

ELEVATION CERTIFICATE

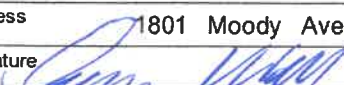
OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION				For Insurance Company Use:	
A1. Building Owner's Name	Christian Victor Robbian			Policy Number	
A2. Building Street Address	1213 Sealy			Company NAIC Number	
City	Galveston	State	Texas	ZIP Code	77550
A3. Property Description <u>part Lots 4 & 5 Block 192 City of Galveston</u>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude		<u>29° 18' 14.57" N</u>		<u>94° 46' 48.71" W</u>	
				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 <u>5</u>					
A8. For a building with a crawl space or enclosure(s), provide:			A9. For a building with an attached garage, provide:		
a) Square footage of crawl space or enclosure(s) <u>1888</u> sq ft			a) Square footage of attached garage <u>n/a</u> sq ft		
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>n/a</u>			b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>n/a</u>		
c) Total net area of flood openings in A8.b <u>n/a</u> sq in			c) Total net area of flood openings in A9.b <u>n/a</u> sq in		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <u>City of Galveston 485469</u>		B2. County Name <u>Galveston</u>		B3. State <u>TX</u>	
B4. Map/Panel Number <u>485469 0027</u>	B5. Suffix <u>E</u>	B6. FIRM Index Date <u>12/06/02</u>	B7. FIRM Panel Effective/Revised Date <u>12/06/02</u>	B8. Flood Zone(s) <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>11</u>
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 (Describe) _____					
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 (Describe) _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)		
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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-g below according to the building diagram specified in Item A7. Benchmark Utilized <u>City of Galveston</u> Vertical Datum <u>NAVD88</u> Conversion/Comments _____		
a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>12.9</u>	feet
b) Top of the next higher floor	<u>n/a</u>	feet
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>n/a</u>	feet
d) Attached garage (top of slab)	<u>n/a</u>	feet
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>11.1</u>	feet
f) Lowest adjacent (finished) grade (LAG)	<u>8.1</u>	feet
g) Highest adjacent (finished) grade (HAG)	<u>8.4</u>	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.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.			
Certifier's Name	<u>Laurence Wall</u>	License Number	<u>4814</u>
Title	<u>RLPS</u>	Company Name	<u>TLTS</u>
Address	<u>1801 Moody Ave</u> City <u>Galveston</u>	State	<u>TX</u> ZIP Code <u>77550</u>
Signature		Date	<u>8/16/07</u> Telephone <u>(409)765-8883</u>

