

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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
 Mary Knappert and Felipe De Jesus Soltero Celaya

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
 2347 La Salle Woods

Company NAIC Number:

City
 Conroe

State
 Texas

ZIP Code
 77304

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 Lot 14, Block 1, La Salle Crossing Section 1 (Westlake)

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

A5. Latitude/Longitude: Lat. N030° 21'04.28" Long. W095° 32' 46.12" 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) 0.00 sq ft

b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0

c) Total net area of flood openings in A8.b 0.00 sq in

d) Engineered flood openings? Yes No

A9. For a building with an attached garage:

a) Square footage of attached garage 368.00 sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0

c) Total net area of flood openings in A9 b) 0.00 sq in

d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number
 City of Conroe

B2. County Name
 Montgomery

B3. State
 Texas

B4. Map/Panel Number

B5. Suffix
 G

B6. FIRM Index Date
 08-18-2014

B7. FIRM Panel Effective/ Revised Date
 08-18-2014

B8. Flood Zone(s)
 AE, Shaded X

B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)
 163.0

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

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
2347 La Salle Woods

FOR INSURANCE COMPANY USE
Policy Number:

City
Conroe

State
Texas

ZIP Code
77304

Company NAIC Number

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: Laica Smart Net RTK Vertical Datum: Geoid '12B

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.

		Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>166.6</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>166.1</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>166.4</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>165.9</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>166.5</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>166.5</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters

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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name
Taren Hanks

License Number
6787

Title
Registered Professional Land Surveyor

Company Name
Jeffrey Moon and Associates, Inc.

Address
P. O. Box 2501

City
Conroe

State
Texas

ZIP Code
77305

Signature
Taren Hanks

Date
02-23-2021

Telephone
(936) 756-5266

Ext



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

Comments (including type of equipment and location, per C2(e), if applicable)
Item C2e is an Air Conditioner.