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 INSURANCE COMPANY USE	
A1. Building Owner's Name TOLARI 2006031							ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 430 TWIN TIMBERS LANE							AIC Number:	
City KEMAH	State ZIP Code							
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) 15/1 TWIN OAKS SUB. SEC. 1								
A4. Building Use (A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Longitude: Lat. 29°32'40.23"N Long. 95°03'17.89"W Horizontal Datum: NAD 1927 X NAD 1983								
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.								
A7. Building Diagra	am Number	1B						
A8. For a building	with a crawls	pace or enclosure(s):						
a) Square foo	tage of crawl	space or enclosure(s)			N/A sq ft			
b) Number of	permanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade 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 400.00 sq ft								
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0								
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) INFORMATION								
B1 NEIP Commun		Community Number	INSURA	B2. County	. ,		B3. State	
CITY OF LEAGUE	-	485488		GALVESTC			Texas	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)		9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)	
48167C0041	G	08-15-2019		AE 13				
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:								
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? 🗌 Yes 🖂 No								
Designation Date:								

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

ELEVATION CERTIFICATE		OMB No. 1660-0008 Expiration Date: November 30, 2022					
IMPORTANT: In these spaces, copy the co	FOR	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit 430 TWIN TIMBERS LANE				y Number:			
City KEMAH	pany NAIC	Number					
SECTION C – B	UILDING ELEVATION	NFORMATION (SURVE)	REQUIR	RED)			
*A new Elevation Certificate will be red C2. Elevations – Zones A1–A30, AE, AH, Complete Items C2.a–h below accord Benchmark Utilized: <u>NGS MON. U118</u>	A (with BFE), VE, V1–V30 ing to the building diagram 36 Vert	of the building is complete. 0, V (with BFE), AR, AR/A, n specified in Item A7. In P ical Datum: <u>NAVD 1988</u>	AR/AE, AI	 R/A1–A30, /			
Indicate elevation datum used for the		ugn n) below.					
☐ NGVD 1929 ⊠ NAVD 198 Datum used for building elevations mu		ed for the BEE					
Datam used for building elevations int			С	heck the me	easurement used.		
a) Top of bottom floor (including base	ement, crawlspace, or enc	losure floor)	12.84	\times feet	meters		
b) Top of the next higher floor			N/A	feet	meters		
c) Bottom of the lowest horizontal stru	uctural member (V Zones	only)	N/A	× feet	meters		
d) Attached garage (top of slab)			12.12	× feet	meters		
 e) Lowest elevation of machinery or e (Describe type of equipment and lo 		uilding	12.35	≍ feet	meters		
f) Lowest adjacent (finished) grade n	ext to building (LAG)		11.65	× feet	meters		
g) Highest adjacent (finished) grade r	• • •		12.45	× feet	meters		
 h) Lowest adjacent grade at lowest e structural support 	• • •	including	N/A	⊠ feet	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.							
Were latitude and longitude in Section A p		,	lo 🗌	Check her	e if attachments.		
Certifier's Name TOBY PAUL COUCHMAN	License N 5565	lumber			OF T		
Title R.P.L.S.					STER T		
Company Name PROSURV TBPELS FIRM NO. 10119300					JL COUCHMAN		
Address P.O. BOX 1366				T NON	5565 \overline{x} 2		
City FRIENDSWOOD	State Texas	ZIP Code 77549		A.	SUR		
Signature	Date 06-05-20	Telephone 20 (281) 996-111	Ext				
Copy all pages of this Elevation Certificate a	nd all attachments for (1) c	ommunity official, (2) insurar	nce agent/o	company, ar	nd (3) building owner.		
Comments (including type of equipment an ELEVATION IN SECTION C2E IS THE AIR		oplicable)					
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BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE		IO I OGRAPHS ns for Item A6.	OMB No. 1660-0008 Expiration Date: November 30, 2022
IMPORTANT: In these spaces, copy the cor	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, \$ 430 TWIN TIMBERS LANE	Policy Number:		
City	State	ZIP Code	Company NAIC Number
KEMAH	Texas	77565	

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



Photo Two Caption

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Clear Photo Two Form Page 5 of 6

Clear Photo One