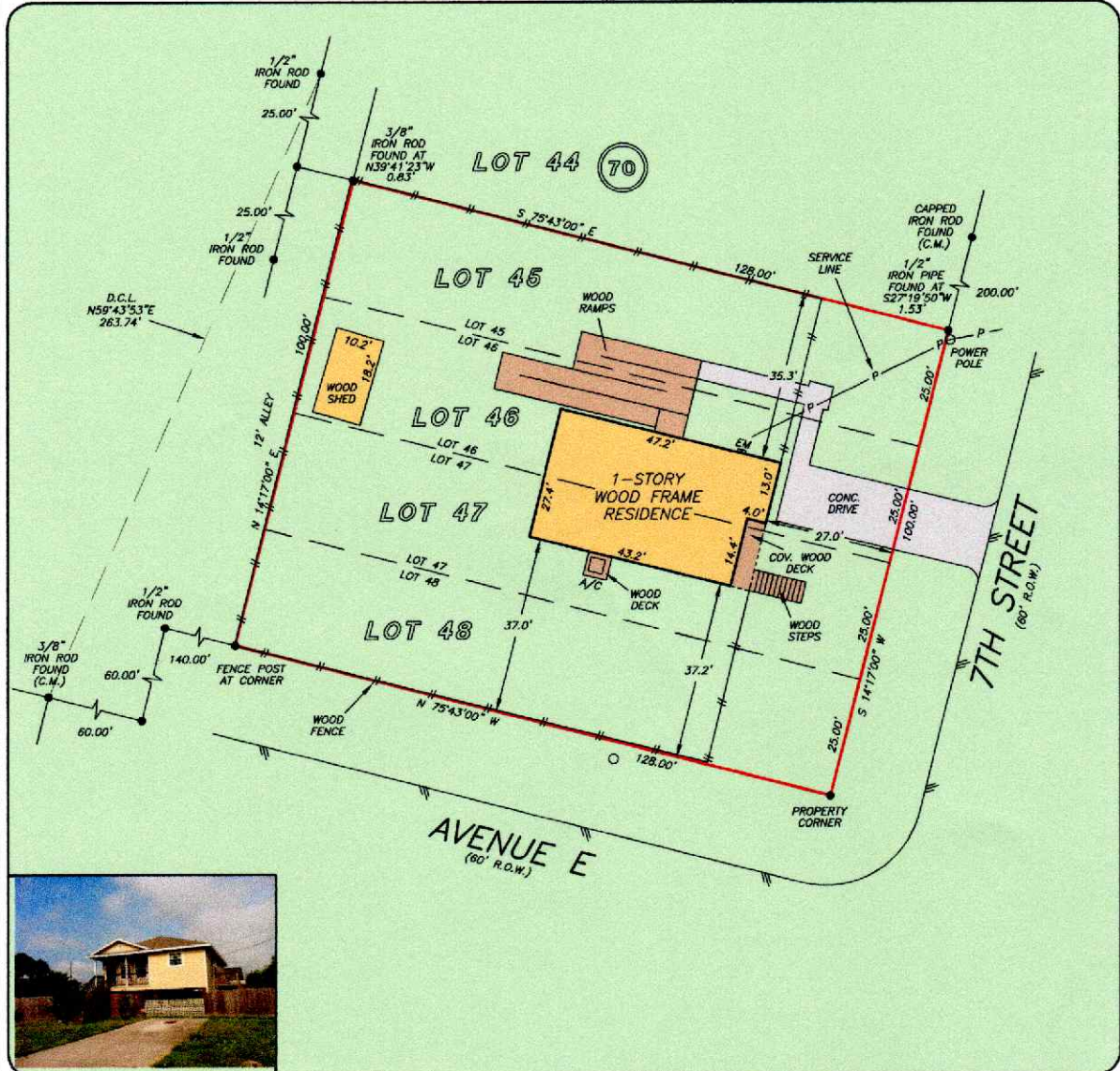


GF NO. 2130194-H045 FIRST AMERICAN TITLE  
 ADDRESS: 448 7TH STREET  
 SAN LEON, TEXAS 77539  
 BORROWER: DALE GRAY AND  
 DIXIE GRAY

# LOTS 45, 46, 47 AND 48, BLOCK 70 SAN LEON

A SUBDIVISION IN GALVESTON COUNTY, TEXAS  
 ACCORDING TO THE MAP OR PLAT THEREOF RECORDED  
 IN VOLUME 238, PAGE 27 OF THE DEED RECORDS LATER  
 TRANSFERRED TO VOLUME 8, PAGE 32 (FORMERLY 254-A, PAGE 20)  
 OF THE MAP AND/OR PLAT RECORDS  
 OF GALVESTON COUNTY, TEXAS

SCALE: 1" = 30'



THIS PROPERTY IS AFFECTED BY THE  
 100 YEAR FLOOD PLAIN AS PER FIRM  
 PANEL NO. 485470 0105 C  
 MAP REVISION: 05/02/1983  
 ZONE A12  
 BASED ONLY ON VISUAL EXAMINATION OF MAPS  
 INACCURACIES OF FEMA MAPS PREVENT EXACT  
 DETERMINATION WITHOUT DETAILED FIELD STUDY

A SUBSURFACE INVESTIGATION  
 WAS BEYOND THE SCOPE OF THIS SURVEY

D.C.L. = DIRECTIONAL CONTROL LINE  
 RECORD BEARING: VOL. 238, PAGE 27, G.C.M.R.

