# **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. |  |  |  |  |  |
|---|--|--|--|--|--|
| SECTION A – PROPERTY INFORMATION  | FOR INSURANCE COMPANY USE                                  |  |  |  |  |
| A1. Building Owner's Name<br>ERIC WARGO   | Policy Number:   |  |  |  |  |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and<br>Box No.  | Company NAIC Number:                                       |  |  |  |  |
| 14 BACK BAY CIR   |  |  |  |  |  |
| GALVESTON State Texas   | ZIP Code<br>77551  |  |  |  |  |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>ABST 121 HALL & JONES SUR LOT 7 BACKBAY SUB       |  |  |  |  |  |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL  | -  |  |  |  |  |
| A5. Latitude/Longitude: Lat. 29°16'36.50"N Long. 94°50'34.98"W Horizontal Datu  | im: 🗌 NAD 1927 🔳 NAD 1983                                  |  |  |  |  |
| A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insu   | rance.   |  |  |  |  |
| A7. Building Diagram Number <u>1B</u>   |  |  |  |  |  |
| A8. For a building with a crawlspace 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 abov  | e adjacent grade N/A                                       |  |  |  |  |
| c) Total net area of flood openings in A8.b N/A sq in   |  |  |  |  |  |
| d) Engineered flood openings?  Yes No   |  |  |  |  |  |
| A9. For a building with an attached garage:   |  |  |  |  |  |
| a) Square footage of attached garage 460 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? 🗌 Yes 🔳 No  |  |  |  |  |  |
|   |  |  |  |  |  |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORM  |  |  |  |  |  |
| B1. NFIP Community Name & Community Number B2. County Name B3. State  |  |  |  |  |  |
| CITY OF GALVESTON 485469 GALVESTON Texas  |  |  |  |  |  |
| B4. Map/Panel<br>NumberB5. SuffixB6. FIRM Index<br>DateB7. FIRM Panel<br>Effective/<br>Revised DateB8. Flood<br>Zone(s)<br>AEB9.                  | Base Flood Elevation(s)<br>(Zone AO, use Base Flood Depth) |  |  |  |  |
| 48167C0439 G 08/15/2019 08/15/2019  | 11   |  |  |  |  |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:   |  |  |  |  |  |
| B11. Indicate elevation datum used for BFE in Item B9: 🗌 NGVD 1929 🗌 NAVD 1988 🔳 Other/Source: NAVD88, ADJ2001                                    |  |  |  |  |  |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🔳 No                      |  |  |  |  |  |
| Designation Date:   |  |  |  |  |  |
|   |  |  |  |  |  |

