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.

SECTION A - PROPERTY INFORMATION					FOR INSUF	RANCE COMPANY USE	
A1. Building Owner's Name					Policy Num	ber:	
TLS Job# 20-0402 GCAD Long Acct No: 5570-0000-0023-000							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.					Company N	IAIC Number:	
2709 Palm Circle West							
City		State				ZIP Code	
Galveston				Texas		77551	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 23 PALM CIRCLE, Parcel No. 113522							
A4. Building Use (A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longi	tude: Lat.	29°16'29.24"	Long. 9	94°49'31.37"	Horizonta	I Datum: NAD 1	1927 X NAD 1983
A6. Attach at least	2 photograp	ohs of the building if the	e Certific	ate is being u	used to obtain floo	d insurance.	<u></u>
A7. Building Diagra							
		space or enclosure(s):					
İ		lspace or enclosure(s)		NA	sq ft		
ĺ	-	ood openings in the cr		NA o or analogue			
						. above adjacent gra	ade <u>NA</u>
		penings in A8.b	NA	sq ir			
d) Engineered	flood openir	ngs? 🗌 Yes 🗌 N	No				
A9. For a building v	A9. For a building with an attached garage:						
a) Square foot	a) Square footage of attached garage648 sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade							
c) Total net area of flood openings in A9.b NA sq in							
d) Engineered flood openings? Yes No							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number B2. County Name B3. State					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	levation(s) e Base Flood Depth)
48167C 0439	G	08-15-2019		15-2019	AE		10'
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 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 Date: CBRS OPA							

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding in	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or B 2709 Palm Circle West	Policy Number:				
City State Galveston Texa			Company NAIC Number		
SECTION C – BUILDING ELEV	ATION INFORMATI	ON (SURVEY RE	EQUIRED)		
C1. Building elevations are based on: Construction	Drawings*	ing Under Constru	ction*		
*A new Elevation Certificate will be required when con					
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	0.88)		
Indicate elevation datum used for the elevations in iter		<i>1</i> .			
☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/So Datum used for building elevations must be the same		E.			
			Check the measurement used.		
a) Top of bottom floor (including basement, crawlspage)	ce, or enclosure floor)		X feet meters		
b) Top of the next higher floor		NA			
c) Bottom of the lowest horizontal structural member	(V Zones only)	NA			
d) Attached garage (top of slab)		8.6			
e) Lowest elevation of machinery or equipment service (Describe type of equipment and location in Comm	cing the building nents)	8.9			
f) Lowest adjacent (finished) grade next to building (LAG)	7.9			
g) Highest adjacent (finished) grade next to building ((HAG)	8.3			
h) Lowest adjacent grade at lowest elevation of deck structural support	or stairs, including	8.4			
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 lice			Check here if attachments.		
Certifier's Name	License Number				
Brene Addison brene@triconlandsurveying.com	659	98 	OF TO		
Title Registered Professional Land Surveyor	A GISTER				
Company Name			DELLE ADUCAL		
Tricon Land Surveying, LLC			BRENE ADDISON		
Address Physical: 2011 59th Street Mailing: 6341 Stewart Rd.	7 0 0598 F 0				
City Galveston	State Texas	ZIP Code 77551	SUR		
Signature L. Ludu	Date 06/09/2020	Telephone (409) 497-2772	Ext.		
Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2(e), if applicable)					
C2e: REFERS TO TOP OF CONCRETE A/C PLATFORM LOCATED NORTH SIDE OF HOUSE.					
626. NEI ENGTO TOP OF CONONETE ACTEMITORINI ECONTED NONTH GIBE OF HOUSE.					

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy to	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 2709 Palm Circle West	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Galveston	Texas	77551	- 19° 12

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

Photo One Caption FRONT VIEW Photo Taken: 6/9/20 Clear Photo One





Photo Two

Photo Two Caption **REAR VIEW** Photo Taken:

6/9/20

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the c	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit 2709 Palm Circle West	Policy Number:		
City	State	ZIP Code	Company NAIC Number
Galveston	Texas	77551	

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

Photo Three Caption NORTH SIDE VIEW

Photo Taken: 6/9/20

Clear Photo Three



Photo Four

Photo Four Caption SOUTH SIDE VIEW

Photo Taken: 6/9/20

Clear Photo Four