FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

JOB # 1862-00

ELEVATION CERTIFICATE

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

DEDI ACES ALL DESVIOLIS EDITIONS

		Important: Re	Control of the Contro	White the second	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER,	
A		SECTION A - P	ROPERTY OW	NER INFORM	ATION	For Insurance Company Use:
JILDING OWNER'S NAME						Policy Number
DANIEL R. RUIZ JILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.						Company MAIC Number
		pt., Unit, Suite, and/o	r Bidg. No.) OR I	O. ROUTE AND	BUX NO.	Company NAIC Number
2327 BRTAR	LEE DRIVE	· .	***	STATE	E	ZIP CODE .
HOUSTON				TEXAS		77077
ROPERTY DESCRIPTIO	N (Lot and Block	Numbers, Tax Parcel	Number, Legal I	Description, etc.)		
TOT AT BLO	CK 14 OF B	RTAR VILLAGE	SECTION '	PWO (2)		
JILDING USE (e.g., Resi	dential, Non-resid	lential, Addition, Acce	essory, etc. Use	Comments section	n if necessary.)	
RESIDENTIAL	OPTIONALL	HORIZONTA	I DATIM.	SOURCE:	I GPS (Type):	
TITUDE/LONGITUDE (0 ##° - ##' - ##.##" or ##.	#####*°)	NAD 1927		L L	USGS Quad Ma	ap _ Other:
		- Comment				
	SEC1	ION B - FLOOD II	SURANCE RA	TE MAP (FIRM	I) INFORMATIO	N
			B2. COUNTY NA			B3. STATE
I. NFIP COMMUNITY NA	ME & COMMUNI 480296	II A NOWBEK	HARRIS	IVIE	*	TEXAS
HOUSTON	100230					
B4. MAP AND PANEL	B5. SUFFIX	B6. FIRM INDEX		M PANEL REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
NUMBER 480296 0810	ĸ	DATE			AE	83.5
		4/20/00	4/20/00		ed in R0	
). Indicate the source		Lievation (BFE)	Determined	Other (De	ed in po.	
FIS Profile 1. Indicate the elevation	X FIRM	COMMINIONINY	v i NG\/D 1020)escribe):
I. Indicate the elevation	n datum used id	Di tile DEC III D9. [.	Suctan (CRPS	area or Other	wise Protected A	rea (OPA)? Yes X No
	eg in a Coastar i	Daniel Kespuices	System (ODINO	y area or ourier		
Designation Date:_						
	SECTIO	N C - BUILDING E	LEVATION IN	ORMATION (S	URVEY REQUI	RED)
pages 6 and 7. If no Elevations – Zones A Complete items C3a the datum used for the	diagram accura 1-A30, AE, AH, i below accordi ne BFE in Section space provided Conversion/O	ately represents the A (with BFE), VE, ng to the building on B, convert the do or the Comments	building, provi V1-V30, V (with liagram specificatum to that use area of Section	de a sketch or part of the BFE), AR, AR, and in Item C2. Seed for the BFE. D or Section G	photograph.) /A, AR/AE, AR/A tate the datum u Show field meas , as appropriate, mark used appe	s certificate is being completed - second- a1-A30, AR/AH, AR/AO sed. If the datum is different from urements and datum conversion to document the datum conversion ar on the FIRM? Yes No
a) Top of bottom i	loor (including b	asement or enclos	sure)	84	① ft.(m) 👼	
D b) Top of next hig			<u>.</u>		ft.(m) o	
C) Bottom of lowe	st horizontal str	uctural member (V	zones only)	÷:	ft.(m)	
☐ d) Attached garag		•	-	<u>. </u>	ft.(m) fg	
☐ e) Lowest elevation	on of machinery	and/or equipment			2 6	
servicing the b	uilding				ft.(m) ft.(m)	,
() f) Lowest adjacen	t grade (LAG)	المسعدات الماليات	, pr	-83	ft.(m) - ≥ 5	
a g) Highest adjace			populario		ft.(m)	
D h) No. of permane	ent openings (flo	ood vents) within 1	ft. above adjac	ent grade		
i) Total area of all	permanent ope	nings (flood vents)	in C3h	sq. iı	n. (sq. cm)	
	SECTIO	ON D - SURVEYOR	RENGINEER	OR ARCHITEC	T CERTIFICATI	ON
*****			THE RESIDENCE OF THE PARTY OF T	NAME AND ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNER, WHEN PERSON AND ADDRESS OF THE OWNER, WHEN		The state of the s
his certification is to be	signed and sea	A P and Can this	cyoi, cilgilleel,	peante my haef	efforts to interne	certify elevation information. et the data available.
certify that the informa understand that any fa	uon in Sections	n, D, allu C Uli IIIIS	hu fine er imeric	onment under	1811S Code Se	action 1001.
understand that any fa ERTIFIER'S NAME	ise statement m	iay de puriistiable i	by line of impris	LIC	ENSE NUMBER	700077
FRED W. LAWTO	N				ENSE NUMBER 321	
TLE	1	TAMO CIPOTEST		PANY NAME	2 Clibusa	
REGISTERED PRODUCES	DERSOLUNAL	THUND SOKARAG	CITY	SOUTH TEXAS	S SURVEY STATE	ZIP CODE
11281 RICHMON	D/ MUENUE S	JE. J-101	HOUST		TEXA	
GNATURE -	THY Youl		6/22/00		TELEPH 281-5	ONE 56-6918