# U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

### **ELEVATION CERTIFICATE**

**IMPORTANT:** FOLLOW THE INSTRUCTIONS ON PAGES 8-15

OMB Control Number: 1660-0008 Expiration: 11/30/2018

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

SECTION A - PROPER	TY INFORM	/ATI	ON			FOR INS	URANCE C	OMPAN	IY USE
A1. Building Owner's Name TTK PROPERTIES 19	10132					Policy Number	:		
<ul><li>A2. Building Street Address (including Apt., Unit, Box No.</li><li>2626 AMARANTH DRIVE</li></ul>	Suite, and/o	or Blo	dg. No.) or P.C	). Route a	and	Company NAIC Number:			
City HOUSTON				State	TE	XAS	Zip Code	77084	4
A3. Property Description (Lot and Block Numbers 24/2 WESTLAKE PLACE SEC. 1	s, Tax Parce	el Nui	mber, Legal D	escription	, etc.)				
A4. Building Use (e.g., Residential, Non-Residen	itial, Additior	n, Ac	cessory, etc.)	RESID	ENTIA	L			
A5. Latitude/Longitude: Lat. 29°48'23.31" N	Long. 9	5°43'	04.87"W	Horiz	ontal [	Datum: ONAI	D 1927	<b>⊙</b> NAD	1983
A6. Attach at least 2 photographs of the building	if the Certific	cate i	is being used	to obtain t	flood i	nsurance.			
A7. Building Diagram Number 1A									
A8. For a building with a crawlspace or enclosure	e(s):		 A	9. For a l	buildin	g with an attach	ed garage:		
a) Square footage of crawlspace or enclosure	e(s) N/A	Ą	sq ft a	) Square	footag	je of attached ga	arage	436	sq ft
<ul> <li>b) Number of permanent flood openings in th crawlspace or enclosure(s) within 1.0 foot above adjacent grade</li> </ul>	e N/ <i>F</i>	Δ	·		tached	rmanent flood o		0	·
					•	· ·			
c) Total net area of flood openings in A8.b	N/A	4	sq in C	) Total ne	t area	of flood opening	_	N/A	sq in
d) Engineered flood openings? OYes	<b>⊙</b> No		d)	Engine	ered flo	ood openings?	O Yes	<b>⊙</b> No	
SECTION B - B1. NFIP Community Name & Community Numb		URA	+	•	M) INF	ORMATION		B3. S	toto
CITY OF HOUSTON 480296	ei		B2. County	vame	HAF	RRIS			EXAS
B4. Map/Panel Number B5. Suffix B6. FIRM	Index Date	B7.	FIRM Panel I Revised Date		B8.	Flood Zone(s)	B9. Base F (Zone A		evation(s) base flood
48021C 0615 M 5-2-	19		6-9-14			AE	depth	116.3	3
B11. Indicate elevation datum used for BFE in Itel B12. Is the building located in a Coastal Barrier R Designation Date:	esources Sy		n (CBRS) area			inei/Source	OPA)?	<u></u>	<b>⊙</b> No
SECTION C - BU	ILDING ELE	EVAT	ION INFORM	ATION (S	SURVI	EY REQUIRED)			
C1. Building elevations are based on: Constru* A new Elevation Certificate will be required wher C2. Elevations: Zones A1-A30, AE, AH, A (with B Items C2.a-h below according to the building diag	uction Drawin construction	ngs* on of t	○ Buildin the building is , V (with BFE)	g Under (complete	Constr A, AR	ruction*   O  /AE, AR/A1-A30	Finished Co		
Benchmark Utilized: TSARP RM # 200075			Vertica	al Datum:		NAVD 1988,	2001 ADJ		
Indicate elevation datum used for the elevations in	n items a) th	roug	h h) below. 🌘	)NGVD <sup>^</sup>	1929	<b>●</b> NAVD 1988			
Other/Source:							-		
Datum used for building elevations must be the sa	ame as that	used	for the BFE.				Check the r	neasure	ement used.
Top of bottom floor (including basement, crawl)	space, or er	nclos	ure floor)	115		79	<b>⊙</b> fee	et O	meters
b) Top of the next higher floor	•		•	N/A		N/A	<b>⊙</b> fee		meters
c) Bottom of the lowest horizontal structural mem	ber (V Zone	s onl	y)	N/A		N/A	<b>⊙</b> fee	et O	meters
d) Attached garage (top of slab)				115		16	<b>⊙</b> fee	et O	meters
<ul> <li>e) Lowest elevation of machinery or equipment so (Describe type of equipment and location in Co</li> </ul>	_	build	ing	115		75	<b>⊙</b> fee	et O	meters
f) Lowest adjacent (finished) grade next to buildi	ng (LAG)			114		69	<b>⊙</b> fee	et O	meters
g) Highest adjacent (finished) grade next to build	ing (HAG)			114		90	<b>⊙</b> fee	et O	meters
<ul> <li>h) Lowest adjacent grade at lowest elevation of d structural support</li> </ul>	eck or stairs	s, incl	luding	N/A		N/A	• fee	et O	meters

