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FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

## **ELEVATION CERTIFICATE**

|  |   |                             | ad the instructions on pages 1 -   |                             |  |  |  |  |  |
|--|---|-----------------------------|--|-----------------------------|--|--|--|--|--|
|  |   | SECTION A                   | PROPERTY OWNER INFORMA   | TION                        | For insurance Opmoury Use:   |  |  |  |  |
| BUILDING OWNERS NU<br>Dowdy  |   |                             | 2-52-06 SLF  |                             | Policy Number  |  |  |  |  |
| BUILDING STREET ACC<br>22021 Zachery   | AE85 (Including                         | Apt., Unit, Subs, and/or    | HIG. No.) OR P.O. ROUTE AND B  | OX NO.                      | Company NAIC Number  |  |  |  |  |
| CITY   |   |                             | STATE<br>TX  | ZIP C<br>77654              |  |  |  |  |  |
| Lot 170-A and West 1/2 of  | CIN (Let and Block<br>Flet 170 Sun lete | Numbers, Tax Percel I       | Number, Legal Cascription, etc.)   |                             |  |  |  |  |  |
| BUILDING LIBE (s.g., Re<br>Residental  | citizatal, Non-ros                      | dental, Addition, Acces     | ory, etc. Use a Comments area, it i  |                             |  |  |  |  |  |
| ( SE - SE - SE SE OF SE  |   |                             | Y DATIM: B   | OURCE: SIGN GIPS (T) USGS ( |  |  |  |  |  |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION  |   |                             |  |                             |  |  |  |  |  |
| P1.NFP COLOURTY NAME<br>485430 Calendary   | LOOMANIYAL                              |                             | Z COUNTY NAME  |                             | ES. STATE<br>Tages   |  |  |  |  |
| SK MAY AND PANEL.<br>NLMEER<br>485460 COEB   | BA SUFFIX<br>D                          | 86.FRMINDEX CATE<br>8-15-83 | EFFECTIVEREVISED DATE<br>0-13-63   | 94. FLOOD ZONE(S)<br>VZI    | BA BASE FLOOD ELEVATION(S) (Zone AO, use depth of (coding) 15.0'   |  |  |  |  |
| B10. Indicate the source of the Base Flood Bevellon (BPS) date or base food depth entered in B9.  PIS Froite SI FRM Community Desermined Community Desermined Community Desermined Community Desermined Community China (Describe):  B11. Indicate the elevation datum used for the BFE in B9. SI N3VD 1929 NAVD 1985 Community China (Describe):  B12 is the dubting located in a Coestat Basier Resources System (CRRS) area or Otherwise Protected Area (DPA)? Yes SI No Designation Date |   |                             |  |                             |  |  |  |  |  |
| BIT B & GOTTO CONTROL  |   |                             | LEVATION INFORMATION (SUR  |                             | Designation page   |  |  |  |  |
| C1. Building elevations are be   |   |                             |  | Finished Construction       |  |  |  |  |  |
| *A new Sevalen Carlins   | to will be required w                   | ihan construction of the bu |  |                             |  |  |  |  |  |
|  |   |                             | the building for which this certificate is t   | cing complated - see po     | gos 6 and 7. If no diagram   |  |  |  |  |
| accurately reproperts the  |   |                             |  |                             |  |  |  |  |  |
| C3. Elevatoris - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, ARIA, ARIAE, ARIAI-A30, ARIAH, ARIAO  |   |                             |  |                             |  |  |  |  |  |
| Complete learns C3et below according to the building diagram specified in item C2. State the deturn cred. If the deturn is different from the datum used for the BFE in Section B, conventive deturn is that used for the BFE. Show that measurements and deturn convention calculation. Use the abacts broaded or the Commonts area of  |   |                             |  |                             |  |  |  |  |  |
|  |   | cument the debuts convers   |  | war can an abers he         | Appe to the continuing steal of  |  |  |  |  |
| Dolum Conversio  |   |                             | <del></del>  |                             |  |  |  |  |  |
|  |   | je ejekeljou letelescom lum | k used appear on the FIRM? 🔲 Yes   | [⊠ No [                     |  |  |  |  |  |
| o a) Top of bottom floor (   |   |                             | 8. 17 8.(m) 1.   | Sea                         | OF THE PERSON OF |  |  |  |  |
| o b) Top of next higher floor  |   |                             | 担.344(m)   |                             | A STATE OF THE PARTY OF THE PAR |  |  |  |  |
| o c) Solion of lowest horizontal structural member (V zones only)  |   |                             | 18. 34 k(m)  18. 34 k(m)  18. 34 k(m)  1. 71 k(m)  1. Of k(m)  1. Of k(m)  1. Of k(m)  1. Of k(m)  |                             | 20 A 1975  |  |  |  |  |
