORIZONTAL SURFACE LEVEL LENGTHS. (S.F. = 0.99987323653)
3. NO TITLE COMMITMENT WAS PROVIDED FOR THIS SURVEY. THERE MAY BE ITEMS OF RECORD WHICH AFFECT THIS PROPERTY, NOT SHOWN HEREON.
4. PER SUBDIVISION PLAT, THERE IS A DEDICATED 5' WIDE ATRIAL EASEMENT ADJACENT THE UTILITY EASEMENT ALONG FRONTIER TRAIL.
5. SIDE BUILDING LINES ARE 10' WIDE PER BAR X RANCH SECTION 3 RESTRICTIONS, VOLUME 1564, PAGE 577 B.C.D.R. BUT ARE NOTED AS 25' WIDE PER SUBDIVISION PLAT.

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 KALINA FASHAW				Policy Number	
A2. Building Street Address (including Apt, Unit, Suite, and/or Bldg. No) or P.O. Route and Box No 1120 FRONTIER TRAIL				Company NAIC Number	
City ANGLETON		State Texas		ZIP Code 77515	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 59 BLOCK 1, BAR X RANCH S/D, SEC III					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)				RESIDENTIAL	
A5. Latitude/Longitude: Lat. 29-07-22.7		Long. 095-34-11.2		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 _____					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) _____				sq ft	
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A8 b) _____					
sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage _____				sq ft	
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____					
c) Total net area of flood openings in A9 b) _____					
sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number UNINCORPORATED AREAS 485458			B2. County Name BRAZORIA		B3. State Texas
B4. Map/Panel Number 0580	B5. Suffix K	B6. FIRM Index Date 12-30-2020	B7. FIRM Panel Effective/ Revised Date 12-30-2020	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 27.9 FEET
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" 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 checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
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. 1060-0008
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. 1107 FRONTIER TRAIL			Policy Number
City ANGLETON	State Texas	ZIP Code 77515	Company NAIC Number

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 Elevators - Zones A1-A30, AE, At, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARI/AE, ARIA1-A30, ARI/AH, AR/AO
Complete items C2 a-f below according to the building diagram specified in item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: S&S X 5M Vertical Datum: NGVD 29

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 feet meters
- b) Top of the next higher floor _____ N/A feet meters
- c) Bottom of the lowest horizontal structural member (V Zones only) _____ N/A feet meters
- d) Attached garage (top of slab) _____ N/A feet meters
- e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) _____ N/A feet meters
- f) Lowest adjacent (finished) grade next to building (LAG) _____ 23.6 feet meters
- g) Highest adjacent (finished) grade next to building (HAG) _____ 24.1 feet meters
- h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support _____ N/A feet 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 K. LANE	License Number 6086
Title REGISTERED PROFESSIONAL LAND SURVEYOR	
Company Name PINPOINT SURVEYING & MAPPING, LLC	
Address PO BOX 3344	
City LAKE JACKSON	State Texas
	ZIP Code 77566



Signature <i>[Handwritten Signature]</i>	Date 01-27-2021	Telephone (979) 299-3373	Ext.
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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)
SET 60D NAIL IN POWER POLE NEAR THE FRONT OF SUBJECT TRACT @ 25.9 FEET ABOVE MEAN SEA LEVEL.

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. 1120 FRONTIER TRAIL			Policy Number	
City ANGLETON	State Texas	ZIP Code 77515	Company NAIC Number	

**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, crawlspace, or enclosure) is _____ feet meters above or below the HAG
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ feet meters 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 pages 1–2 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG
- E4. Top of platform of machinery and/or equipment servicing the building is _____ feet meters 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 No Unknown. The local official must certify this information in Section G.

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

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 _____ Telephone _____

Comments

Check here if attachments

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. 1120 FRONTIER TRAIL			Policy Number
City ANGLETON	State Texas	ZIP Code 77515	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

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 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. 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. 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
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____

G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

ELEVATION CERTIFICATE

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. 1120 FRONTIER TRAIL			Policy Number
City ANGLETON	State Texas	ZIP Code 77515	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.



Photo One

Photo One Caption TBM LOCATION IN POWER POLE

Clear Photo One

Photo Two

Photo Two Caption FORMS 09/19/2020

Clear Photo Two