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.

| | | | ., | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------|-----------------------|---------------------|------------------------------|--|
| | ION A — PROPERTY | INFORMATION | | | RANCE COMPANY USE | |
| AI. Building Owner's Name BAYWAY HOMES INC | | | | Policy Numl | ber: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) Or P.O. Route and Box No. 45 ARMAND SHORE DRIVE | | | oute and | Company NAIC Number | | |
| City HOUSTON | | State TX | 2 | IP Code 7705 | 8 | |
| A3. Property Description (Lot and LOT 40, BLOCK 2 OF ARMANWIL | , | cel Number, Legal Desc | cription, etc.) | | | |
| A4. Building Use (e.g., Residenti | al, Non-Residential, Additi | on, Accessory, etc.) R | ESIDENTIAL | | | |
| A5. Latitude/Longitude: Lat: <u>29</u> | <u>°33'43.0"N</u> L | ong. <u>95°04'29.9"W</u> | Horizontal D | atum: 🗆 NA | D 1927 🖂 NAD 1983 | |
| A6. Attach at least 2 photographs | s of the building if the Certifi | cate is being used to ob | tain flood insurance | | | |
| A7. Building Diagram Number <u>*5</u> | <u>.</u> | | | | | |
| A8. For a building with a crawlspa | ace or enclosure(s): | | | | | |
| a) Square footage of craw | lspace or enclosure(s) | <u>*1275</u> sq. ft. | | | | |
| b) Number of permanent flo | ood openings in the crawls | pace or enclosure(s) w | ithin 1.0 foot above | adjacent gra | ade <u>*0</u> | |
| c) Total net area of flood op | enings in A8.b. <u>*</u> . | sq. in | | | | |
| d) Engineered flood openi | ngs? 🗆 Yes 🖾 No | | | | | |
| A9. For a building with an attache | ed garage: | | | | | |
| a) Square footage of attac | hed garage N/A | . sq. ft. | | | | |
| b) Number of permanent flo | ood openings in the attach | ed garage within 1.0 fo | ot above adjacent g | rade <u>N/A</u> | <u> </u> | |
| c) Total net area of flood op | enings in A9.b <u>N/A</u> | sq. in | | | | |
| d) Engineered flood openi | ngs? 🗆 Yes 🛛 No | | | | | |
| SE | | URANCE RATE MAP | (FIRM) INFORMA | TION | | |
| B1. NFIP Community Name & Co | mmunity Number | B2. County Name |) | | B3. State | |
| CITY OF PASADENA 480307 | | HARRIS | | | ТХ | |
| B4. Map/Panel B5. Suffix | | 7. FIRM Panel | B8. Flood Zone(s) | | se Flood Elevation(s) | |
| Number M | Date | Effective/ Revised Date | | | ne AO, use Base od Depth) | |
| 48201C1090 | 11/15/2019 | 01/06/2017 | AE & VE | AE | 15.0' & VE 17.0' | |
| B10. Indicate the source of the | Base Flood Elevation (BFE | E) data or base flood de | pth entered in Item E | 9: | | |
| 🗆 FIS Profile 🛛 FIRM | Community Determine | ed \Box Other/Source: | N/A | | | |
| B11. Indicate elevation datum u | sed for BFE in Item B9: \Box | NGVD 1929 🗆 NAV | ′D 1988 □ Other/ | Source: <u>N</u> | AVD 1988 W/2001 ADJ | |
| B12. Is the building located in a | Coastal Barrier Resources | System (CBRS) area | or Otherwise Protec | ted Area (0 | DPA)? 🗆 Yes 🗵 No | |
| Designation Date: <u>N/A</u> | | | | , | - | |
| | | | | | | |

