

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name **Donovan Jones & Rebecca Peache**

A2. Building Street Address **1805 Market**

City **Galveston**

State **TX**

ZIP Code **77550**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

Lot 6 Block 498 City of Galveston

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **Non-residential**

A5. Latitude/Longitude: Lat. **29° 18' 24.02" N** Long. **94° 47' 17.98" W** Horizontal Datum: NAD 1927 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 **1A**

A8. For a building with a crawlspace or enclosure(s):

a) Square footage of crawlspace or enclosure(s) **N/A** sq ft

b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **N/A**

c) Total net area of flood openings in A8.b **N/A** sq in

d) Engineered flood openings? Yes No **N/A**

A9. For a building with an attached garage:

a) Square footage of attached garage **N/A** sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **N/A**

c) Total net area of flood openings in A9.b **N/A** sq in

d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name **City of Galveston 485469**

B2. County Name **Galveston**

B3. State **TX**

B4. Map/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 base flood depth) **11**

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:

NGVD 1929 NAVD 1988 Other/Source: _____

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

Designation Date: _____ / _____ / _____ CBRS OPA

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: **COG BM(s)**

Vertical Datum: **NAVD 88**

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.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor) **6.0** feet

b) Top of the next higher floor **15.7** feet

c) Bottom of the lowest horizontal structural member (V Zones only) **N/A** feet

d) Attached garage (top of slab) **N/A** feet

e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) **6.0** feet

f) Lowest adjacent (finished) grade next to building (LAG) **4.9** feet

g) Highest adjacent (finished) grade next to building (HAG) **5.2** feet

h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support **4.9** feet

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.

Check here if comments are provided on back of form.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments: pictures.

Certifier's Name **Laurence C. Wall**

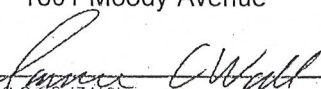
License Number **4814**

Title **RPLS**

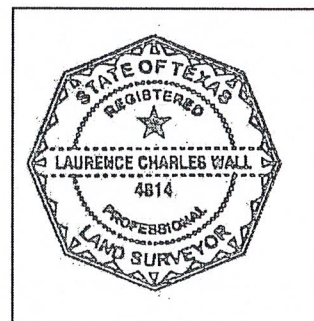
Company Name **TLTS, Inc.**

Address **1801 Moody Avenue**

City **Galveston** State **TX** ZIP Code **77550-8015**

Signature 

Date **2/10/15** Telephone **(409)765-8883**



ELEVATION CERTIFICATE, page 2

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. 1805 Market	Policy Number:
City Galveston State TX ZIP Code 77550	Company NAIC Number:

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments

No equipment observed below finished floor. C2. e) = a)
Elevation of next higher floor (C2. b)) measured without access to interior.
Estimated from exterior construction.

Signature 

Date 2/10/15

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

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

SECTION G – COMMUNITY INFORMATION (OPTIONAL)