OMB No. 1660-0008

Expiration Date: November 30, 2018

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			j FC	FOR INSURANCE COMPANY USE	
Al. Building Owne BAYWAY HOM		124		Personal Per	olicy Number:
A2. Building Street Box No. 719 BAYSHOR		ding Apt., Unit, Suite, ar	d/or Bldg. No.) Or P.O.	Route and Co	ompany NAIC Number
City LA PORTE	4 York 10 15 L	i san nadel-tustie	State	ZII	P Code 77571
A3. Property Desc LOT 12, BLOCK 32,			arcel Number, Legal De	scription, etc.)	
A4. Building Use (e.g., Residentia	l, Non-Residential, Add	dition, Accessory, etc.)	RESIDENTIAL	
A5. Latitude/Longi	tude: Lat: <u>29</u> °	39'13.9"N	Long. 95°00'39.0"W	Horizontal Date	um:□ NAD 1927 ⊠ NAD 1983
A6. Attach at least	2 photographs	of the building if the Cer	tificate is being used to	obtain flood insurance.	
A7. Building Diagra	m Number 5				
A8. For a building w	ith a crawlspa	ce or enclosure(s):			
5 1 2 L A . 5	100 H	space or enclosure(s)	N/A sq. ft	to the more polypsia meeting	
b) Number of	nermanent flo	od openings in the crav	vispace or enclosure(s)	within 1.0 foot above ac	diacent grade N/A
preddin 10		enings in A8.b. N/A		wied or nearest or bulk	and a second
Publisher Co	kal a		ordenial solvia in the	Discretization to see the se	gang kudas (bulli dan filifi
a) Engineere	ea tiooa openir	gs? 🗆 Yes 🖾 No			
A9. For a building	with an attack	ned garage:	CK, CHOINGER, OR		
A9. For a building a) Square for	otage of attacl	ned garage N/A	sq. ft.	foot above adjacent gr	ade N/A
A9. For a building a) Square fo b) Number of	otage of attacl	ned garage N/A	sq. ft. ached garage within 1.0	foot above adjacent gr	ade N/A
A9. For a building a) Square for b) Number of c) Total net ar	otage of attacl	ned garage <u>N/A</u> ood openings in the atta	sq. ft. ached garage within 1.0 sq. in	foot above adjacent gr	ade N/A
A9. For a building a) Square for b) Number of c) Total net ar	otage of attack permanent florea of flood opening	ned garage N/A ood openings in the atta nings in A9.b <u>N/A</u> gs? □ Yes ☑ No	sq. ft. ached garage within 1.0 sq. in	foot above adjacent gr	THE CAMERA
A9. For a building a) Square for b) Number of c) Total net ar	otage of attack permanent florea of flood opening SEC	ned garage N/A ood openings in the attainings in A9.b NA gs? Yes No	sq. ft. ached garage within 1.0 sq. in	AP (FIRM) INFORMATI	THE CAMERA
A9. For a building a) Square for b) Number of c) Total net and d) Engineers B1. NFIP Communicity OF LA PORTI	permanent florea of flood opening SEC ty Name & Core 485487	ned garage N/A ood openings in the attainings in A9.b N/A gs? Yes No CTION B — FLOOD I nmunity Number B6. FIRM Index Date	sq. ft. ached garage within 1.0 sq. in NSURANCE RATE MA B2. County Nar	AP (FIRM) INFORMATI ne B8. Flood Zone(s)	ON B3. State
A9. For a building a) Square for b) Number of c) Total net ar d) Engineere B1. NFIP Communi CITY OF LA PORTI	permanent florea of flood opening SEC Ty Name & Cor E 485487	ned garage N/A ood openings in the atta nings in A9.b N/A gs? Yes No CTION B — FLOOD I nmunity Number	sq. ft. ached garage within 1.0 sq. in NSURANCE RATE MA B2. County Nan HARRIS B7. FIRM Panel Effective/	AP (FIRM) INFORMATI	B3. State TX B9. Base Flood Elevation(s) (Zone AO, use Base
A9. For a building a) Square fo b) Number of c) Total net ar d) Engineere B1. NFIP Communi CITY OF LA PORTI 34. Map/Panel Number 48201C0945 B10. Indicate the	permanent florea of flood opening sed flood open	ned garage N/A ood openings in the attainings in A9.b N/A gs? Yes No CTION B — FLOOD Inmunity Number B6. FIRM Index Date 01/06/2017 Base Flood Elevation (B	sq. ft. ached garage within 1.0 sq. in Sq. in B2. County Nan HARRIS B7. FIRM Panel Effective/ Revised Date 01/06/2017 FE) data or base flood of ined Other/Source	B8. Flood Zone(s) AE depth entered in Item B9	B3. State TX B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 15.0 *
A9. For a building a) Square for b) Number of c) Total net ar d) Engineers B1. NFIP Communicity OF LA PORTION 34. Map/Panel Number 48201C0945 B10. Indicate the FIS Profil B11. Indicate electively	otage of attack permanent florea of flood opening SEC ty Name & Cor E 485487 B5. Suffix M source of the lee FIRM Coration datum us	ned garage N/A ood openings in the attainings in A9.b N/A gs? Yes No CTION B — FLOOD Inmunity Number B6. FIRM Index Date 01/06/2017 Base Flood Elevation (B	sq. ft. ached garage within 1.0 sq. in NSURANCE RATE MA B2. County Nan HARRIS B7. FIRM Panel Effective/ Revised Date 01/06/2017 FE) data or base flood of ined Other/Source	B8. Flood Zone(s) AE depth entered in Item B9 N/A AVD 1988 Other/S	B3. State TX B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 15.0 *
A9. For a building a) Square for b) Number of c) Total net ar d) Engineers B1. NFIP Communicity OF LA PORTION 34. Map/Panel Number 48201C0945 B10. Indicate the FIS Profil B11. Indicate electively	otage of attack permanent florea of flood opening SEC ty Name & Cor E 485487 B5. Suffix M source of the lee FIRM Coration datum us	ned garage N/A ood openings in the attainings in A9.b N/A gs? Yes No CTION B — FLOOD Inmunity Number B6. FIRM Index Date 01/06/2017 Base Flood Elevation (B	sq. ft. ached garage within 1.0 sq. in NSURANCE RATE MA B2. County Nan HARRIS B7. FIRM Panel Effective/ Revised Date 01/06/2017 FE) data or base flood of ined Other/Source	B8. Flood Zone(s) AE depth entered in Item B9 N/A AVD 1988 Other/S	B3. State TX B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 15.0 *

