U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

ELEVATION CERTIFICATE

National Flood Insurance Program

Important: Read the instructions on pages 1-9.

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

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		SEC	TION A - PRO	PERTY INFO	ORMATION	FC	R INSURANCE COMPANY USE	
A1. Building Owner's Name John Hoffman						Po	Policy Number:	
A2. Building Street Address (including Apt., Unit. Suite, and/or Bldg. No.) or P.O. Route and Box No. 147 Oak Circle (County Road #297)						Co	mpany NAIC Number:	
City Sargent			State T	X ZIP Co	ode 77414			
A3. Property Description (I Lot 147 of the Caney Creek	ot and Block Nu Estates subdivi	imbers, Tax Parcel sion, in the Maria D	Number, Legal D	escription, etc	c.)			
A4. Building Use (e.g., Re: A5. Latitude/Longitude: La A6. Attach at least 2 photo A7. Building Diagram Num A8. For a building with a c a) Square footage of b) Number of perman or enclosure(s) witl c) Total net area of flo d) Engineered flood of	sidential, Non-Ret. 28°48'04.39" graphs of the buller 1A rawlspace or encorrawlspace or erflood opening in 1.0 foot abovood openings in 2000 o	esidential. Addition. Long. 95°39'06.05" ilding if the Certificationsure(s): nclosure(s) gs in the crawlspace e adjacent grade	Accessory, etc.) Ite is being used	Residential Im to obtain flood A9. F a b	nproved Subd_Lot Horizontal Date insurance. For a building with an Square footage of	attache attache nent floc ve adja-	nd garage sq ft od openings in the attached garage cent grade sq in	
.,		A-	INSUDANCE		(FIRM) INFORMA		s?	
		TION B - 1 LOOD	MOUNTAINCE	KATE WAP	(FIKIVI) INFORIVIA	TION		
B1. NFIP Community Name Unincorporated Area 48548		lumber	B2. County Nar Matagorda	me		B3 TX	. State	
B4. Map/Panel Number 485489 0450	B5. Suffix D	B6. FIRM Index I May 4, 1992	Effecti N	FIRM Panel ve/Revised Da lay 4, 1992	V13	1 -	B9. Base Flood Elevation(s) (Zone AO. use base flood depth) 11 Feet	
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: 11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: 12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Designation Date: OPA								
	SECTIO	N C - BUILDING	ELEVATION I	NFORMATIC	ON (SURVEY REC	UIRED	0)	
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: C2. 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 Ricco only, enter meters. Benchmark Utilized: A 572 Vertical Datum: NGVD 1929 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.								
\ 					С	heck the	measurement used.	
a) Top of bottom floor (inb) Top of the next highe		nt, crawlspace, or e	nclosure floor)		8.4		feet meters	
c) Bottom of the lowest I		iral member (\/ 7on	or only)		<u>17.0</u>	10-20-	feet meters	
d) Attached garage (top		namember (v 20m	es orny)		<u>15.4</u>	(1.14-1.14)	feet meters	
 e) Lowest elevation of m (Describe type of equ 	achinery or equi	ion in Comments)	building		12.7		feet meters feet meters	
f) Lowest adjacent (finis					<u>7.3</u>	\boxtimes	feet meters	
g) Highest adjacent (finis	shed) grade next	to building (HAG)			<u>7.8</u>	\boxtimes	feet	
h) Lowest adjacent grad							feet 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								
I understand that any false: ☐ Check here if comment ☐ Check here if attachment	information on t statement may b is are provided o ents.	his Certificate repre e punishable by fine	sents my best ef or imprisonmen	forts to interprit t under 18 U.S nd longitude in	oldelieve etch adt ta	1.	OF OF OF	
Certifier's Name : Wm. Patr	ick Doyle			License Num	ber : TX RPLS 4467	•	WM. PATRICK DOYLE	
Title: Vice President		Company Name	Doyle & Wachtst	etter, Inc.			- 324467	
Address 131 Commerce S	treet	City Clute		State TX	ZIP Code 77531		- FESS10: 10	
Signature L. R.	I Del.	ODate 2/28/2014	-	Telephone 9	979-265-3622		SUR	

