

# 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 <b>COPELAND</b>		1806287		Policy Number:	
A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>1346 23RD STREET</b>				Company NAIC Number:	
City <b>SAN LEON</b>		State <b>Texas</b>		ZIP Code <b>77539</b>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>PT OF LT. 5 &amp; PT. OF ABND. RR (5-1) BLK 50 SAN LEON FARM HOME TRACTS</b>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <b>RESIDENTIAL</b>					
A5. Latitude/Longitude: Lat. <b>29°28'31.12" N</b>		Long. <b>95°03'07.35" W</b>		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 <b>6</b>					
A8. For a building with a crawspace or enclosure(s):					
a) Square footage of crawspace or enclosure(s)		<b>245.7 sq ft</b>			
b) Number of permanent flood openings in the crawspace or enclosure(s) within 1.0 foot above adjacent grade <b>4</b>					
c) Total net area of flood openings in A8.b <b>247 sq in</b>					
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		<b>N/A sq ft</b>			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <b>0</b>					
c) Total net area of flood openings in A9.b <b>N/A sq in</b>					
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 <b>GALVESTON COUNTY UNINC. 485470</b>			B2. County Name <b>GALVESTON</b>		B3. State <b>Texas</b>
B4. Map/Panel Number <b>485470 0095</b>	B5. Suffix <b>C</b>	B6. FIRM Index Date <b>12-6-02</b>	B7. FIRM Panel Effective/Revised Date <b>5-2-83</b>	B8. Flood Zone(s) <b>A12</b>	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) <b>12</b>
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 checked="" type="checkbox"/> NGVD 1929 <input 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. 1650-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1346 23RD STREET			Policy Number:	
City SAN LEON	State Texas	ZIP Code 77539	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. 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 meter.  
Benchmark Utilized: NGS MON. AW 1076 Vertical Datum: NGVD 1929

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, crawspace, or enclosure floor)  | <u>6.9</u>   | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor   | <u>14.83</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 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<br>(Describe type of equipment and location in Comments) | <u>14.53</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | <u>6.13</u>  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | <u>6.48</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 type="checkbox"/> feet            | <input type="checkbox"/> meters |

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## 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 TOBY PAUL COUCHMAN	License Number 5565
Title R.P.L.S.	
Company Name PRO-SURV TBPLS FIRM NO. 10119300	
Address P.O. BOX 1366	
City FRIENDSWOOD	State Texas
	ZIP Code 77549



Signature Toby P. Couchman Date 8-28-18 Telephone 281-996-1113 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)

THE ELEVATION IN SECTION C2e REFERS TO AN AIR CONDITIONING UNIT (CONDENSER).