

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name Lawrence E. Salge	For Insurance Company Use: Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 623 Meadowlawn Ave. City LaPorte State TX ZIP Code 77571	Company NAIC Number

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
Lot 5, Block 31, Shoreacres HCAD Account #058-060-031-0005

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. 29°37'20.99" Long. 95°01'00.52" Horizontal Datum:  NAD 1927  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 1

A8. For a building with a crawl space or enclosure(s), provide

a) Square footage of crawl space or enclosure(s) <u>n/a</u> sq ft	A9. For a building with an attached garage, provide:
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade <u>n/a</u>	a) Square footage of attached garage <u>n/a</u> sq ft
c) Total net area of flood openings in A8.b <u>n/a</u> sq in	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade <u>n/a</u>
	c) Total net area of flood openings in A9.b <u>n/a</u> sq in

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number City of Shoreacres 485510		B2. County Name Harris		B3. State TX	
B4. Map/Panel Number 48201C1085	B5. Suffix L	B6. FIRM Index Date 6-18-2007	B7. FIRM Panel Effective/Revised Date 6-18-2007	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 11

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 (Describe) \_\_\_\_\_

B11. Indicate elevation datum used for BFE in Item B9:  NGVD 1929  NAVD 1988  Other (Describe) \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
Designation Date n/a  CBRS  OPA

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  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-g below according to the building diagram specified in Item A7.  
Benchmark Utilized RM010270 Vertical Datum 1988  
Conversion/Comments 2001Adj.

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>9.2</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>n/a</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>n/a</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>n/a</u>	<input type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>9.2</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>8.7</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>9.2</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters (Puerto Rico only)

## 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 comments are provided on back of form.

Certifier's Name Juliene Ramsey License Number 4379

Title Registered Professional Land Surveyor Company Name Hutchison & Associates

Address 1209 Decker Drive, Suite 100 City Baytown State TX ZIP Code 77520

Signature Juliene Ramsey Date 10-23-08 Telephone 281-422-8213

