

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 - PROPERTY INFORMATION						FOR INSURANCE COMPANY USE	
A1. Building Owner's Name <p align="center">LESLIE ZIMMERMAN</p>						Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <p align="center">32211 AMBERJACK DRIVE</p>						Company NAIC Number:	
City RICHWOOD				State TX		Zip Code 77531	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT-1A, BLOCK-1, OAKWOOD SHORES PARTIAL REPLAT NO. ONE SUBDIVISION, J.E. GROCE SURVEY, ABSTRACT-66							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Longitude: Lat. 29° 5'57.66"N Long. 95°23'44.72"W Horizontal Datum: <input type="radio"/> 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 N/A							
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) 0 sq ft				a) Square footage of attached garage 0 sq ft			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0				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 A8.b 0 sq in				c) Total net area of flood openings in A9.b 0 sq in			
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number UNINCORPORATED 485458				B2. County Name BRAZORIA		B3. State TX	
B4. Map/Panel Number 48039C0610	B5. Suffix H	B6. FIRM Index Date 06/05/1989	B7. FIRM Panel Effective/ Revised Date 06-05-1989	B8. Flood Zone(s) X(Shaded)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) N/A		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____							
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="radio"/> 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 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: NGS MONUMENT N-629-RESET				Vertical Datum: NGVD1929			
Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="checkbox"/> NGVD 1929 <input 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)	_____	_____	_____	_____	<input type="checkbox"/> feet	<input type="radio"/> meters	
b) Top of the next higher floor	_____	_____	_____	_____	<input type="checkbox"/> feet	<input type="radio"/> meters	
c) Bottom of the lowest horizontal structural member (V Zones only)	_____	_____	_____	_____	<input type="checkbox"/> feet	<input type="radio"/> meters	
d) Attached garage (top of slab)	_____	_____	_____	_____	<input type="checkbox"/> feet	<input type="radio"/> meters	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	_____	_____	_____	_____	<input type="checkbox"/> feet	<input type="radio"/> meters	
f) Lowest adjacent (finished) grade next to building (LAG)	8	00	_____	_____	<input checked="" type="checkbox"/> feet	<input type="radio"/> meters	
g) Highest adjacent (finished) grade next to building (HAG)	8	30	_____	_____	<input checked="" type="checkbox"/> feet	<input type="radio"/> meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	_____	_____	_____	_____	<input type="checkbox"/> feet	<input type="radio"/> meters	

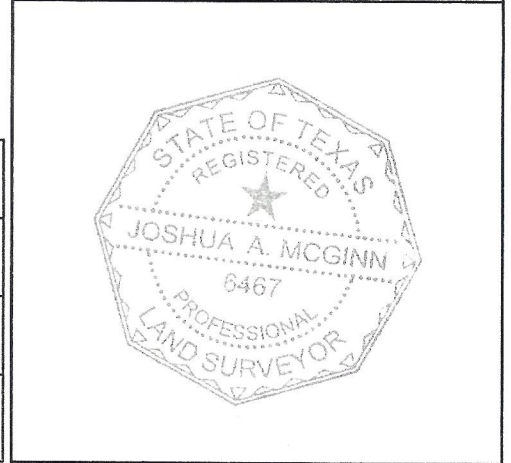
<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 32211 AMBERJACK DRIVE			Policy Number:	
City RICHWOOD	State TX	Zip Code 77531	Company NAIC Number:	

**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.*

Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?  
 Yes     No



Certifier's Name Joshua A. McGinn		License Number 6467	
Title Director of Surveying	Company Name Baker & Lawson INC.		
Address 300 E. Cedar Street	City Angleton	State TX	Zip Code 77515
Signature 	Date 01/25/17	Telephone (979) 849-6681	

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

Comments (including type of equipment and location, per C2(e), if applicable)  
NO STRUCTURES EXISTED ON TRACT AT THE TIME OF THE SURVEY.

Signature Date 01/25/2017

**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 page 8 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 or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			

Check here if attachments.