| o d) Absohed gerage (lo)   | of simb)                                |                             | <u>N/A:6.(m)</u>   | € E                         | H. T. WEREN  |  |  |  |  |
| ० को ध्यापना संक्रानीका वर्ष   |   |                             |  | ~ # # I                     | West of the State  |  |  |  |  |
|  | <b>g (Describs</b> in a Co              | rrmanis area)               | 18 . 34 k(m)   | 월광 (                        | 7 - 4101 W   |  |  |  |  |
| o f) Lowest adjacent (finis  |   |                             | 7.71ft(m)  | # ₽                         | E3310 10   |  |  |  |  |
| o g) Highest adjacent (thi   |   |                             | 6. <u>04.</u> lt.(m)   |                             | SUFFE  |  |  |  |  |
| o h) No. of parmanent op   |   |                             |  | 4 6                         | 11. Utiling 2/4/08   |  |  |  |  |
| o () Total area of all parm  |   |                             |  |                             |  |  |  |  |  |
|  |   |                             | LENGINEER, OR ARCHITECT C  |                             |  |  |  |  |  |
|  |   |                             | neer, or architect authorized by law   |                             |  |  |  |  |  |
|  |   |                             | t represents my best efforts to interpretents for interpretents of the contract of the contrac |                             |  |  |  |  |  |
| CERTIFIERS NAME  | H.T. Water                              | E DESIGNATION OF ITS OF IT  |  | LICENSE NUMBER              | 4101   |  |  |  |  |
|  |   |                             |  |                             | 4101   |  |  |  |  |
| TITLE R.P.L.S.   |   |                             | COMPANY NAME   | Survey 1, inc.              |  |  |  |  |  |
| ADDRESS  |   |                             | GTY C  | STATE                       |  |  |  |  |  |
| P.O. Box 2543  |   |                             | Atrin  | Tx                          | 77512  |  |  |  |  |
| SIGNATURE TO ME  | W                                       |                             | DATE<br>2/8/05   | TÉLEPI<br>281-363           | 1382   |  |  |  |  |
| MA Form 81-31, Jenuery   | 2003                                    | Sec rev                     | erse alde for cominuation.   |                             | Ptupiaces all prévious editions  |  |  |  |  |

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| 03/02/06/2006 16:10 FAX<br>03/02/06/2006 14:33 2013931303  | ,                               |   |                            |
|--|---------------------------------|---|----------------------------|
| 0) 22/86/2006 14:33 2013931303   | S.                              | RVĚY1                                   |                            |
| APORTANT: In these spaces, copy the corresponding info   | ornation from Section A         |   | Por maurance Con           |
| BLILLING STREET ACCINESS greatering Apic, Unit, State, and in Side, No.) CRI.<br>22021 Zachary   | P.O. ROÚTE AND BOX NO.          |   | Policy Number              |
| COTY   | STATE<br>TX                     | 2P CODE<br>77\$64                       | -Company MAIC N            |
| SECTION D - SURVEYOR, EN   | GINEER, OR ARCHITEC             | T CHRITIFICATION (CONTINU               | JED)                       |
| Copy both sides of this Elevation Cartificate for (1) community official, (2)  | insurance agent/company.        | and (3) building owner.                 |                            |
| COMMENTS   |                                 |   |                            |
|  |                                 |   |                            |
|  |                                 |   | Check here                 |
| SECTION B - BUILDING ELEVATION INFORMATIO  | ON (SURVEY NOT RECO             | RRED) FOR ZONE AO AND 2                 |                            |
| For Zone AO and Zone A (without BFE), complete from E1 through E4. 1   |                                 |   |                            |
| Section C must be completed.   |                                 |   |                            |
| S1. Building Disgram Number_(Select the building diagram most similar i  | s the building for which this a | artificate is being completed – see p   | pages 6 and 7. If no dia   |
| represents the building, provide a sketch or photograph.)  | -                               | • |                            |
| E2. The top of the bottom toor (including bosomium or enclusive) of the bu   | aiding is B.(m)in_(cm)          | 🔲 above or 📋 below (check on            | ia) the highest adjacent ( |
