

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

| | | |
|---|--|---|
| SECTION A - PROPERTY OWNER INFORMATION | | For Insurance Company Use: |
| BUILDING OWNER'S NAME Ruth Roberts | | Policy Number |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1828 Church | | Company NAIC Number |
| CITY Galveston | STATE Texas | ZIP CODE |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 14 Block 438 City of Galveston | | |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential | | |
| LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.#####°) | HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 | SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other _____ |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | |
|--|-------------------------------------|--|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER City of Galveston #485469 | B2. COUNTY NAME Galveston | B3. STATE TX |
| B4. MAP AND PANEL NUMBER 485469 0026 | B5. SUFFIX E | B6. FIRM INDEX DATE 12/6/02 |
| B7. FIRM PANEL EFFECTIVE/REVISED DATE 12/6/02 | B8. FLOOD ZONE(S) AE | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 11 |

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: _____

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. Building Diagram Number **5** (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum **8E** Conversion/Comments _____

Elevation reference mark used **NGS** Does the elevation reference mark used appear on the FIRM? Yes No

a) Top of bottom floor (including basement or enclosure) **10.3** ft.(m)

b) Top of next higher floor **NA** ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) **NA** ft.(m)

d) Attached garage (top of slab) **NA** ft.(m)

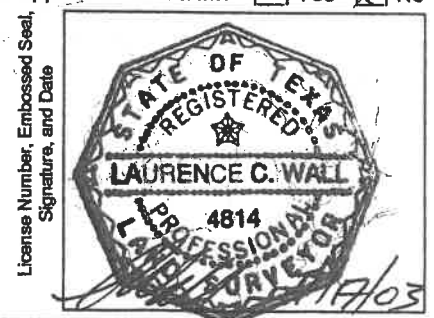
e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) **NA** ft.(m)

f) Lowest adjacent (finished) grade (LAG) **6.2** ft.(m)

g) Highest adjacent (finished) grade (HAG) **6.4** ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade **NA**

i) Total area of all permanent openings (flood vents) in C3.h **NA** sq. in. (sq. cm)



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 in Sections A, B, and C 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.

CERTIFIER'S NAME **Laurence Wall** LICENSE NUMBER **4814**

TITLE **RPLS** COMPANY NAME **TLTS, Inc.**

ADDRESS **1801 Moody Avenue** CITY **Galveston** STATE **TX** ZIP CODE **77550**

SIGNATURE *[Signature]* DATE **7/17/03** TELEPHONE **409.765.8883**

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 INSURANCE COMPANY USE | | |
|---|-----------------|--|---|---|--|--|
| A1. Building Owner's Name TLS Job# 18-0105 GCAD Long Acct No: 3505-0438-0014-000 | | | | Policy Number: | | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1828 Church St | | | | Company NAIC Number: | | |
| City Galveston | | State TX | | Zip Code 77550 | | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 14 BLK 438 GALVESTON, Parcel ID 103618 | | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL | | | | | | |
| A5. Latitude/Longitude: Lat. 29°18'18.42" Long. 94°47'18.5" Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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 FIVE (5) | | | | | | |
| A8. For a building with a crawlspace or enclosure(s): | | | | A9. For a building with an attached garage: | | |
| a) Square footage of crawlspace or enclosure(s) NA sq ft | | a) Square footage of attached garage NA sq ft | | | | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade NA | | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA | | | | |
| c) Total net area of flood openings in A8.b NA sq in | | c) Total net area of flood openings in A9.b NA sq in | | | | |
| d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No | | d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | | |
| B1. NFIP Community Name & Community Number Galveston, City of - 485469 | | | | B2. County Name GALVESTON | | B3. State TEXAS |
| B4. Map/Panel Number 485469 0026 | B5. Suffix E | B6. FIRM Index Date Dec 6, 2002 | B7. FIRM Panel Effective/ Revised Date Dec 6, 2002 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 11' | |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____ | | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____ | | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA | | | | | | |
| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | | | | | | |
| C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> 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: 63 (PID AW5707) Vertical Datum: (NAVD 88) | | | | | | |
| Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> 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) | | 9 | | 9 | | <input checked="" type="radio"/> feet <input type="radio"/> meters |
| b) Top of the next higher floor | | 21 | | 3 | | <input checked="" type="radio"/> feet <input type="radio"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | | NA | | | | <input checked="" type="radio"/> feet <input type="radio"/> meters |
| d) Attached garage (top of slab) | | NA | | | | <input checked="" type="radio"/> feet <input type="radio"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | | 6 | | 7 | | <input checked="" type="radio"/> feet <input type="radio"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | | 6 | | 0 | | <input checked="" type="radio"/> feet <input type="radio"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | | 6 | | 1 | | <input checked="" type="radio"/> feet <input type="radio"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | | 6 | | 0 | | <input checked="" type="radio"/> feet <input type="radio"/> meters |
| <input type="checkbox"/> Date: Mar 19, 2018 TLS Job# 18-0105 | | | | | | |