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

National Flood Insurunce Program

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

t gamentary	SECTION A -	PROPERTY INF	ORMATI	N	FOR INSURANCE CO	OMPANY USE
A1. Building Owner's Name MONICA M CHAUVIE				Į.	Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, 402 S BURNETT DR	, and/or Bldg.				Company NAIC Numbe	er:
City BAYTOWN		State		Z	IP Code 77520	
A3. Property Description (Lot and Block Numbers, Tax						
A4. Building Use (e.g., Residential, Non-Residential, Ac	ddition, Access	ory, etc.) RESIDI 95.0425	-NUAL	Horizontal I	Datum: NAD 192	27 NAD 1983
A6. Attach at least 2 photographs of the building if the	e Certificate is	being used to obta	in flood ins	surance.		- E IAND 1993
A7. Building Diagram Number 8				uilding with an atta	ached darage.	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s)	107	3 sq ft		uare footage of att		725 sq ft
 b) No. of permanent flood openings in the crawlspence of the control of the control of the crawlspence of the control of the crawlspence of the crawlspence	pace or ade 100		wit	hin 1.0 foot above		the attached garage
c) Total net area of flood openings in A8.b d) Engineered flood openings? Yes	-	sq in		al net area of flood (ineered flood ope		N/A sq in No
	····					IOI IIIO
	FLOOD INSU	RANCE RATE M		I) INFORMATIO		
B1. NFIP Community Name & Community Number CITY OF BAYTOWN 485456		B2. County Name HARRIS			B3. S TEX	<u>(AS</u>
B4. Map/Panel Number B5. Suffix B6. FIRM	Index Date	B7. FIRM Panel E Revised Date		B8. Flood Zone(s)		Elevation(s) (Zone se flood depth)
	18/2007	06/18/20	1	AE & X		12
B10. Indicate the source of the Base Flood Elevation (E		se flood depth ente	ered in Item	B9:		
B11. Indicate elevation datum used for BFE in Item B9		***	1988	☐ Other/Source:		
B12. Is the building located in a Coastal Barrier Resou					☐ Yes 🔀 No	
Designation Date://[CBRS	☐ OPA				
SECTION C - BU	JILDING ELEV	ATION INFORM	ATION (S	URVEY REQUIR	ED)	
	ruction Drawing	s* ☐ Buildin	a linder Co	notruction *	BE: 1 10 .	-41
A new Elevation Certificate will be required when	n construction of			nstruction [X Finished Constru	ction
C2. Elevations – Zones A1–A30. AE. AH, A (with BFE), C2.a–h below according to the building diagram s	, VE, V1-V30, V	of the building is co (with BFE), AR, AR/ n A7. In Puerto Ricc	mplete. 'A, AR/AE, / o only, enter	AR/A1-A30, AR/AF meters.		
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EVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the correspond	ung information from So	S. COOR A.			R INSURANCE C	OWIPANT USE
Building Street Address (including Apt., Unit, Suite, 402 S BURNETT DR					icy Number:	
City BAYTOWN	State TX	ZIP Code 77520		Col	mpany NAIC Numbe	er:
SECTION D - SURV	EYOR, ENGINEER, O	R ARCHITECT CI	ERTIFICAT	TION (CONT	INUED)	
Copy both sides of this Elevation Certificate for (1)	community official, (2) in	surance agent/com	pany, and (3	3) building ow	ner.	
AC ELEVATED TO SECOND	FLOOR ON WOOD	PLATFORM				
Signature (1)		Date 10 -	UY-13			
SECTION E - BUILDING ELEVATION INF	ORMATION (SURVE			ONE AO AN	D ZONE A (W	ITHOUT BFE)
For Zones AO and A (without BFE), complete Items E For Items E1–E4, use natural grade, if available. Che	1–E5. If the Certificate i	s intended to suppo ed. In Puerto Rico o	ort a LOMA o	or LOMR-F red neters.	quest, complete :	Sections A, B, and
E1. Provide elevation information for the following an grade (HAG) and the lowest adjacent grade (LAG)	nd check the appropriate				ve or below the I	nighest adjacent
a) Top of bottom floor (including basement, crawl			☐ feet	meters	above or	below the HAG.
b) Top of bottom floor (including basement, crawl	space, or enclosure) is		feet	meters	☐ above or ☐	below the LAG.
E2. For Building Diagrams 6-9 with permanent flood		ction A Items 8 and				
the next higher floor (elevation C2.b in the diagra	ms) of the building is		The state of the state of	meters		below the HAG.
E3. Attached garage (top of slab) is				meters		below the HAG.
E4. Top of platform of machinery and/or equipment sets. Zone AO only: If no flood depth number is available ordinance? Yes \(\begin{array}{c}\) No \(\begin{array}{c}\) Unknown. The left is a continuous.	ole, is the top of the bott	om floor elevated in this information in	accordance	meters meters with the con		below the HAG. Hain managemen
SECTION F - PROPE	RTY OWNER (OR O	WNER'S REPRES	ENTATIVE	E) CERTIFIC	CATION	
SECTION F – PROPE The property owner or owner's authorized representatione AO must sign here. The statements in Sections	tive who completes Sec	ions A B and F for	Zone A (wit			nunity-issued BFE)
	tive who completes Sec a A, B, and E are correct	ions A B and F for	Zone A (wit			ounity-issued BFE)
The property owner or owner's authorized representations AO must sign here. The statements in Sections roperty Owner or Owner's Authorized Representative	tive who completes Sec a A, B, and E are correct	ions A B and F for	Zone A (wit			
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The property owner or owner's authorized representatione AO must sign here. The statements in Sections Property Owner or Owner's Authorized Representative ddress ignature omments	tive who completes Sector A, B, and E are correct is Name	ions A, B, and E for to the best of my kn City Date	Zone A (wit lowledge.	State Telepho	ZIP Code	e ere if attachment
The property owner or owner's authorized representatione AO must sign here. The statements in Sections Property Owner or Owner's Authorized Representative ddress ignature omments SECTION SECTION SECTION SECTION SECTION This Elevation Certificate. Complete the applicable	tive who completes Sector A, B, and E are correct is Name ON G - COMMUNITY to administer the communitem(s) and sign below.	cions A, B, and E for to the best of my kn City Date Y INFORMATION Inity's floodplain mai	Zone A (withowledge. (OPTION)	State Telepho	ZIP Code	ere if attachment
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