| ELEVATION CERTIFICATE  | OMB No. 1660-0008<br>Expiration Date: November 30, 2022 |   |  |
|--|---|---|--|
| IMPORTANT: In these spaces, copy the correspon   | FOR INSURANCE COMPANY USE                               |   |  |
| Building Street Address (including Apt., Unit, Suite, an<br>14 BACK BAY CIR  | Policy Number:  |   |  |
| City   | Company NAIC Number                                     |   |  |
| GALVESTON  | Texas   | 77551   |  |
| SECTION C – BUILDING   | ELEVATION INFOR   | MATION (SURVEY R                                | EQUIRED)   |
| C1. Building elevations are based on: Constr<br>*A new Elevation Certificate will be required wh   | ruction Drawings*                                       | Building Under Constru<br>puilding is complete. | uction* 🔲 Finished Construction  |
| C2. Elevations – Zones A1–A30, AE, AH, A (with B<br>Complete Items C2.a–h below according to the<br>Benchmark Utilized: GPS-Top Net (Local Real Tir                      | building diagram speci                                  | fied in Item A7. In Puer                        | to Rico only, enter meters.  |
| Indicate elevation datum used for the elevations   | s in items a) through h)                                | below.  |  |
| 🗌 NGVD 1929 🔲 NAVD 1988 🔳 Ot   | her/Source: NAVD 1                                      | 988, ADJ 2001                                   |  |
| 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, cra  | wispace or enclosure                                    | floor) 12.8                                     | feet measurement used.   |
| b) Top of the next higher floor  |   | N / A   |  |
| c) Bottom of the lowest horizontal structural me   | amber (\/ Zones only)                                   | N/A   |  |
| d) Attached garage (top of slab)   |   | 12.2  |  |
| <ul> <li>e) Lowest elevation of machinery or equipmen<br/>(Describe type of equipment and location in</li> </ul>   | t servicing the building<br>Comments)                   | 12.3  | ■ feet 		meters  |
| f) Lowest adjacent (finished) grade next to bui  |   | 11.9  | feet meters  |
| g) Highest adjacent (finished) grade next to bu  | <b>C</b> ( )  | 12.1  | feet meters  |
| h) Lowest adjacent grade at lowest elevation of  |   |   |  |
| structural support   |   | <sup>19</sup> <u>N / A</u>                      | feet meters  |
| SECTION D – SURVEY   | OR, ENGINEER, OR  | ARCHITECT CERTIF                                | ICATION  |
| This certification is to be signed and sealed by a lan<br>I certify that the information on this Certificate repre-<br>statement may be punishable by fine or imprisonme | sents my best efforts to                                | interpret the data availa                       | y law to certify elevation information.<br>able. I understand that any false |
| Were latitude and longitude in Section A provided by   | y a licensed land survey                                | /or? 🔳 Yes 🗌 No                                 | Check here if attachments.   |
| Certifier's Name   | License Number  |   |  |
| GEORGE JOSEPH MALIAKKAL  | RPLS 5  | 180   | TEOFTE   |
| Title<br>Registered Professional Land Surveyor   |   |   | CS. REGISTERES.  |
| Company Name   |   |   |  |
| Elevation Express Land Surveys   | Firm Registr  | ation # 10191800                                | GEORGE JOSEPH MALIAKKAL  |
| 1450 W. Grand Parkway S., G-158  | ElevationExpres   | ss@comcast.net                                  | POFESSION A  |
| City   | State   | ZIP Code  | VO SURVE   |
| Katy   | Texas   | 77494   |  |
| Signature grorge y Mahirkkal.  | Date 09/21/20   | Telephone<br>021 281                            | Ext.<br>-674-5685  |
| Copy all pages of this Elevation Certificate and all atta  | chments for (1) commun                                  | ity official, (2) insurance                     | agent/company, and (3) building owner.                                       |
| Comments (including type of equipment and location   | n, per C2(e), if applicabl                              | le)   |  |
| C2e: A/C on slab   |   |   |  |
| Center of Road Elevation: 7.9  |   |   |  |
|  |   |   |  |

| OMB No. 1660-0008               |      |
|---------------------------------|------|
| Expiration Date: November 30, 2 | 2022 |

| IMPORTANT: In these spaces, copy the corresponding information from Section A.   |  |                             | FOR INSURA | NCE COMPANY USE                    |                                     |  |
|--|--|-----------------------------|------------|------------------------------------|-------------------------------------|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>14 BACK BAY CIR   |  |                             | (No.       | Policy Numbe                       | r:                                  |  |
| City State GALVESTON   | ZIF  | Code<br>775                 |            | Company NAI                        | C Number                            |  |
| SECTION E – BUILDING ELEVA<br>FOR ZONE AC  | TION INFORMATION AND ZONE A (WI              |                             |            | REQUIRED)                          |                                     |  |
| For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters. |  |                             |            |                                    |                                     |  |
| <ul> <li>E1. Provide elevation information for the following and check the highest adjacent grade (HAG) and the lowest adjacent proposed of bottom floor (including basement,</li> </ul>   |  | xes to show                 | v whether  | the elevation is                   | s above or below                    |  |
| crawlspace, or enclosure) is   |  | feet                        | meters     | above o                            | r 🗌 below the HAG.                  |  |
| crawlspace, or enclosure) is   |  | feet [                      | meters     | above o                            | r 🗌 below the LAG.                  |  |
| E2. For Building Diagrams 6–9 with permanent flood opening<br>the next higher floor (elevation C2.b in<br>the diagrams) of the building is   | ngs provided in Secti                        | on A Items                  | 8 and/or 9 |                                    |                                     |  |
| E3. Attached garage (top of slab) is   |  | feet [                      | meters     | s 🗌 above o                        | r Delow the HAG.                    |  |
| E4. Top of platform of machinery and/or equipment servicing the building is  |  | feet                        | meters     | above o                            | r Delow the HAG.                    |  |
| E5. Zone AO only: If no flood depth number is available, is floodplain management ordinance?  Yes No   |  |                             |            |                                    | ne community's mation in Section G. |  |
| SECTION F – PROPERTY OWNER   | (OR OWNER'S REF                              | RESENTA                     | TIVE) CE   | RTIFICATION                        |                                     |  |
| The property owner or owner's authorized representative wh community-issued BFE) or Zone AO must sign here. The st   | no completes Section<br>atements in Sections | ns A, B, and<br>A, B, and E | E for Zor  | ne A (without a<br>ect to the best | FEMA-issued or<br>of my knowledge.  |  |
| Property Owner or Owner's Authorized Representative's Na<br>GEORGE JOSEPH MALIAKKAL, PRLS 5180   |  |                             |            |                                    |                                     |  |
| Address<br>1450 W. Grand Parkway S., G-158   | City<br>Kat                                  | y                           | Sta        | <sup>te</sup><br>Texas             | ZIP Code<br>77494                   |  |
| Signature  | Date   | /21/2021                    | Tel        | ephone                             |                                     |  |
| Comments   | 09   | /21/2021                    |            | 281-                               | 674-5685                            |  |
| Comments   |  |                             |            |                                    |                                     |  |
|  |  |                             |            |                                    |                                     |  |
|  |  |                             |            |                                    |                                     |  |
|  |  |                             |            |                                    |                                     |  |
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|  |  |                             |            |                                    |                                     |  |
|  |  |                             |            |                                    |                                     |  |
|  |  |                             |            | Check                              | here if attachments.                |  |

