05-2988

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7. **SECTION A - PROPERTY OWNER INFORMATION** For Insurance Company Use: **BUILDING OWNER'S NAME** Policy Number Vichae. 050 BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO. Company NAIC Number Chimne ZIP CODE CITY Stati PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: I GPS (Type): (##° - ##' - ##.##" or ##.####°) | NAD 1927 __| NAD 1983 USGS Quad Map | Other SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION **B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER** B2, COUNTY NAME **B3. STATE** BCはてOS B4, MAP AND PANEL **B7. FIRM PANEL** B5. SUFFIX **B6, FIRM INDEX** B8. FLOOD B9, BASE FLOOD ELEVATION(S) NUMBER DATE EFFECTIVE/REVISED DATE ZONE(S) (Zone AO, use depth of flooding) 48041 CO142 96,0 nly 2, 1992 July 2, 1992 see note B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. **⋉** FIRM __ FIS Profile Community Determined |__| Other (Describe): B11. Indicate the elevation datum used for the BFE in B9; X 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 Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number _____(Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) C3. 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 C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum NGVD 29 Conversion/Comments Elevation reference mark used COC5 Mon 122 Does the elevation reference mark used appear on the FIRM? (including basement or enclosure) ft.(m) ☐ b) Top of next higher floor © c) Bottom of lowest horizontal structural member (V zones only) ft.(m) . 3 ft.(m) 🔏 d) Attached garage (top of slab) $oldsymbol{\mathbb{Z}}$ e) Lowest elevation of machinery and/or equipment (A/c)servicing the building (Describe in a Comments area.) 🌠 f) Lowest adjacent (finished) grade (LAG) **6** ft.(m) g) Highest adjacent (finished) grade (HAG) **8** ft.(m) h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _ ☐ i) Total area of all permanent openings (flood vents) in C3.h _ sq. in. (sq. cm) 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 in Sections A, B, and C 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. CERTIFIER'S NAME LICENSE NUMBER 5676 ADDRESS SIGNATURE See reverse side for continuation. Replaces all previous editions FEMA Form 81

IMPORTANT: In thes	e spaces, copy the correspo	nding information from	1 Section A.	For Insurance Company Use:	
BUILDING STREET ADD	RESS (Including Apt., Unit, Suite,	and/or Bldg. No.) OR P.O.	ROUTE AND BOX NO.	Policy Number	
CITY	Station	STATE	ZIP CODE	Company NAIC Number	
College		Texas	77840		
Copy both sides of this	SECTION D - SURVEYOR, E				
COMMENTS	Elevation Certificate for (1) cor	nmunity official, (2) insu	irance agent/company, and (3	building owner.	
8.9 - 6	96.0 Locally college Stations A/C Slab	determin	1ed, Illustra	ted on Final H	
$\frac{C_13}{C_2}$	ollege Stationa	city Monu	ment No. 12	Z	
<u>C.3.e.</u> -	A/C Slab				
-				Check here if attachments	
SECTION E - BUIL	DING ELEVATION INFORMA	TION (SURVEY NOT R	EQUIRED) FOR ZONE AO A	ND ZONE A (WITHOUT BFE)	
information for a LOMA	A (without BFE), complete Item or LOMR-F, Section C must be	s E1. through E5. If the	Elevation Certificate is intend	led for use as supporting	
E1. Building Diagram No	umber (Select the building	g diagram most similar	to the building for which this o	certificate is being completed –	
see pages o and 7.	If no diagram accurately repres	sents the building, provi	de a sketch or photograph \		
(Check one) the high	m floor (including basement or dest adjacent grade. (Use natu	ral grade, if available.)			
E3. For Building Diagrar	ns 6-8 with openings (see page	7), the next higher floo	r or elevated floor (elevation b) of the building is	
E4. The top of the platfo	lin. (cm) above the highest adjarm of machinery and/or equipm	icent grade. Complete ent servicing the buildir	Items C3.h and C3.i on front o	of form.	
(check one) the high	iest adjacent grade. (Use natu	al grade, if available.)			
E5. For 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 OV	VNER (OR OWNER'S I	REPRESENTATIVE) CERTIF	CATION	
The property owner or o	owner's authorized representati	ve who completes Secti	ions A. B. C. (Items C3 h and t	23 i only) and E for Zono A	
the best of my knowled	a or community-issued BFE) or	Zone AO must sign her	e. The statements in Sections	s A, B, C, and E are correct to	
	R OWNER'S AUTHORIZED REPR	ESENTATIVE'S NAME			
ADDRESS		CITY	OTATE	7/0.0005	
	- The state of the	The state of the s	STATE	ZIP CODE	
SIGNATURE		DATE	TELEPHO	DNE	
COMMENTS					
				I I Observation of supervision of	
	SECTION G -	COMMUNITY INFORM	MATION (OPTIONAL)	Check here if attachments	
The local official who is a	uthorized by law or ordinance t	administer the commu	nity's floodolain management	ordinance can complete	
G1. [] The information	nd G of this Elevation Certification Section C was taken from other.	e. Complete the applica per documentation that :	able item(s) and sign below.	ad by a licensed augustes.	
engineer, or arc	nitect who is authorized by state	or local law to certify e	levation information. (Indicate	e the source and date of the	
elevation data in	i the Comments area below.)				
Zone AO.	cial completed Section E for a l				
G3. The following inf	ormation (Items G4-G9) is prov	ded for community floor	dplain management purposes		
G4. PERMIT NUMBER	G5. DATE PERMIT	SSUED	G6. DATE CERTIFICATE OF (COMPLIANCE/OCCUPANCY	
G7. This permit has been	issued for: New Constru	untion	ISSUED		
G8. Elevation of as-built I	owest floor (including basemen	t) of the building is:	I Improvement	_ft. (m) Datum:	
G9. BFE or (in Zone AO)	depth of flooding at the building	site is:			
LOCAL OFFICIAL'S NAME		TITÚ	E		
COMMUNITY NAME			EPHONE		
SIGNATURE	<u> </u>				
COMMENTS		1000	,		
		<u> </u>		I Check here if attachments	