**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.

SEC.	TION A — PROPERTY	/ INF	ORMATION		FOR INSU	RANCE COMPANY USE		
AI. Building Owner's Name BAYWAY HOMES INC					Policy Num	ber:		
<ul> <li>A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) Or P.O. Route and Box No.</li> <li>43 ARMAND SHORE DRIVE</li> </ul>					Company N	IAIC Number		
City HOUSTON	•							
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 39, BLOCK 2 OF ARMANWILDE TOWNHOMES								
A4. Building Use (e.g., Resident	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Longitude: Lat: 29	9°33'43.3"N	Long	. <u>95°04'30.0"W</u>	Horizontal	Datum: NA	AD 1927 🛛 NAD 1983		
A6. Attach at least 2 photograph	s of the building if the Cert	ificate	e is being used to ob	tain flood insuran	ce.			
A7. Building Diagram Number <u>*</u>	5							
A8. For a building with a crawlspa	ace or enclosure(s):							
a) Square footage of crav	vlspace or enclosure(s <u>)</u>		<u>*1300</u> sq. ft.					
b) Number of permanent fl	lood openings in the craw	lspac	e or enclosure(s) w	ithin 1.0 foot abov	ve adjacent gr	ade <u>*0</u>		
c) Total net area of flood op	penings in A8.b. <u>*</u>	sq.	in					
d) Engineered flood open	ings? 🗆 Yes 🖂 No							
A9. For a building with an attach	ed garage:							
a) Square footage of attac	ched garage <u>N/A</u>		sq. ft.					
b) Number of permanent fl	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>							
c) Total net area of flood op	penings in A9.b <u>N/A</u>		_sq. in					
d) Engineered flood open	d) Engineered flood openings? $\Box$ Yes $\boxtimes$ No							
SECTION B — FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
B1. NFIP Community Name & Co CITY OF PASADENA 480307	2		B2. County Name HARRIS			B3. State TX		
B4. Map/Panel B5. Suffix			IRM Panel	B8. Flood Zone		se Flood Elevation(s)		
Number M	Date		ffective/ evised Date		Flo	ne AO, use Base od Depth)		
48201C1090	11/15/2019	01	1/06/2017	AE & VE		15.0' & VE 17.0'		
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: <u>N/A</u>								
B11. Indicate elevation datum used for BFE in Item B9: 🛛 NGVD 1929 🖾 NAVD 1988 🖾 Other/Source: <u>NAVD 1988 W/2001 ADJ</u>								
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🛛 Yes 🛛 No								
Designation Date: <u>N/A</u>					,			

ELEVATION CERTIFICATE			OMB No. 1660-0008 Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the corres	sponding information from	n Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, ar 43 ARMAND SHORE DRIVE			Policy Number:
City HOUSTON	State ZIF TX 770	P Code 58	Company NAIC Number
SECTION C - BUILD	ING ELEVATION INFORM	ATION (SURVEY F	REQUIRED)
CI. Building elevations are based on:   Constr	uction Drawings* 🛛 Build	ing Under Constructi	on*   Finished Construction
*A new Elevation Certificate will be required	when construction of the l	ouilding is complete	
C2. Elevations — Zones A1—A30, AE, AH, A (with BF Complete Items C2.a—h below according to th Benchmark Utilized: HCFCD RM010030 = 12	e building diagram specified	in Item A7. In Puerto	&A1—A30, AR/AH, AR/AO. Rico only, enter meters. : NAVD 1988 W/ 2001 ADJ
Indicate elevation datum used for the elevation			
□ NGVD 1929 □ NAVD 1988 □	, , ,		
Datum used for building elevations must be the			
			Check the measurement used.
a) Top of bottom floor (including basement, o	crawlspace, or enclosure floo	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 m	nember (V Zones only)	N/A	🛛 feet 🗆 meters
d) Attached garage (top of slab)		N/A	🛛 feet 🗆 meters
<ul> <li>e) Lowest elevation of machinery or equipme (Describe type of equipment and location i</li> </ul>		_N/A	🛛 feet 🛛 meters
f) Lowest adjacent (finished) grade next to bu	ilding (LAG)	12.1	🛛 feet 🗆 meters
g) Highest adjacent (finished) grade next to b	uilding (HAG)	12.6	🛛 feet 🗆 meters
<ul> <li>h) Lowest adjacent grade at lowest elevation structural support</li> </ul>	of deck or stairs, including	_N/A	🛛 feet 🛛 meters
SECTION D - SUE	VEYOR, ENGINEER, OF		RTIFICATION
This certification is to be signed and sealed by a la I certify that the information on this Certificate repre- statement may be punishable by fine or imprisonn	nd surveyor, engineer, or arc esents my best efforts to inter	hitect authorized by lapret the data available	aw to certify elevation information.
Were latitude and longitude in Section A provided I		⊠Yes □ No	Check here if attachments.
Certifier's Name	License Number 4006		
ROBERT D. ELLIS Title	4000		OF TELT
REGISTERED PROFESSIONAL LAND SURVE	EYOR		A REGISTERED OF
Company Name ELLIS SURVEYING SERVICES, LLC			ROBERT D. ELLIS
Address 2805 25 <sup>th</sup> AVE N			AUGUENT OF
City TEXAS CITY	State TX	ZIP Code 77590	
Signature	Date 12/22/2022	Telephone (409) 938 - 8700	
Copy all pages of this Elevation Certificate and all att	achments for (1) community o	fficial, (2) insurance a	gent/company, and (3) building owner.
Comments (including type of equipment and locati	on, per C2(e), if applicable)		
*BOTTOM ENCLOSED WITH BREAKAWAY AND CROWN OF ARMAND SHORE DR. = 11.8'. C2A BM IS ON THE SW CORNER OF A CONC BRIDO FOUNDATION IS WITHIN ZONE AE W/ A CANT	ELV. IS TOP OF STRINGER GE ON NASA RD 1 AND BEI	BOARD NG 0.1 MILE SOUTH	H OF SPACE CENTER BLVD