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corre Building Street Address (including Apt., Unit, Suite, a			FOR INSURANCE COMPANY USE Policy Number:
719 BAYSHORE DRIVE			
City LA PORTE		ZIP Code 7571	Company NAIC Number
SECTION C — BUILI	DING ELEVATION INFO	RMATION (SURVEY	REQUIRED)
CI. Building elevations are based on: Consi A new Elevation Certificate will be require	d when construction of th	e building is complete	
C2. Elevations — Zones A1—A30, AE, AH, A (with Bi Complete Items C2.a—h below according to t Benchmark Utilized: RM: 060020 = 12,97*	he building diagram specific	ed in Item A7. In Puerto	Rico only, enter meters. D 1988 (GEOID99 W/2001 ADJ)
Indicate elevation datum used for the elevation	ns in items a) through h) be		
□ NGVD 1929 □ NAVD 1988 ⊠			001 ADJ)
Datum used for building elevations must be the			Check the measurement used.
a) Top of bottom floor (including basement,	crawlspace, or enclosure f	loor) <u>25.8</u>	☑ feet ☐ meters
b) Top of the next higher floor		36.9	☑ feet ☐ meters
c) Bottom of the lowest horizontal structural r	nember (V Zones only)	_N/A	⊠ feet □ meters
d) Attached garage (top of slab)		_N/A	⊠ feet □ meters
e) Lowest elevation of machinery or equipm (Describe type of equipment and location	ent servicing the building in Comments)	<u>17.4</u>	⊠ feet □ meters
f) Lowest adjacent (finished) grade next to bu	iilding (LAG)	13.3	⊠ feet □ meters
g) Highest adjacent (finished) grade next to I	ouilding (HAG)	13,6	⊠ feet □ meters
h) Lowest adjacent grade at lowest elevation structural support	of deck or stairs, including	13.3	☑ feet ☐ meters
SECTION D — SUI	RVEYOR, ENGINEER, C	OR ARCHITECT CEI	RTIFICATION
This certification is to be signed and sealed by a la I certify that the information on this Certificate repri- statement may be punishable by fine or imprisonry	and surveyor, engineer, or a	rchitect authorized by laterpret the data available	w to certify elevation information.
Were latitude and longitude in Section A provided			☐Check here if attachments.
Certifier's Name ROBERT D. ELLIS	License Number 4006		OF TEXT
Title REGISTERED PROFESSIONAL LAND SURVE	EYOR		SO ELLIS
Company Name ELLIS SURVEYING SERVICES, LLC	gradu kan 18		POSTER AND
Address 2805 25 th AVE N		Account to the open of the ope	NO SURVEY
City TEXAS CITY	State TX	ZIP Code 77590	
Signature	Date 09/19/2019	Telephone (409) 938 - 8700	
Copy all pages of this Elevation Certificate and all att	achments for (1) community	official, (2) insurance aç	gent/company, and (3) building owner.
Comments (including type of equipment and location			
ELEVATION SHOWN FOR THE LOWEST MACHI * SUBJECT LOT IS LOCATED IN FLOOD ZONE *	NERY IS OF THE ELCTRI AE" WITH A BFE OF 14.0"	CAL DISCONNECT BO AND 15.0°	OX -
			and the major of the Co

