U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

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

ELEVATION CERTIFICATEImportant: 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							RANCE COMPANY USE	
A1. Building Owner's Name BELKNAP 2105376							per:	
A2. Building Street A Box No. 2508 COUNTY ROA	Company N	AIC Number:						
City ROSHARON								
A3. Property Descrip	•		x Parcel	Number, Leg	gal Description, et	c.)		
A4. Building Use (e.	g., Residentia	al, Non-Residential,	Addition,	, Accessory,	etc.) ACCESSO	DRY		
A5. Latitude/Longitu	de: Lat. <u>29°2</u>	20'07.65" N	Long. 95	5°30'44.18" V	V Horizonta	l Datum: NAD 1	927 × NAD 1983	
A6. Attach at least 2	photographs	of the building if the	e Certific	ate is being ι	sed to obtain floo	d insurance.		
A7. Building Diagran	n Number	1B						
A8. For a building wi	th a crawlspa	ce or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) N/A sq ft								
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A								
c) Total net area of flood openings in A8.b N/A sq in								
d) Engineered flood openings?								
A9. For a building with an attached garage:								
a) Square footage of attached garageN/A sq ft								
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 A9.b N/A sq in								
d) Engineered flood openings?								
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
D4 NEID Occurrent			NSURA	i		ORMATION	DO Otata	
B1. NFIP Community Name & Community Number BRAZORIA COUNTY UNINC. 485458			B2. County Name BRAZORIA			B3. State Texas		
B4. Map/Panel Number	B5. Suffix E	36. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)	
48039C0120	K 1	2-30-2020	12-30-2		AE	49.9		
B10. Indicate the so		ase Flood Elevation Community Deteri	` ,		•	in Item B9:		
B11. Indicate elevati	on datum use	ed for BFE in Item B	9: 🗌 N	GVD 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

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IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, an 2508 COUNTY ROAD 758	d/or Bldg. No.) or P.O. F	Route and Box No.	Policy Number:
City ROSHARON		ZIP Code 77583	Company NAIC Number
SECTION C – BUILDING	ELEVATION INFORM	MATION (SURVEY RE	EQUIRED)
	uction Drawings*	Building Under Construilding is complete. In BFE), AR, AR/A, AR/ ed in Item A7. In Puert Im: NAVD 1988 Inelow. Ine BFE. Ineloor)	iction*
g) Highest adjacent (finished) grade next to bui			50.63 × feet meters
h) Lowest adjacent grade at lowest elevation of structural support	deck or stairs, including		N/A feet meters
SECTION D - SURVEY	OR, ENGINEER, OR A	ARCHITECT CERTIF	ICATION
This certification is to be signed and sealed by a land I certify that the information on this Certificate repress tatement may be punishable by fine or imprisonment. Were latitude and longitude in Section A provided by	ents my best efforts to in nt under 18 U.S. Code, S	nterpret the data availa Section 1001. 	law to certify elevation information. able. I understand that any false Check here if attachments.
Certifier's Name	License Number 5565		
Title R.P.L.S. Company Name PROSURV TBPELS FIRM NO. 10119300 Address P.O. BOX 1366 City FRIENDSWOOD	TOBY PAUL COUCHMAN 5565 SUR		
Signature / P. Covchmou	Date 05-27-2021	Telephone (281) 996-1113	Ext.
Copy all pages of this Elevation Certificate and all attac	hments for (1) communit	y official, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and location ELEVATION IN SECTION C2E IS THE AIR CONDIT		e)	

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including 2508 COUNTY ROAD 758			
City ROSHARON	State Texas	ZIP Code 77583	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.



Photo One

Photo One Caption Clear Photo One



Photo Two

Photo Two Caption Clear Photo Two