

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION

| | | | |
|--|--------------------|---|------------------|
| A1. Building Owner's Name Larry Thompson | | FOR INSURANCE COMPANY USE | |
| A2. Building Street Address 107 Dolphin Avenue | | Policy Number: | |
| City Galveston | State TX | Company NAIC Number: | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 26 Lindale Park | | ZIP Code 77550 | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential | | | |
| A5. Latitude/Longitude: Lat. 29° 19' 03.61" N Long. 94° 46' 12.62" W | | 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 1A | | | |
| A8. For a building with a crawlspace or enclosure(s): | | A9. For a building with an attached garage: | |
| a) Square footage of crawlspace or enclosure(s) | N/A sq ft | a) Square footage of attached garage | N/A sq ft |
| b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade | N/A | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade | N/A |
| c) Total net area of flood openings in A8.b | N/A sq in | c) Total net area of flood openings in A9.b | N/A sq in |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

| | | | | | |
|---|------------------------|---------------------------------------|---|--------------------------------|--|
| B1. NFIP Community Name & Community Number City of Galveston 485469 | | B2. County Name Galveston | | B3. State TX | |
| B4. Map/Panel Number 485469 0009 | B5. Suffix F | B6. FIRM Index Date 12/6/02 | B7. FIRM Panel Effective/Revised Date 12/6/02 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 11 |

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

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.

Benchmark Utilized: **COG BM** Vertical Datum: **NAVD 88**
 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.

| | |
|--|------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | 10.3 feet |
| b) Top of the next higher floor | N/A feet |
| c) Bottom of the lowest horizontal structural member (V Zones only) | N/A feet |
| d) Attached garage (top of slab) | N/A feet |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | 10.3 feet |
| f) Lowest adjacent (finished) grade next to building (LAG) | 9.2 feet |
| g) Highest adjacent (finished) grade next to building (HAG) | 9.4 feet |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | 9.2 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments.

Certifier's Name **Laurence C. Wall**

License Number **4814**

Title **RPLS**

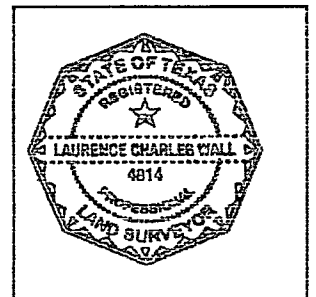
Company Name **TLTS, Inc.**

Address **1801 Moody Avenue**

City **Galveston,** State **TX** ZIP Code **77550-8015**

Signature

Date **4/10/14** Telephone **(409)765-8883**



ELEVATION CERTIFICATE, page 2

| | | | |
|---|-------------|----------------------------------|----------------------|
| 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. 107 Dolphin Avenue | | Policy Number: | |
| City Galveston | State TX | ZIP Code 77551 | Company NAIC Number: |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments No machinery found below C2. b). C2. e) assumes finished floor

Signature *Lance C Wall*

Date 4/10/14

SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

Check here if attachments.

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

| | |
|-----------------------|-----------|
| Local Official's Name | Title |
| Community Name | Telephone |
| Signature | Date |
| Comments | |

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

| | | | | |
|--|--------------------|--------------------------|----------------------------------|--|
| 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 R.O. Route and Box No. 107 Dolphin Avenue | | | Policy Number: | |
| City Galveston | State TX | ZIP Code 77550 | 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.

April 10, 2014

front



rear

