

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME MATTHEWS		For Insurance Use: Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 2207 Garanhua Blvd.		Company NAIC Number
CITY Near Sargent	STATE Tx	ZIP CODE 77414
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lots 6 & 7, Block 2, Downey's Caney Creek Club, Section 2		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) Residential/Vacation/Rental		
LATITUDE/LONGITUDE (OPTIONAL) (##-##-##.## or ##.####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type); <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other
		<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Unincorporated & 485488		B2. COUNTY NAME Matagorda County	B3. STATE Texas
B4. MAP AND PANEL NUMBER 0450	B5. SUFFIX D	B6. FIRM INDEX DATE 8-1-71	B7. FIRM PANEL EFFECTIVE/REVISED DATE 6-4-92
		B8. FLOOD ZONE(S) V13	B9. BASE FLOOD ELEVATION(S) (Zone AD, use depth of flooding) 11'

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Data: _____

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.

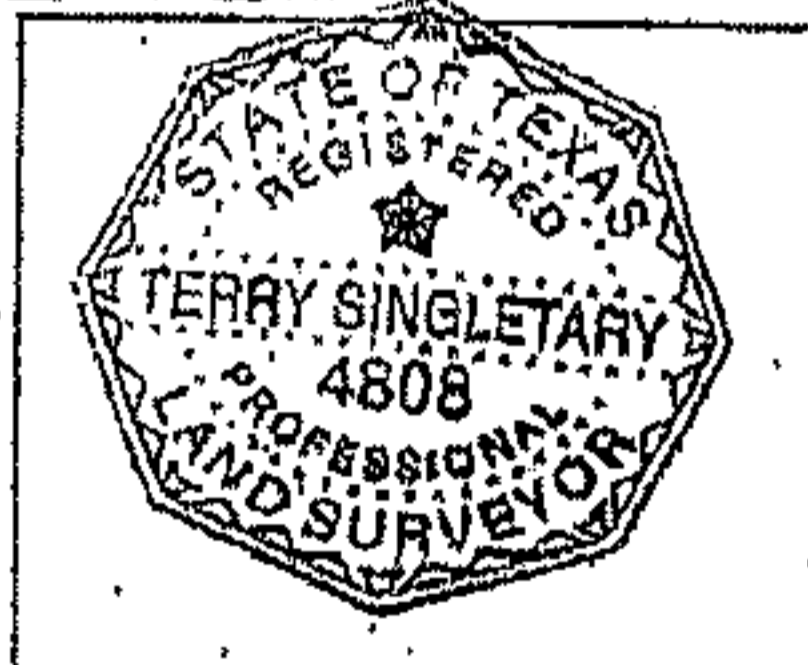
C2. Building Diagram Number 6 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
 Datum: _____ Conversion/Comments: _____

Elevation reference mark used: _____ Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	6. 41 ft.(m)
<input type="checkbox"/> b) Top of next higher floor	N/A. ____ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	13. 20ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	N/A. ____ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	8. 85ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	6. 8ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	5. 7ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	N/A
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	N/A sq. ft. (sq. m)

License Number, Embossed Seal, Signature, and Date



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 in Sections A, B, and C 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.

CERTIFIER'S NAME Terry Singletary LICENSE NUMBER #4808

TITLE Registered Professional Land Surveyor COMPANY NAME Singletary Surveying

ADDRESS 411 N. Jule Drive CITY Lake Jackson STATE TX ZIP CODE 77566

SIGNATURE [Signature] DATE 1-30-04 TELEPHONE 979-299-0003



TEXAS DEPARTMENT OF INSURANCE
 Property & Casualty Program - Windstorm Inspections/ MC 103-1E
 333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104
 (512) 322-2203 or Fax • (512) 322-2273

Certificate of Compliance

WPI-8

Date of Construction:	03/21/2013	Certification Number:	649920
Application ID:	714691	Building Type:	HOUSE
Zone Type:	RESIDENTIAL		

Certification Type:	Certification Detail:	Certification Date:	Engineer/Non-Engineer:
ROOF	ENTIRE RE-ROOF	04/08/2013	NON-ENGINEERED

Location of Property to be Insured:

Street	Lot	Block	Tract or Addition
145 CR 201			CARANCAHUA
City	County	State	
SARGENT	MATAGORDA	TEXAS	
INSIDE CITY LIMITS			
INLAND I - INLAND I - 2006 IRC INTL RESIDENTIAL CODE			

THE INFORMATION CONTAINED IN THIS ELECTRONIC FORM HAS BEEN PROVIDED TO INDICATE EVIDENCE OF CERTIFICATION BY THE TEXAS DEPARTMENT OF INSURANCE. THIS INFORMATION CONFIRMS THAT THE CONSTRUCTION LISTED HAS BEEN EITHER ERECTED, ALTERED, AND/OR REPAIRED IN ACCORDANCE WITH THE BUILDING CONSTRUCTION REQUIREMENTS FOR WINDSTORM COVERAGE AS OUTLINED IN SECTION 6A, ARTICLE 21.49 OF THE TEXAS INSURANCE CODE.