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

" " Other Address (in					RANCE
Building Street Address (Inc 19 BAYSHORE DRIVE	spaces, copy the correspond cluding Apt., Unit, Suite, and/or	Bldg. No.) Or P.O. R	oute and Box No.	Policy Number	er.
ty A PORTE	St TX		ZIP Code 7571	Company NA	IC Number
S	ECTION E — BUILDING EL FOR ZONE	EVATION INFORM AO AND ZONE A (MATION (SURVEY NOT WITHOUT BFE)	REQUIRED)	
omplete Sections A, B, a nter meters.	out BFE), complete Items E1—E and C. For Items E1—E4, use	natural grade, if ava	liable. Check the measure	ment used. In a	G. 1000 G. 2,1
Provide elevation info the highest adjacent	ormation for the following and c it grade (HAG) and the lowe	theck the appropriate st adjacent grade (boxes to show whether to LAG).	ne elevation is abo	ve or below
 a) Top of bottom floor crawlspace, or expenses 	oor (including basement, enclosure) is	0.000	⊠ feet □ meters	□above or □	below the HAG.
 b) Top of bottom floor crawlspace, or or 	oor (including basement, enclosure) is	sa* r <u></u>	⊠ feet □ meters	□above or □	below the LAG.
2. For Building Diagram	ns 6-9 with permanent flood ope	enings provided in Se	ection A Items 8 and/or 9 (s	see pages 1-2 of I	nstructions),
the next higher floor (e the diagrams) of the b			⊠ feet □ meters	□above or □	below the HAG.
3. Attached garage (top	of slab) is		⊠ feet □ meters	□above or □	below the HAG.
4. Top of platform of ma servicing the building	achinery and/or equipment	10 k7VH 1 -	☐ feet ☐ meters	□above or □	below the HAG.
5 Zone AO only: If no f	flood depth number is available.	is the top of the botto	m floor elevated in accorda	ance with the com	munity's floodplair
nanagement ordinance	? □Yes □No □Unknown. T	he local official must	certify this information in S	Section G.	
SE The property owner or community-issued BFE) of	ection F — PROPERTY Cowner's authorized representator Zone AO must sign here. The	OWNER (OR OWN tive who completes e statements in Sec	ER'S REPRESENTATIV	r Zone A (withou	t a FEMA-issued
SE the property owner or community-issued BFE) of Property Owner or Owner	ECTION F — PROPERTY C	OWNER (OR OWN tive who completes e statements in Sec	ER'S REPRESENTATIVE Sections A, B, and E for chions A, B, and E are continuous A, B, and	r Zone A (withou	t a FEMA-issued
SE the property owner or o community-issued BFE) o troperty Owner or Owner	ection F — PROPERTY Cowner's authorized representator Zone AO must sign here. The	DWNER (OR OWN tive who completes e statements in Sec s's Name	ER'S REPRESENTATIVE Sections A, B, and E for chions A, B, and E are continuous A, B, and	r Zone A (withoutorrect to the best	t a FEMA-issued st of my knowled
SE the property owner or community-issued BFE) of property Owner or Owner ddress	ection F — PROPERTY Cowner's authorized representator Zone AO must sign here. The	DWNER (OR OWN tive who completes e statements in Sec s's Name	ER'S REPRESENTATIVE Sections A, B, and E for a street of the section of the secti	r Zone A (withoutorrect to the best	t a FEMA-issued st of my knowled
he property owner or community-issued BFE) of the property Owner or Owner Owner or Owner or Owner Owner or Owner Owne	ection F — PROPERTY Cowner's authorized representator Zone AO must sign here. The	DWNER (OR OWN tive who completes e statements in Sec e's Name	ER'S REPRESENTATIVE Sections A, B, and E for a street of the section of the secti	r Zone A (without correct to the bes	t a FEMA-issued st of my knowled
sente property owner or community-issued BFE) of the property Owner or Owner Owner Owner or Owner Owne	ection F — PROPERTY Cowner's authorized representator Zone AO must sign here. The	DWNER (OR OWN tive who completes e statements in Sec e's Name	ER'S REPRESENTATIVE Sections A, B, and E for a street of the section of the secti	r Zone A (without correct to the bes	t a FEMA-issued st of my knowled
