

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

| | | | |
|---|--------------------|--------------------------|----------------------------------|
| IMPORTANT: In these spaces, copy the corresponding information from Section A. | | | FOR INSURANCE COMPANY USE |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5208 Avenue O | | | Policy Number: |
| City Galveston | State TX | ZIP Code 77551 | Company NAIC Number |

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: COG BM(s) Vertical Datum: NAVD 88

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other/Source: _____

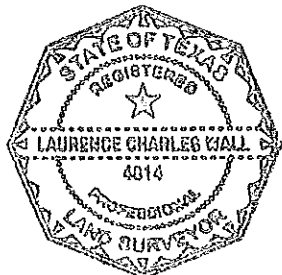
Datum used for building elevations must be the same as that used for the BFE.

| | | |
|---|-------------|------|
| a) Top of bottom floor (including basement, crawspace, or enclosure floor) | <u>9.5</u> | feet |
| b) Top of the next higher floor | <u>12.0</u> | feet |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | feet |
| d) Attached garage (top of slab) | <u>N/A</u> | feet |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | <u>10.5</u> | feet |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>9.3</u> | feet |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>9.5</u> | feet |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>9.3</u> | feet |

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 licensed land surveyor? Yes No Check here if attachments.

| | | |
|---|-------------------------------|---|
| Certifier's Name Laurence C. Wall | License Number 4814 |  |
| Title RPLS | | |
| Company Name TLTS, Inc. | | |
| Address 1801 Moody Avenue | | |
| City Galveston | State TX | |
| Signature <i>Laurence C. Wall</i> | Date 11/16/17 | Telephone 409.765.8883 |
| Ext. | | |

Comments (including type of equipment and location, per C2(e), if applicable)

No necessary information for pages 3 and 4 and therefore not included. Blank pages may be inserted

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 Ted Waterman | | | | | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5208 Avenue O | | | | | Company NAIC Number: | |
| City Galveston | | State TX | | ZIP Code 77551 | | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lots 15 & 16 Block 77 Denver Resurvey | | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u> | | | | | | |
| A5. Latitude/Longitude: Lat. <u>29°17'07.0" N</u> Long. <u>94°49'24.6" W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>6</u> | | | | | | |
| A8. For a building with a crawlspace or enclosure(s): | | | | | | |
| a) Square footage of crawlspace or enclosure(s) <u>1286</u> sq ft | | | | | | |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>2</u> | | | | | | |
| c) Total net area of flood openings in A8.b <u>1856</u> sq in | | | | | | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |
| A9. For a building with an attached garage: | | | | | | |
| a) Square footage of attached garage <u>N/A</u> sq ft | | | | | | |
| 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 openings in A9.b <u>N/A</u> sq in | | | | | | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| SECTION B ■ FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | | |
| B1. NFIP Community Name & Community Number City of Galveston 485469 | | | | B2. County Name Galveston | | B3. State TX |
| B4. Map/Panel Number 485469 0022 | B5. Suffix E | B6. FIRM Index Date 12/6/02 | B7. FIRM Panel Effective/ Revised Date 12/6/02 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 11 | |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ | | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ | | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | | |

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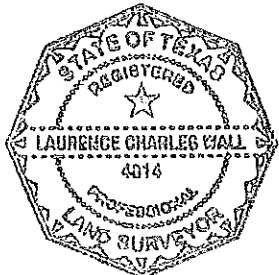
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| Signature <i>Laurence C. Wall</i> | Date 11/16/17 | Telephone 409.765.8883 |
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Comments (including type of equipment and location, per C2(e), if applicable)

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BUILDING PHOTOGRAPHS

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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 One

Front

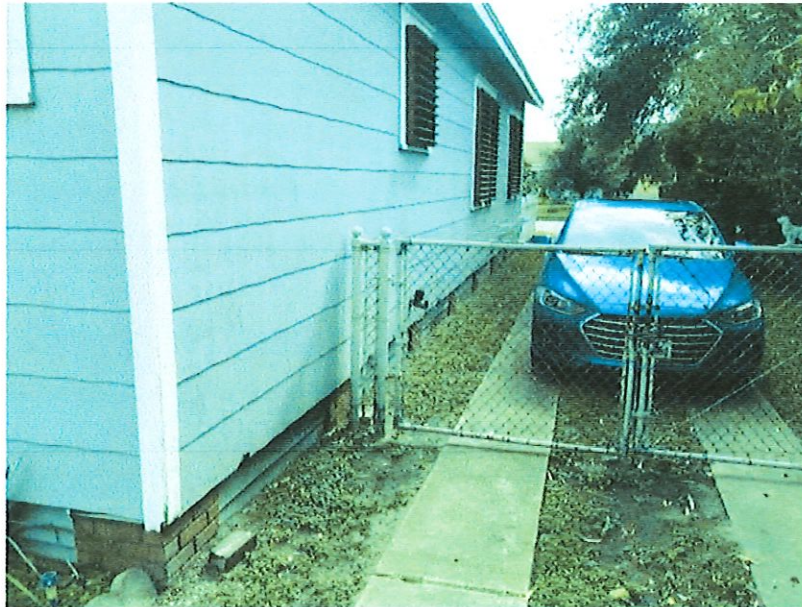


Photo Two

Left

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BUILDING PHOTOGRAPHS

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Photo Three

Right



Photo Four

Rear: AC compressor: see C2. e)