#### DEPARTMENT OF HOMELAND SECURITY

# Federal Emergency Management Agency

**ELEVATION CERTIFICATE** OMB Control Number: 1660-0008 **IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16** 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. FORM INSURANCE COMPANY USE SECTION A - PROPERTY INFORMATION A1. Building Owner's Name Policy Number: Patrick D. Walker A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) Company NAIC Number: 26 S. Parkgate Cir. City Shenandoah State TX Zip Code 77381 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 7, Block 2, Park Gate Estates A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential A5. Latitude/Longitude: Lat, N 30° 10'52.17" Long, W 95° 28'16.39" Horizontal Datum: ONAD 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 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) n/a 600 a) Square footage of attached garage sa ft sq ft b) Number of permanent flood openings in the b) Number of permanent flood openings crawlspace or enclosure(s) within 1.0 foot in the attached garage within 1,0 foot n/a above adjacent grade n/a above adjacent grade c) Total net area of flood openings in A8.b n/a c) Total net area of flood openings in A9,b n/a sq in sa ir No d) Engineered flood openings? Yes d) Engineered flood openings? No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number B2. County Name B3. State City of Shenandoah - 481256 TXB4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel B8, Flood Zone(s) B9. Base Flood Elevation(s) (Zone AO, use base flood depth) Effective /Revision Date 48339 C 0540 Η 08/18/2014 08/18/2014 X Shaded, AE 133.8 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: ONGVD 1929 ONAVD 1988 Other/Source: B12, Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? OYes Designation Date: **OCBRS** OOPA SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: O Construction Drawings\* OBuilding Under Construction\* 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. A new Elevation Certificate will be required when construction of the building is complete. **GPS** Observation Benchmark Utilized: Vertical Datum: NAVD 1988 Indicate elevation datum used for the elevations in items a) through h) below. ONGVD 1929 

NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. Top of bottom floor (including basement, crawlspace, or enclosure floor) 135.0 feet Ometers 147.0 Top of the next higher floor feet Ometers Bottom of the lowest horizontal structural member (V Zones only) n/a feet meters d) Attached garage (top of slab) 134.2 feet meters e) Lowest elevation of machinery or equipment servicing the building 134.3 feet meters (Describe type of equipment and location in Comments) Lowest adjacent (finished) grade next to building (LAG) 133.2 feet Ometers

structural support

g) Highest adjacent (finished) grade next to building (HAG)

h) Lowest adjacent grade at lowest elevation of deck or stairs, including

134.6

n/a

meters

O meters

• feet

feet

## **ELEVATION CERTIFICATE**

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

SECTIO	N D - SURVEYOR, ENGIN	FER OR ARCHITECT	Expiration: 11/30/2018
This certification is to be signed and seale	ed by a land surveyor, engin	eer, or architect authori:	zed by law to certify elevation information. I certify le. I understand that any false statement may be
punishable by fine or imprisonment under			o. I undorstand that any laise statement may be
Check here if attachments.	Were latitude and loprovided by a licens  OYes  ON	•	OF TEN
Certifier's Name	Li	cense Number	10 the 10 to
Carey A. Johnson		6524	IOUNGON
Title RPLS	Company Name Texas Professi	onal Surveying, LLC	CAREY A. JOHNSON
Address 3032 N. Frazier Street	City Conroe	State Zip Code TX 77303	PANO SHOVE
Signature	Date 12/2/2019	Telephone 936-756-7447	SUR
Copy both sides of this Elevation Certifica	te for (1) community official	(2) insurance agent/co	mpany, and (3) building owner.
Comments (including type of equipment a			report, and (e) soliding officer
- Elevation Certificate is for a 2 sto - Residence is located in Zones Sh - C2e) is for an air conditioner serv - TBM is a mag nail set in front of - Texas Professional Surveying Pro	aded X and AE, vicing the residence. property. Elevation = 131.		
Signature			D-1- (0/0/00 (0
	N INFORMATION (SURVE	V NOT PEOUIPED EO	Date 12/2/2019 PR ZONE AO AND ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), comp	lete Items E1 -E5. If the Ce	rtificate is intended to su	upport a LOMA or LOMR-F request, complete
Sections A, B, and C. For Items E1 -E4, us	se natural grade, if available	Check the measureme	ent used. In Puerto Rico only, enter meters.
E1. Provide elevation information for the for highest adjacent grade (HAG) and the	ollowing and check the application lowest adjacent grade (LA)	ropriate boxes to show v	whether the elevation is above or below the
Top of bottom floor (including bas enclosure) is	sement, crawlspace, or	n/a • feet	meters above or below the HAG.
Top of bottom floor (including base enclosure) is	sement, crawlspace, or	n/a • feet (	meters above or below the LAG
E2. For Building Diagrams 6 -9 with perma	anent flood openings provid	ed in Section A Items 8	and/or 9 (see pages 8 -9 of Instructions), the next
higher floor (elevation C2.b in the diagram	s) of the building is	n/a • fee	t Ometers 🔲 above or 🔲 below the HAG
E3. Attached garage (top of slab) is		n/a • feet (	meters above or below the HAG
E4. Top of platform of machinery and /or e	equipment servicing the	n/a	
E5. Zone AO only: If no flood depth number	er is available, is the top of	the bottom floor elevated	d in accordance with the community's floodplain
management ordinance? CYes CNc	Unknown The local	official must certify this	information in Section G
SECTION F - PI	ROPERTY OWNER (OR O	WNER'S REPRESENTA	ATIVE) CERTIFICATION
The property owner or owner's authorized community-issued BFE) or Zone AO must	sign here. The statements	tes Sections A, B, and E in Sections A, B, and E	For Zone A (without a FEMA-issued or are correct to the best of my knowledge.
Property Owner or Owner's Authorized Re	epresentative's Name:		
Address	City	State	ZIP Code
Signature	Date	Teleph	one
Comments			Charlet a W. H.
			Check here if attachments

## **BUILDING PHOTOGRAPHS**

See instructions for Item A6

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

IMPORTANT: In these spaces, copy the co	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 26 S. Parkgate Cir.			
City Shenandoah	State TX	Zip Code 77381	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 11/30/2019



side view 11/30/2019

## **BUILDING PHOTOGRAPHS**

Continuation Page

OMB Control Number: 1660-0008 Expiration: 11/30/2018 IMPORTANT: In these spaces, copy the corresponding information from Section A. FORM INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 26 S. Parkgate Cir. State Zip Code Company NAIC Number: Shenandoah 77381

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.



a/c view - 11/30/2019



rear view - 11/30/2019