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

| IMPORTANT: In these spaces, copy the correspon Building Street Address (including Apt., Unit, Suite, and/or 45 ARMAND SHORE DRIVE | | | FOR INSURANCE COMPANY USE Policy Number: | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------|---------------------------------------------|--|--|--|
| City S HOUSTON TX | | P Code 058 | Company NAIC Number | | | |
| SECTION C — BUILDING | ELEVATION INFORM | MATION (SURVEY R | EQUIRED) | | | |
| CI. Building elevations are based on: Construction | | | | | | |
| *A new Elevation Certificate will be required wh | | | | | | |
| C2. Elevations — Zones A1—A30, AE, AH, A (with BFE), V Complete Items C2.a—h below according to the bu | | | | | | |
| Benchmark Utilized: HCFCD RM010030 = 12.18' Vertical Datum: NAVD 1988 W/ 2001 ADJ | | | | | | |
| Indicate elevation datum used for the elevations in | items a) through h) belo | DW. | | | | |
| □ NGVD 1929 □ NAVD 1988 □ Oth | er/Source: <u>NAVD 1</u> | 988 W/2001 ADJ | | | | |
| Datum used for building elevations must be the sa | me as that used for the l | BFE. | Check the measurement used. | | | |
| a) Top of bottom floor (including basement, craw | lspace, or enclosure flo | or) <u>21.0</u> | 🛛 feet 🛛 meters | | | |
| b) Top of the next higher floor | | N/A | 🛛 feet 🛛 meters | | | |
| c) Bottom of the lowest horizontal structural memb | per (V Zones only) | N/A | 🛛 feet 🛛 meters | | | |
| d) Attached garage (top of slab) | | N/A | 🛛 feet 🗆 meters | | | |
| e) Lowest elevation of machinery or equipment s (Describe type of equipment and location in Co | | _N/A | 🛛 feet 🛛 meters | | | |
| f) Lowest adjacent (finished) grade next to building | g (LAG) | 12.1 | 🛛 feet 🛛 meters | | | |
| g) Highest adjacent (finished) grade next to building | ng (HAG) | 12.6 | 🛛 feet 🗀 meters | | | |
| h) Lowest adjacent grade at lowest elevation of d structural support | eck or stairs, including | _N/A | 🛛 feet 🛛 meters | | | |
| SECTION D - SURVE | OR, ENGINEER, O | R ARCHITECT CER | | | | |
| This certification is to be signed and sealed by a land so I certify that the information on this Certificate represen- statement may be punishable by fine or imprisonment | ts my best efforts to inte | rpret the data available | | | | |
| Were latitude and longitude in Section A provided by a | licensed land surveyor? | ⊠Yes □ No | □Check here if attachments. | | | |
| Certifier's Name ROBERT D. ELLIS | License Number 4006 | | A A A A A A A A A A A A A A A A A A A | | | |
| Title REGISTERED PROFESSIONAL LAND SURVEYO | R | | RECONTERED TO | | | |
| Company Name ELLIS SURVEYING SERVICES, LLC | | | ROBERT D. ELLIS | | | |
| Address 2805 25 th AVE N | 4006 F 05 9 | | | | | |
| City TEXAS CITY | State TX | ZIP Code 77590 | CO SURVEY | | | |
| Signatore | Date 12/22/2022 | Telephone (409) 938 - 8700 | | | | |
| Copy all pages of this Elevation Certificate and all attachn | nents for (1) community of | official, (2) insurance ag | ent/company, and (3) building owner. | | | |
| Comments (including type of equipment and location, p | per C2(e), if applicable) | | | | | |
| *BOTTOM ENCLOSED WITH BREAKAWAY AND/OR CROWN OF ARMAND SHORE DR. = 12.1'. C2A ELV. BM IS ON THE SW CORNER OF A CONC BRIDGE O FOUNDATION IS WITHIN ZONE AE W/ A CANTILEVE | IS TOP OF STRINGER N NASA RD 1 AND BE | BOARD ING 0.1 MILE SOUTH | OF SPACE CENTER BLVD | | | |
| EEMA Earm 096 0 22 (12/10) | | 1 | Form Page 2 of 6 | | | |