IMPORTANT: In these spaces, copy the corres	ponding information fron	Section .	A.	FOR	INSURANCE COI	MPANY LISE
Building Street Address (including Apt., Unit, Suite. and/or Bldg. No.) or P.O. Route and Box No. 147 Oak Circle (County Road #297)					cy Number:	
City Sargent	State TX	ZIP Code	77414	Com	ipany NAIC Numbe	r:
SECTION D - SURVEYO	R, ENGINEER, OR ARCHI	TECT CE	RTIFICATION	(CONT	NUED)	
Copy both sides of this Elevation Certificate for (1) comm	nunity official, (2) insurance an	ent/compan	v and (3) huild	ing owner		randona a una gran
Comments Elevation Certificate of improved subdivision						
Matagorda County, Texas. Lowest elevation of machiner	ry servicing building is the mete	er box on fro	nt of house ele	vation = 1	2.7 feet.	stract - 70.
Signature L. D. L.	Date	2/28/2014				
SECTION E - BUILDING ELEVATION INFOR	MATION (SUBVEY NOT D	FOLLER			:	
SECTION E - BUILDING ELEVATION INFOR	WATION (SURVEY NOT R	EQUIRED) FOR ZONE	AO ANE	ZONE A (WITH	OUT BFE)
For Zones AO and A (without BFE), complete Items E1– and C. For Items E1–E4, use natural grade, if available.	E5. If the Certificate is intende	d to support	a LOMA or LO	MR-F rea	uest complete Sec	tions A D
and C. For Items E1–E4, use natural grade, if available. E1. Provide elevation information for the following and	Check the measurement used	In Puerto F	Rico only, enter	meters.	addit domplete det	MONS A. D.
 Provide elevation information for the following and grade (HAG) and the lowest adjacent grade (LAG). 	check the appropriate boxes to	show whet	her the elevation	on is abov	e or below the high	est adjacent
a) lop of bottom floor (including basement grawler	2000 04 04 04 04 04	-			ve or D below the	
			feet mete	rs 🗌 abo	ive or Delow the	LAG.
For Building Diagrams 6–9 with permanent flood or (elevation C2.b in the diagrams) of the building is Attached garage (top of slab) is	Denings provided in Section A I	tems 8 and	or 9 (see page	s 8–9 of Ir	nstructions), the ne	d higher floo
E3. Attached garage (top of slab) is	☐ feet ☐ motors ☐ share		ove of Fiber	w the HA	G.	
- " Top of platform of machinery and/or equipment sen	vicing the building is			Tabove o	or \square below the HA	2
E5. Zone AO only: If no flood depth number is available ordinance? ☐ Yes ☐ No ☐ Unknown. The lo				th the com	munity's floodplain	o. Manageme
oramonoc: The long th	ocal official must certify this info	www.maile.s. t. C	Section C			managame
CECTION E	and the same	mation in a	DECLION G.			
SECTION F - PROPERTY	OWNER (OR OWNER'S	REPRESE	NTATIVE) CE	RTIFICA	ATION	
SECTION F – PROPERTY he property owner or owner's authorized representative.	OWNER (OR OWNER'S	REPRESE	NTATIVE) CE	RTIFICA	ATION	ionual DE
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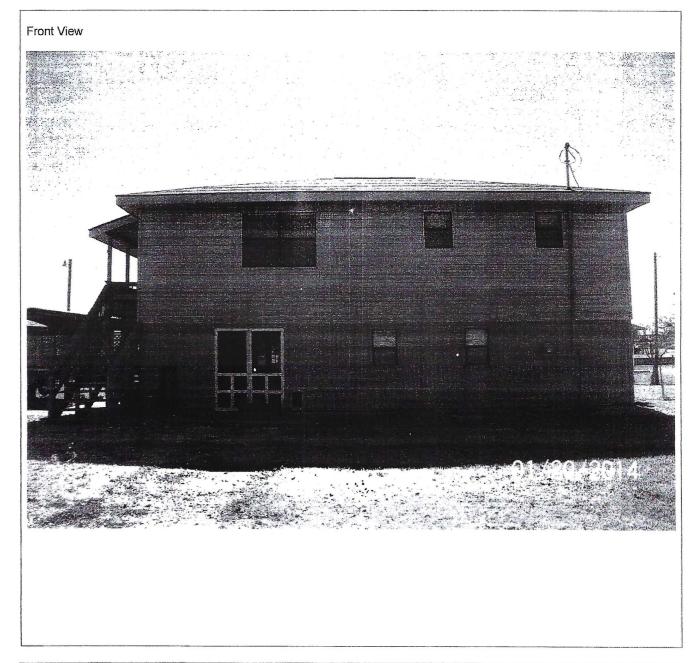
ELEVATION CERTIFICATE, page 3