he property owner or community-issued BFE) of the property Owner or Owner Owner or Owner or Owner Owner or Owner Owne	ection F — PROPERTY Cowner's authorized representator Zone AO must sign here. The	DWNER (OR OWN tive who completes e statements in Sec e's Name	ER'S REPRESENTATIVE Sections A, B, and E for a street of the section of the secti	r Zone A (without correct to the bes	t a FEMA-issued st of my knowled
he property owner or community-issued BFE) of troperty Owner or Owner oddress	ection F — PROPERTY Cowner's authorized representator Zone AO must sign here. The	DWNER (OR OWN tive who completes e statements in Sec e's Name	ER'S REPRESENTATIVE Sections A, B, and E for a street of the section of the secti	r Zone A (without correct to the bes	t a FEMA-issued st of my knowled
he property owner or community-issued BFE) of the property Owner or Owner Owner or Owner or Owner Owner or Owner Owne	ection F — PROPERTY Cowner's authorized representator Zone AO must sign here. The	DWNER (OR OWN tive who completes e statements in Sec e's Name	ER'S REPRESENTATIVE Sections A, B, and E for a street of the section of the secti	r Zone A (without correct to the bes	t a FEMA-issued st of my knowled
he property owner or community-issued BFE) of the property Owner or Owner Owner or Owner or Owner Owner or Owner Owne	ection F — PROPERTY Cowner's authorized representator Zone AO must sign here. The	DWNER (OR OWN tive who completes e statements in Sec e's Name	ER'S REPRESENTATIVE Sections A, B, and E for a street of the section of the secti	r Zone A (without correct to the bes	t a FEMA-issued st of my knowled
he property owner or community-issued BFE) of the property Owner or Owner Owner or Owner Owner or Owner or Owner O	ection F — PROPERTY Cowner's authorized representator Zone AO must sign here. The	DWNER (OR OWN tive who completes e statements in Sec e's Name	ER'S REPRESENTATIVE Sections A, B, and E for a street of the section of the secti	r Zone A (without correct to the bes	t a FEMA-issued st of my knowled
SE The property owner or community-issued BFE) of Property Owner or Owner address	ection F — PROPERTY Cowner's authorized representator Zone AO must sign here. The	DWNER (OR OWN tive who completes e statements in Sec e's Name	ER'S REPRESENTATIVE Sections A, B, and E for a street of the section of the secti	r Zone A (without correct to the bes	t a FEMA-issued st of my knowled
SE The property owner or community-issued BFE) of Property Owner or Owner address	ection F — PROPERTY Cowner's authorized representator Zone AO must sign here. The	DWNER (OR OWN tive who completes e statements in Sec e's Name	ER'S REPRESENTATIVE Sections A, B, and E for a street of the section of the secti	r Zone A (without correct to the bes	t a FEMA-issued st of my knowled
SE The property owner or community-issued BFE) o	ection F — PROPERTY Cowner's authorized representator Zone AO must sign here. The	DWNER (OR OWN tive who completes e statements in Sec e's Name	ER'S REPRESENTATIVE Sections A, B, and E for a street of the section of the secti	r Zone A (without correct to the bes	t a FEMA-issued st of my knowled
SE the property owner or community-issued BFE) of Property Owner or Owner address	ection F — PROPERTY Cowner's authorized representator Zone AO must sign here. The	DWNER (OR OWN tive who completes e statements in Sec e's Name	ER'S REPRESENTATIVE Sections A, B, and E for strictions A, B, and E are of	r Zone A (without correct to the bes	t a FEMA-issued st of my knowled

