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

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

ELEVATION CERTIFICATE

Important: 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.

	FOR INSUR	FOR INSURANCE COMPANY USE								
A1. Building Owner's Name TLS Job# 21-0225 GCAD Long Acct No: 5627-0000-0004-000							Policy Number:			
TLS Job# 21-022										
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.							Company NAIC Number:			
9618 Teichman Road										
Galveston	City State Galveston Texas						ZIP Code 77554			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)										
LOT 4 ROSE PARKER ADDN NO 3, Parcel No. 501543										
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL										
A5. Latitude/Longi	A5. Latitude/Longitude: Lat. 29°16′51.57"N Long. 94°52′42.47"W Horizontal Datum: ☐ NAD 1927 ☒ 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 6										
A8. For a building with a crawlspace or enclosure(s):										
a) Square footage of crawlspace or enclosure(s) 263 sq ft										
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 4										
c) Total net area of flood openings in A8.b 800 sq in										
d) Engineered flood openings? 🗵 Yes 🗌 No										
A9. For a building with an attached garage:										
a) Square footage of attached garageNA sq ft										
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA										
c) Total net area of flood openings in A9.b NA sq in										
d) Engineered flood openings?										
a,gs.casaa spsgs 135 145										
	SE	CTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION				
B1. NFIP Community Name & Community Number				B2. County Name			B3. State			
Galveston, City of - 485469				GALVESTON		N	Texas			
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	Base Flood Elevation(s) (Zone AO, use Base Flood Depth)			
48167C 0420	G	08-15-2019	08-15-2019		AE	13'				
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 X 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 I	Designation Date: CBRS DPA									
1										

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE										
Building Street Address (including Apt., Unit, Suite, and/or 9618 Teichman Road	Policy Number:										
City State	e ZIP (Code	Number								
Galveston Tex	as 7755	54	pimeO avioyel3 :	art io sagon ta yta' sa							
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. In Puerto Rico only, enter meters.											
Benchmark Utilized: 63 (PID AW5707) 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. Check the measurement used.											
a) Top of bottom floor (including basement, crawlspa	ace, or enclosure floor)	6.0	⊠ feet	meters							
b) Top of the next higher floor		18.0	⊠ feet	meters							
	- () (7)	NA		☐ meters							
c) Bottom of the lowest horizontal structural membe	r (v Zones only)	NA NA	∑ feet	☐ meters							
d) Attached garage (top of slab)	to to on the collection of	IVA	\[\begin{align*} \lambda & \text{icct} \\ \text{icct} & \text{icct} \end{align*}	motore							
 e) Lowest elevation of machinery or equipment serv (Describe type of equipment and location in Com- 	ments)	NA	I feet	meters							
f) Lowest adjacent (finished) grade next to building	(LAG)	4.5	X feet	meters							
g) Highest adjacent (finished) grade next to building	(HAG)	4.5		meters							
 h) Lowest adjacent grade at lowest elevation of dec structural support 	k or stairs, including	6.0	Ifeet	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 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.											
Were latitude and longitude in Section A provided by a lic	ensed land surveyor?	⊠Yes □ No	Check here	e if attachments.							
Certifier's Name	License Number 659	L RAIL et	at and trading								
Brene Addison brene@triconlandsurveying.com		OF									
Title Registered Professional Land Surveyor	A GISTER +										
Company Name											
Tricon Land Surveying, LLC	BRENE	ADDISON									
Address Physical: 2011 59th Street Mailing: 6341 Stewart Rd	V POLE	598 F 0									
City Galveston	State Texas	ZIP Code 77551		JUR							
Signature	Date	Telephone	Ext.								
Solar	04/30/2021	(409) 497-2772									
Copy all pages of this Elevation Certificate and all attachme	nts for (1) community of	ficial, (2) insurance	agent/company, and	d (3) building owner.							
Comments (including type of equipment and location, per	C2(e), if applicable)										