# **ELEVATION CERTIFICATE**, page 2

OMB Control Number: 1660-0008 Expiration: 11/30/2018

							Expiration: 11/30/2018
IMPORTANT: In these spaces, copy the corn						FOR INSURANC	CE COMPANY USE
Building Street Address (including Apt., Unit, Standard Amaranth Drive	uite, and/or Bldg.	No.) or	P.O. Ro	ute and Box		Policy Number:	
City HOUSTON	State	TX	Zip Co	ode 77084		Company NAIC	
	SURVEYOR, ENG		OR A		ľ	Number:	
This certification is to be signed and sealed by a							n information / cortifu
that the information on this Certificate represents punishable by fine or imprisonment under 18 U.S.	s my best efforts t	to interp			-	-	<del>_</del>
Check here if attachments.	Were latitude ar provided by a lice					TE O	F
Certifier's Name	G res	~	se Numl	ner.		// ···································	E POORT
TOBY PAUL COUCHMAN			5565	<u>.</u>		TOBY PAUL	COUCHMAN
Title R.P.L.S.	Company Name	PRC	SURV				90000 g
Address P.O. BOX 1366	City FRIENDSW	'OOD	State TX	Zip Code 77549		D. E.S.	STOPPING
Signature / S. Covernau	Date 10-14-19	)	Telepho 281-	ne 996-1113	3		
Copy all pages of this Elevation Certificate for (1	) community offici	ial. (2) i	nsuranc	e agent/con	npanv and	d (3) building owne	er.
Comments (including type of equipment and loc	-				inpariy, ari	a (o) ballaning owne	···
g type or equipment and re-	a, po. 0=(0), .	«РР«	۵۵.0)				
ELEVATION IN SECTION C2E IS THE AIR	CONDITIONING	UNIT					
Signature / / (ovchman						Date	10-14-19
SECTION E - BUILDING ELEVATION INFO	ORMATION (SUF	RVEY	OT REC	(UIRED) FO	OR ZONE	AO AND ZONE A	(WITHOUT BFE)
For Zones AO and A (without BFE), complete Ite Sections A, B, and C. For Items E1-E4, use natu							
E1. Provide elevation information for the followin highest adjacent grade (HAG) and the lowes			iate box	es to show	whether th	e elevation is abo	ve or below the
a) Top of bottom floor (including basement, or enclosure) is	crawlspace, —			• feet	O meters	above or	below the HAG.
b) Top of bottom floor (including basement, or enclosure) is	crawlspace, —			• feet	meters	s ✓ above or	below the LAG.
E2. For Building Diagrams 6-9 with permanent fl higher floor (elevation C2.b in the diagrams) of the state of the control of t		vided in	Section		and/or 9 (		ructions), the next
E3. Attached garage (top of slab) is	_			• feet	meters	S ✓ above or	below the HAG.
E4. Top of platform of machinery and /or equipm servicing the building is	nent			• feet	meters	S ✓ 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? OYes ONO OUnknown. The local official must certify this information in Section G.							
SECTION F - PROPEI	RTY OWNER (OF	ROWN	ER'S RE	PRESENT	ATIVE) CI	ERTIFICATION	
The property owner or owner's authorized repre community-issued BFE) or Zone AO must sign							
Property Owner or Owner's Authorized Represe				JL COUCH			<del>-</del>
Address P.O. BOX 1366	City FI	RIENDS	WOOD	State	TEXA	S ZIP C	Code
Signature	Date	10-14	l-19	Telepl	hone		
Comments							
							ok hara if attachments

### **ELEVATION CERTIFICATE**, page 3

OMB Control Number: 1660-0008

IMPORTANT: In these spaces, copy the corresponding information from Section A.  Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  2626 AMARANTH DRIVE	FOR INSURANCE COMPANY USE
	Policy Number:
City State Zin Code	Company NAIC
HOUSTON State TEXAS ZIP Code 77084	Number:
SECTION G - COMMUNITY INFORMATION (OPTIONAL)	
The local official who is authorized by law or ordinance to administer the community's floodplain man Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign 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 or architect who is authorized by law to certify elevation information. (Indicate the source ar Comments area below.)	
G2. A community official completed Section E for a building located in Zone A (without a FEMA-or Zone AO.	-issued or community-issued BFE)
G3. The following information (Items G4-G10) is provided for community floodplain managemen	nt purposes.
G4. Permit Number G5. Date Permit Issued G6. Date Certification	ate 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	s Datum
G9. BFE or (in Zone AO) depth of flooding at the building site:	s Datum
G10. Community's design flood elevation: feet	s Datum
Local Official's Name Title	
Community Name Telephone	
Signature Date 10-14-19	
Comments (including type of equipment and location, per C2(e), if applicable)	

#### **BUILDING PHOTOGRAPHS**

# **ELEVATION CERTIFICATE**, page 4

See instructions for Item A6.

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 2626 AMARANTH DRIVE	Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number:	
City HOUSTON	State TEXAS Zip Code 77084	Company NAIC Number:	

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.



FRONT VIEW

DATE: 10-14-19

OMB Control Number: 1660-0008

Expiration: 11/30/2018



REAR VIEW

DATE: 10-14-19