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

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. Policy Number: 719 BAYSHORE DRIVE City State ZIP Code Company NAIC Number LA PORTE TX 77571 SECTION G - COMMUNITY INFORMATION (OPTIONAL) The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters. G1.

The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) G2.

A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) G3.

The following information (Items G4-G10) is provided for community floodplain management purposes. G4. Permit Number G5. Date Permit Issued G6. Date Certificate of Compliance/Occupancy Issued G7. This permit has been issued for: □ New Construction □ Substantial Improvement G8 Elevation of as-built lowest floor (including basement) of the building: ☐ feet ☐ meters Datum BFE or (in Zone AO) depth of flooding at the building site: meters Datum G10. Community's design flood elevation: meters Datum Local Official's Name Community Name Telephone Signature Date Comments (including type of equipment and location, per C2(e), if applicable) ☐ Check here if attachments.

BUILDING PHOTOGRAPHS

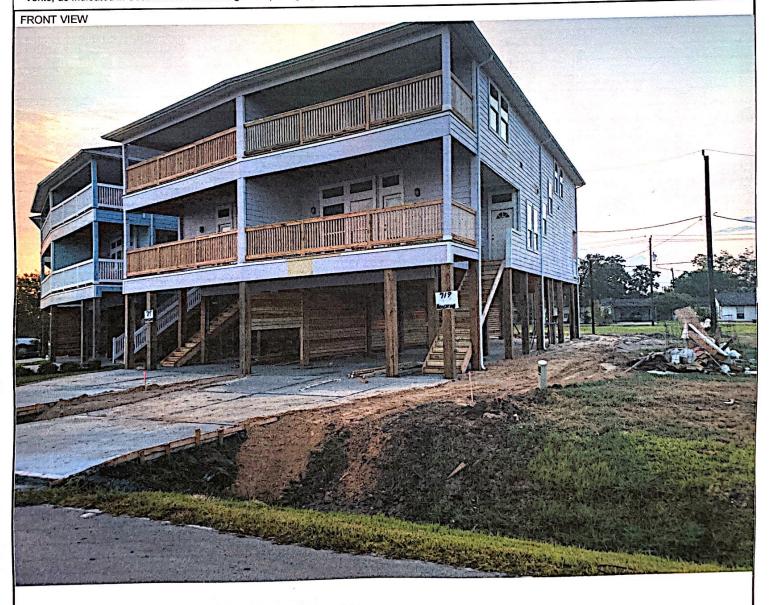
ELEVATION CERTIFICATE

See Instructions for Item A6.

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Building Street Address (including Apt., Unit, S 719 BAYSHORE DRIVE	uite, and/or Bldg. No.) or P.C). Route and Box No.	Policy Number:
City LA PORTE	State TX	ZIP Code 77571	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including 719 BAYSHORE DRIVE	Apt., Unit, Suite, and/or Bldg. No.) or P.O	Route and Box No.	Policy Number:
City LA PORTE	State TX	ZIP Code 77571	. Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