| IMPORTANT: In these spaces, copy the cor | responding informa | tion from Section A. | FOR INSURANCE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------|---------------------------------------|
| Building Street Address (including Apt., Unit, Suite, 45 ARMAND SHORE DRIVE | and/or Bldg. No.) Or F | P.O. Route and Box No. | Policy Number: |
| City HOUSTON | State TX | ZIP Code 77058 | Company NAIC Number |
| | | FORMATION (SURVEY NO IE A (WITHOUT BFE) | T REQUIRED) |
| For Zones AO and A (without BFE), complete Items complete Sections A, B, and C. For Items E1—E enter meters. | | | |
| E1. Provide elevation information for the following the highest adjacent grade (HAG) and the a) Top of bottom floor (including basement | e lowest adjacent gr | opriate boxes to show whether ade (LAG). | the elevation is above or below |
| crawlspace, or enclosure) is b) Top of bottom floor (including basemen | · | ⊠ feet □ meters | \Box above or \Box below the HAG. |
| crawlspace, or enclosure) is | | \Box \boxtimes feet \Box meters | - |
| E2. For Building Diagrams 6-9 with permanent flo the next higher floor (elevation C2.b in | ood openings provided | l in Section A Items 8 and/or 9 | (see pages 1-2 of Instructions), |
| the diagrams) of the building is | | I feet meters | \Box above or \Box below the HAG. |
| E3. Attached garage (top of slab) is | | 🛛 feet 🗆 meters | above or \Box below the HAG. |
| E4. Top of platform of machinery and/or equipments servicing the building is | nt | □ feet □meters | \Box above or \Box below the HAG. |
| E5. Zone AO only: If no flood depth number is ava management ordinance? □Yes □No □Unkno | | | |
| SECTION F - PROPE | RTY OWNER (OR | OWNER'S REPRESENTATI | VE) CERTIFICATION |
| The property owner or owner's authorized repr or community-issued BFE) or Zone AO must sign knowledge. | | | |
| Property Owner or Owner's Authorized Represent | ntative's Name | | |
| Address | | City Sta | ate ZIP Code |
| Signature | | Date Te | lephone |
| Comments | | | |
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| IMPORTANT: In these spaces, copy the correspon | | | | | | | SURANCE COMPANY USE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------|-------------------|------------------|-----------------|------------------------|-----------------------------|
| Building Street Address (including Apt., Unit, Suite, ar 45 ARMAND SHORE DRIVE | nd/or Bldg. No.) or P.O. Ro | oute and Box No. | | | F | Policy Nu | imber: |
| City HOUSTON | State TX | ZIP Code 77058 | | | C | Company | / NAIC Number |
| SECTIO | ON G - COMMUNITY | (INFORMATIO | N (O | ΡΤΙΟ | ONA | L) | |
| The local official who is authorized by law or ordinand Sections A, B, C (or E), and G of this Elevation Certif used in Items G8-G10. In Puerto Rico only, enter me | icate. Complete the applic | | | | | | |
| G1. The information in Section C was taken from engineer, or architect who is authorized by data in the Comments area below.) | n other documentation tha law to certify elevation info | t has been signed a ormation. (Indicate th | ind sea he sou | aled b irce a | y a li nd da | censed s ate of the | surveyor, e elevation |
| G2. C A community official completed Section E for or Zone AO. | or a building located in Zor | ne A (without a FEM | A-issu | ed or | com | munity-is | ssued BFE) |
| G3. | provided for community f | oodplain managem | ent pu | rpose | S. | | |
| G4. Permit Number | G5. Date Permit Issued | | | G6. | | e Certific npliance | ate of /Occupancy Issued |
| G7. This permit has been issued for: | Construction | Substantial Imp | prover | nent | | | |
| G8. Elevation of as-built lowest floor (including base of the building: | ement) | | | feet | | meters | Datum |
| G9. BFE or (in Zone AO) depth of flooding at the bu | ilding site: | | | feet | | meters | Datum |
| G10. Community's design flood elevation: | | | | feet | | meters | Datum |
| Local Official's Name | | Title | | | | | |
| Community Name | | Telephone | | | | | |
| Signature | | Date | | | | | |
| Comments (including type of equipment and location, | per C2(e), if applicable) | | | | | | |
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| | | | | | | | Check here if attachments. |

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

| MPORTANT: In these spaces, co | ppy the corresponding information from | Section A. | FOR INSURANCE COMPAN |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------|
| Building Street Address (including SARMAND SHORE DRIVE | Apt., Unit, Suite, and/or Bldg. No.) or P.O. | Route and Box No. | Policy Number: |
| City HOUSTON | State TX | ZIP Code 77058 | Company NAIC Number |
| instructions for Item A6. Identify a "Left Side View." When applicable | e to obtain NFIP flood insurance, affix at Il photographs with date taken; "Front View le, photographs must show the foundatior If submitting more photographs than will fi | v" and "Rear View"; and, if requir n with representative examples | ed, "Right Side View" and of the flood openings or |
| FRONT VIEW | | | |
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BUILDING PHOTOGRAPHS

Continuation Page

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

| MPORTANT: In these spaces, copy the | e corresponding information from | Section A. | FOR INSURANCE COMPANY US |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------|---------------------------|
| Building Street Address (including Apt., U 45 ARMAND SHORE DRIVE | Jnit, Suite, and/or Bldg. No.) or P.O. | Route and Box No. | Policy Number: |
| 014 | 04-4- | 710.0 - 1- | |
| City HOUSTON | State TX | ZIP Code 77058 | Company NAIC Number |
| If submitting more photographs than wi with: date taken; "Front View" and "F photographs must show the foundation | Rear View"; and, if required, "Rigl | nt Side View" and "Left Side | e View." When applicable, |
| REAR VIEW | | | |
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