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No. 147 Oak Circle (County Road #297)	o.) or P.O. Route a	and Box No.	Policy Number:
City Sargent	State TX	ZIP Code 77414	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.

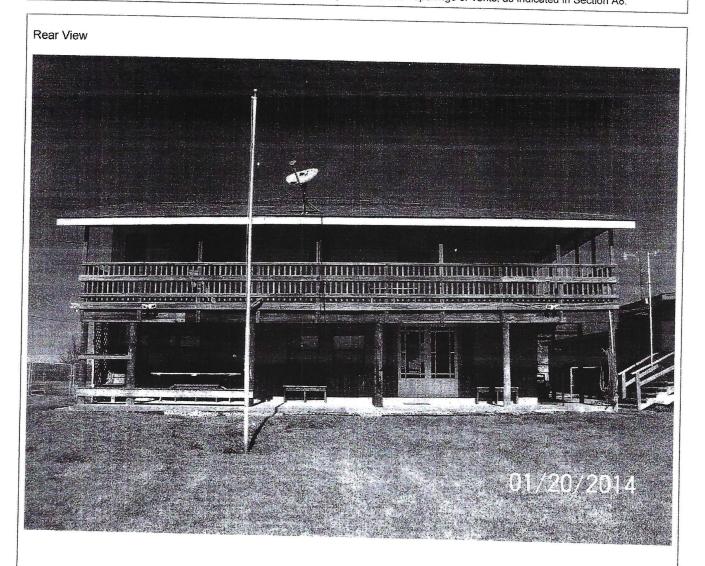


ELEVATION CERTIFICATE, page 4

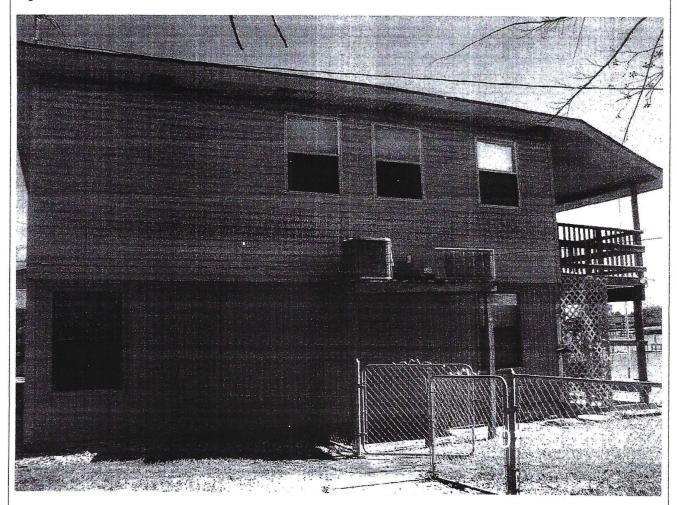
Building Photographs Continuation Page

IMPORTANT: In these spaces, copy th	le corresponding information from C	A	
Building Street Address (including Ant 11 in	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit. 9 147 Oak Circle (County Road #297)	Suite, and/or Bldg. No.) or P.O. Route and Br	Policy Number:	
City Sargent	State TX ZII	Code 77414	Company NAIC Number:
If out house the control of the cont			

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.



Right View



Left View

