

915 Orchid Street

Panel 182C

This EC was generated to ensure the Minimum Finished Floor was equal to or above that stated on the Plat. The property is not in a SFHA.

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAMO.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME
MARK GOLDENBUILDING STREET ADDRESS (including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
915 ORCHID STREETCITY
COLLEGE STATIONSTATE
TXZIP CODE
77845PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT 12, SUNMEADOWS 2ABUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
RESIDENTIALLATITUDE/LONGITUDE (OPTIONAL)
(##-##-## or ##-##-##)

HORIZONTAL DATUM:

☐ NAD 1927 ☐ NAD 1983SOURCE: ☐ GPS (Type):☐ USGS Quad Map☐ Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER

B2. COUNTY NAME
BRAZOSB3. STATE
TXB4. MAP AND PANEL
NUMBER

B5. SUFFIX

B6. FIRM INDEX DATE

B7. FIRM PANEL
EFFECTIVE/REVISED DATE

B8. FLOOD ZONE(S)

B9. BASE FLOOD ELEVATION(S)
(Zone AO, use depth of flooding)
298.0

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

☐ FIS Profile☐ FIRM☐ Community Determined☒ Other (Describe): CITY REQUIREMENTSB11. Indicate the elevation datum used for the BFE in 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

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction

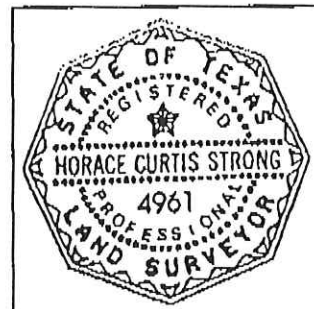
*A new Elevation Certificate will be required when construction of the building is complete.

C2. 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 C3a-h 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 _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No☒ a) Top of bottom floor (including basement or enclosure) 300.0 ft.(m)☐ b) Top of next higher floor _____ ft.(m)☐ c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)☐ d) Attached garage (top of slab) _____ ft.(m)☐ e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m)☐ f) Lowest adjacent grade (LAG) _____ ft.(m)☐ g) Highest adjacent grade (HAG) _____ 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 C3h _____ sq. in. (sq. cm)License Number, Embossed Seal,
Signature, and Date

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 CURTIS STRONG

LICENSE NUMBER 4961

TITLE OWNER / RPLS

COMPANY NAME Strong Surveying

ADDRESS 1722 BROADMOOR, SUITE 105

CITY BRYAN

STATE TX

ZIP CODE 77802

SIGNATURE

DATE NOVEMBER 11, 2002

TELEPHONE 979/776-9836

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
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ELEVATION CERTIFICATE

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SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:	
BUILDING OWNER'S NAME MARK GOLDEN			Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 915 ORCHID STREET			Company NAIC Number	
CITY COLLEGE STATION	STATE TX	ZIP CODE 77845		
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 12, SUNMEADOWS 2A				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL				
LATITUDE/LONGITUDE (OPTIONAL) (##-##-## or ##.####)		HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983		SOURCE: ☐ GPS (Type); ☐ USGS Quad Map ☐ Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. FIRM COMMUNITY NAME & COMMUNITY NUMBER		B2. COUNTY NAME BRAZOS		B3. STATE TX	
B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 298.0

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.

☐ FIS Profile ☐ FIRM ☐ Community Determined

☒ Other (Describe): CITY REQUIREMENTS

B11. Indicate the elevation datum used for the BFE in 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

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☒ a) Top of bottom floor (including basement or enclosure) 300.5 ft.(m)

☐ b) Top of next higher floor _____ ft.(m)

☐ c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)

☐ d) Attached garage (top of slab) _____ ft.(m)

☐ e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m)

☐ f) Lowest adjacent grade (LAG) _____ ft.(m)

☐ g) Highest adjacent grade (HAG) _____ 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 C3h _____ sq. in. (sq. cm)

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CITY BRYAN

STATE TX

ZIP CODE 77802

SIGNATURE

H. Curtis Strong

DATE NOVEMBER 11, 2002

TELEPHONE 979/776-9836

License Number, Embossed Seal, Signature, and Date