I HEREBY CERTIFY THAT THIS SURVEY WAS MADE  
 ON THE GROUND, THAT THIS PLAT CORRECTLY  
 REPRESENTS THE FACTS FOUND AT THE  
 TIME OF SURVEY AND THAT THERE ARE NO  
 ENCROACHMENTS APPARENT ON THE GROUND,  
 EXCEPT AS SHOWN HEREON. THIS SURVEY IS  
 CERTIFIED FOR THIS TRANSACTION ONLY AND  
 ABSTRACTING PROVIDED IN THE ABOVE  
 REFERENCED TITLE COMMITMENT WAS RELIED  
 UPON IN PREPARATION OF THIS SURVEY.

JAMES P. WALKOWIAK  
 PROFESSIONAL LAND SURVEYOR  
 NO. 5971  
 JOB NO. 16-03538  
 APRIL 29, 2016



DRAWN BY: SP



**PRECISION**  
 surveyors

1-800-LANDSURVEY  
 www.precisionsurveyors.com  
 281-496-1596 FAX 281-496-1867 210-829-4941 FAX 210-829-1555  
 950 THREADNEEDLE STREET SUITE 150 HOUSTON, TEXAS 77079 1777 NE LOOP 410 SUITE 600 SAN ANTONIO, TEXAS 78217  
 FIRM NO. 10063700

# ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

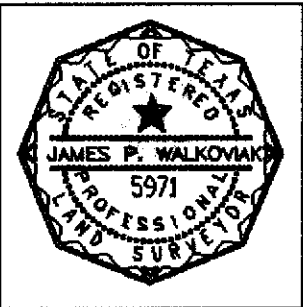
OMB No. 1660-0008  
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name DALE GRAY AND DIXIE GRAY		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 448 7TH STREET		Company NAIC Number:
City SAN LEON	State TX	ZIP Code 77539
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOTS 45, 46, 47, AND 48, BLOCK 70 OF SAN LEON IN GALVESTON COUNTY, TEXAS		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. <u>29.492635</u> Long. <u>-94.917782</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>5</u>		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <u>NA</u> sq ft		a) Square footage of attached garage <u>NA</u> sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>NA</u>		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>NA</u>
c) Total net area of flood openings in A8.b <u>NA</u> sq in		c) Total net area of flood openings in A9.b <u>NA</u> sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		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 GALVESTON COUNTY UNIN. AREAS 485470		B2. County Name GALVESTON		B3. State TEXAS	
B4. Map/Panel Number 485470 0105	B5. Suffix C	B6. FIRM Index Date 05/02/1983	B7. FIRM Panel Effective/Revised Date 05/02/1983	B8. Flood Zone(s) A12	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 11.0 FEET
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					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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: <u>NGS BM AW1601 EL=10.0 FT.</u> Vertical Datum: <u>NAVD 88</u> Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____ 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, crawlspace, or enclosure floor)	<u>16.1</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>NA</u> <input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>NA</u> <input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>NA</u> <input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>16.1</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>8.4</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>8.5</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>NA</u> <input type="checkbox"/> feet <input type="checkbox"/> meters

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.	
<input type="checkbox"/> Check here if comments are provided on back of form.	Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Check here if attachments.	
Certifier's Name <u>JAMES P. WALKOVIAK</u>	License Number <u>5971</u>
Title <u>R.P.L.S.</u>	Company Name <u>PRECISION SURVEYORS INC.</u>
Address <u>950 THREADNEEDLE ST. #150</u> City <u>HOUSTON</u>	State <u>TX</u> ZIP Code <u>77079</u>
Signature <u>[Signature]</u> Date <u>04/28/2016</u>	Telephone <u>281-496-1586</u>



**ELEVATION CERTIFICATE, page 2**

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>	<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 448 7TH STREET	Policy Number:
City SAN LEON State TX ZIP Code 77539	Company NAIC Number:

**SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments C2 e) AIR CONDITIONER ON RAISED WOOD PLATFORM

Signature *P. Willard* Date 04/28/2016

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

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.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).
  - a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the HAG.
  - b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_  feet  meters  above or  below the LAG.
- E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E3. Attached garage (top of slab) is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_  feet  meters  above or  below the HAG.
- E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F – PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner's or Owner's Authorized Representative's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments \_\_\_\_\_

Check here if attachments.

**SECTION G – COMMUNITY INFORMATION (OPTIONAL)**

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.

- G1.  The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  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 \_\_\_\_\_

Comments \_\_\_\_\_

Check here if attachments.