INDODIANT: In these success course the courses	unding information from	Castian A	
<b>IMPORTANT: In these spaces, copy the correspo</b> Building Street Address (including Apt., Unit, Suite, and/o	FOR INSURANCE		
43 ARMAND SHORE DRIVE	i Blug. No.) Of F.O. Roule		Policy Number:
- 5	State ZIP X 77058	Code 3	Company NAIC Number
SECTION E — BUILDING E FOR ZONE	ELEVATION INFORMAT		REQUIRED)
For Zones AO and A (without BFE), complete Items E1— complete Sections A, B, and C. For Items E1—E4, use enter meters.	E5. If the Certificate is in	tended to support a L	
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the low			e elevation is above or below
a) Top of bottom floor (including basement, crawlspace, or enclosure) is	·	$oxtimes$ feet $\Box$ meters	$\Box$ above or $\Box$ below the HAG.
<ul> <li>b) Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		$oxtimes$ feet $\Box$ meters	$\Box$ above or $\Box$ below the LAG.
E2. For Building Diagrams 6-9 with permanent flood op the next higher floor (elevation C2.b in	enings provided in Sectior	A Items 8 and/or 9 (se	ee pages 1-2 of Instructions),
the diagrams) of the building is	·	$\boxtimes$ feet $\square$ meters	$\Box$ above or $\Box$ below the HAG.
E3. Attached garage (top of slab) is	;	$ imes$ feet $\Box$ meters	$\Box$ above or $\Box$ below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	·	□ feet □meters	$\Box$ above or $\Box$ below the HAG.
E5. Zone AO only: If no flood depth number is available, management ordinance? □Yes □No □Unknown.	•		, i
SECTION F - PROPERTY	OWNER (OR OWNER'S	REPRESENTATIVE	
The property owner or owner's authorized representa or community-issued BFE) or Zone AO must sign here. knowledge.			
Property Owner or Owner's Authorized Representative	e's Name		
Address	City	State	e ZIP Code
Signature	Date	Telep	bhone
Comments			

IMPORTANT: In these spaces, copy the corresponding information from Section A.							SURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 43 ARMAND SHORE DRIVE					F	Policy Nu	imber:
City HOUSTON	State TX	ZIP Code 77058			(	Company	/ NAIC Number
SECTIO	ON G - COMMUNITY	INFORMATIO	N (O	ΡΤΙ	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 ar prmation. (Indicate th	nd sea ie sou	aled I Irce a	by a li Ind da	icensed 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	e A (without a FEM	A-issu	ed o	. com	munity-is	ssued BFE)
G3.	provided for community f	oodplain manageme	ent pu	rpose	es.		
G4. Permit Number	G5. Date Permit Issued			G6		e Certific mpliance	ate of /Occupancy Issued
G7. This permit has been issued for:	Construction	Substantial Imp	oroven	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:			fee	t 🗆	meters	Datum
G10. Community's design flood elevation:				fee	t 🗆	meters	Datum
Local Official's Name		Title					
Community Name		Telephone					
Signature		Date					
Comments (including type of equipment and location,	per C2(e), if applicable)						
							Check here if attachments.

#### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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

PORTANT. In these spaces, copy	the corresponding information from	Section A.	FOR INSURANCE COMPA
uilding Street Address (including Ap 3 ARMAND SHORE DRIVE	Policy Number:		
ity OUSTON	State TX	ZIP Code 77058	Company NAIC Number
nstructions for Item A6. Identify all p 'Left Side View." When applicable,	o obtain NFIP flood insurance, affix at ohotographs with date taken; "Front View photographs must show the foundation submitting more photographs than will f	w" and "Rear View"; and, if require n with representative examples o	ed, "Right Side View" and of the flood openings or
RONT VIEW			

## **BUILDING PHOTOGRAPHS**

**Continuation Page** 

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

MPORTANT: In these spaces, copy the	RTANT: In these spaces, copy the corresponding information from Section A.		
Building Street Address (including Apt., Ur 43 ARMAND SHORE DRIVE	nit, Suite, and/or Bldg. No.) or P.O.	Route and Box No.	Policy Number:
City HOUSTON	State TX	ZIP Code 77058	Company NAIC Number
If submitting more photographs than will with: date taken; "Front View" and "Re photographs must show the foundation w	ear View"; and, if required, "Righ	nt Side View" and "Left Side	e View." When applicable,
REAR VIEW			
EMA Form 086-0-33 (12/19)	Replaces all pre		Form Page 6 of 6