**ELEVATION CERTIFICATE** 

| OMB No.    | 1660-0 | 8000     |     |      |
|------------|--------|----------|-----|------|
| Expiratior | Date:  | November | 30, | 2022 |

| ELEVATION CERTIFICATE  | Expiration Date: November 30, 2022   |                         |  |  |  |  |
|--|--|-------------------------|--|--|--|--|
| IMPORTANT: In these spaces, copy the corr  | FOR INSURANCE COMPANY USE  |                         |  |  |  |  |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>14 BACK BAY CIR |  |                         | lo. Policy Number:   |  |  |  |
| GALVESTON  | STON State ZIP Code Texas 77551  |                         |  |  |  |  |
| SECTIO   | ON G – COMMUNITY INI   | FORMATION (OPTION       | NAL)   |  |  |  |
| Sections A, B, C (or E), and G of this Elevation   | The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters. |                         |  |  |  |  |
|  |  |                         | ned and sealed by a licensed surveyor,<br>ate the source and date of the elevation |  |  |  |
| G2. A community official completed Sect<br>or Zone AO.   | ion E for a building locate  | ed in Zone A (without a | FEMA-issued or community-issued BFE)   |  |  |  |
| G3. The following information (Items G4-   | -G10) is provided for com  | munity floodplain man   | agement purposes.  |  |  |  |
| G4. Permit Number  | G5. Date Permit Issue  | d                       | G6. Date Certificate of<br>Compliance/Occupancy Issued                             |  |  |  |
| G7. This permit has been issued for:   | New Construction   | Substantial Improveme   | nt   |  |  |  |
| G8. Elevation of as-built lowest floor (including of the building:   | g basement)  |                         | ] feet [] meters Datum   |  |  |  |
| G9. BFE or (in Zone AO) depth of flooding at   | the building site:   |                         | feet meters Datum  |  |  |  |
| G10. Community's design flood elevation:   |  | [                       | feet meters Datum  |  |  |  |
| Local Official's Name  |  | Title                   |  |  |  |  |
| Community Name   |  | Telephone               |  |  |  |  |
| Signature  |  | Date                    |  |  |  |  |
|  |  | 09/21/2021              |  |  |  |  |
| Comments (including type of equipment and location, per C2(e), if applicable)  |  |                         |  |  |  |  |
|  |  |                         |  |  |  |  |
|  |  |                         |  |  |  |  |
|  |  |                         |  |  |  |  |
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|  |  |                         |  |  |  |  |
|  |  |                         |  |  |  |  |
|  |  |                         | Check here if attachments.   |  |  |  |

### **ELEVATION CERTIFICATE**

### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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

| IMPORTANT: In these spaces, copy the                          | FOR INSURANCE COMPANY USE |                   |                     |
|---|---------------------------|-------------------|---------------------|
| Building Street Address (including Apt., L<br>14 BACK BAY CIR | Policy Number:            |                   |                     |
| City<br>GALVESTON   | State<br>Texas            | ZIP Code<br>77551 | 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 Caption

09/21/2021

Clear Photo One



FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

Clear Photo Two

#### **ELEVATION CERTIFICATE**

## **BUILDING PHOTOGRAPHS**

**Continuation Page** 

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

| IMPORTANT: In these spaces, copy the                          | FOR INSURANCE COMPANY USE |                   |                     |
|---|---------------------------|-------------------|---------------------|
| Building Street Address (including Apt., L<br>14 BACK BAY CIR | Policy Number:            |                   |                     |
| City<br>GALVESTON   | State<br>Texas            | ZIP Code<br>77551 | Company NAIC Number |

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.



Photo Three Caption

09/21/2021

Clear hoto Three

Photo Four Caption

Photo Four 09/21/2021

Clear Photo Four