| natural grade, if available).  | a. Linkaan 44                   | 441-18 1                                |                            |
| <ol> <li>For Building Diagrams 6-8 with openings (one page 7), the next higher<br/>practs. Consolets flows C3:h and C3:i on front of form.</li> </ol>    | Toor or elevated floor (elevat  | ion b) of the building isit(m) _        | _in_(arr) above the laghe  |
| graph. Complete some Cool and Cool on your or roth.  E4. The top of the platform of mechany and/or equipment servicing the bu                            | didina in Elm) interni          | Distribute on Distribution (check on    | e) the Nobest adiacent     |
| natural grada, if available).  |                                 | D                                       |                            |
| ES. For Zone AO only: If no load depth number is supliable, is the top of th   | ns bottom floor elevated in ac  | cordance with the community's floo      | dplain management ord      |
| Yes 🔲 No 🛄 Unimoun. The local official must carrily this lit   | formation in Section G.         |   |                            |
| SECTION F - PROPERTY OWN   | er (or owner's rep              | RESENTATIVE) CERTIFICATI                | ÓN                         |
| The property owner or currer's authorized reprosentative who completes   |                                 |   | without a FEMA-issued      |
| travel BFE) or Zone AO must eign hum. The statements in Sections A.  |                                 | best of my knowledge.                   |                            |
| PROPERTY OWNERS OR OWNERS AUTHORIZED REPRESENTA  | MES NAME                        |   |                            |
| ADDRESS  | CITY                            | STA                                     | TE ZIP COD                 |
| SIGNATURE  | DATE                            | TEL.                                    | EPHONE                     |
| COMMENTS   |                                 |   |                            |
|  |                                 |   |                            |
|  |                                 |   | Check here                 |
| SECTION G - CO   | DIMIUNITY INFORMATI             | ON (OPTIONAL)                           |                            |
| he accil official who is authorized by lew or ordinance to administer (he con  | rmunity's foodplain manage      | ment ordinance can complete Secti       | bns A, B, C (br E), and    |
| SetScale. Complete the applicable item(s) and eight beknik.  |                                 |   |                            |
| 7. The information in Section C was taken from other documentation of  | hat has been signed and om      | bossed by a licensed surveyor, eng      | ineer, or architect who is |
| or local law to certify elevation information. (Indicate the course and  | date of the elevation data is   | the Comments area below.)               |                            |
| 12. 🔲 A community dilicial completed Suction E for a building located in 2)<br>19. 💭 The following information (Neste G4-G5) in provided for community ( |                                 |   | ng AO.                     |
| GL PERMY NUMBER (GR. DATE PERMY ESSLED)  | errange in a selection of heat  |   |                            |
| ON LEASING METHODS OF DATE NO SOLD ESTED   |                                 | GE DATE CENTIFICATE OF COM              | PLIANCE/OCCUPANCY (        |
| 7. This permit has been legued for: 🔲 New Construction 🔲 Substants   | improvement                     |   |                            |
| A. Elevation of an built lowest floor (Including besserveril) of the builting is:  |                                 | (m)                                     | Datum:_                    |
| A. BFE or (in Zone AO) depth of fooding at the building ste is:  |                                 |   | Ogture_                    |
| LOCAL OFFICIAL'S NAME  | π                               | TLE                                     |                            |
| COMMUNITY NAME   | TE                              | LEPHONE                                 | ·                          |
| SIGNATURE  | D/                              | ME                                      |                            |
| COMMENTS   |                                 |   |                            |
|  |                                 |   | <del></del>                |
|  |                                 |   |                            |
|  |                                 |   | Charle be - 4              |
| A Form 81-31, January 2003   |                                 |   | Check hare #               |