## U.S. DEPARTMENT OF HOMELAND SECURITY

## **ELEVATION CERTIFICATE**

OMB No. 1660-0008 Expires February 28. 2009

Federal Emergency Management Agency National Flood Insurance Program

Important: Read the instructions on pages 1-8.

					LATION	Fra Income Common Ulant		
						For Insurance Company Use:		
A1. Building Owner's Name	nling Builders, Inc.				Policy Number			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Ro 4113 Tiffany Trail					10.	Company NAIC Number		
City College Station State TX ZIP Code77845								
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 2, Block 50, Shenandoah, Phase 19								
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential  A5. Latitude/Longitude: Lat. 30.3401 Long96.1614 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) sq ft  b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade  c) Total net area of flood openings in A8.b sq in  SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
B1. NFIP Community Name College Station 48008			2. County Nam razos	le		B3. State Texas		
B4. Map/Panel Number 48041C0201	B5. Suffix D	B6, FIRM Index Date 07/02/92	Effective	IRM Panel /Revised Date 09/2000	B8. Flood Zone(s) Zone X	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 281.5		
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 ☐ 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 UtilizedVertical Datum NGVD 1929  Conversion/Comments See Comments								
Check the measurement used.								
<ul> <li>a) Top of bottom floor (including basement, crawl space, or enclosure floor)</li> <li>b) Top of the next higher floor</li> <li>c) Bottom of the lowest horizontal structural member (V Zones only)</li> <li>d) Attached garage (top of slab)</li> <li>e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)</li> <li>f) Lowest adjacent (finished) grade (LAG)</li> </ul>				N/.A ☐ f N/.A ☐ f 284.8 ☒ f N/.A ☐ f	reet	erto Rico only) erto Rico only) erto Rico only) erto Rico only)		
g) Highest adjacent (finished) grade (HAG)				<u>283.8</u> ⊠ f	feet	erto 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.						PLACE SEAL		
Certifier's Name Kevin R. McClure				License Number	5650	and Agent for		
Title Vice President - Surveying Company Name McClure & Browne Engineering/Surveying, Inc.								
Address 1008 Woodcreek Drive City College Station State TX ZIP Code 77845								
Signature Kurk M.C	.Ch_	Date 03/01/2007	Telephon	e (979) 693-3838	i	: :		

	opy the corresponding information from		For Insurance Company Use:				
4113 Tiffany Trail	Unit, Suite, and/or Bldg. No.) or P.O. Route and	Box No.	Policy Number				
City College Station StateTXZIP Code	77845		Company NAIC Number				
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)							
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.							
Comments BENCHMARK: Chiseled square in S.W curbline of Windfree Dr. located 295.5' S.E. of the centerline of Southern Plantation Dr.							
Elevation = 283.18; THE ELEVATION SHOWN IN B.9 & ON THE PLAT FOR THIS LOT IS A MINIMUM OF 1' ABOVE THE CALCULATED BASE FLOOD							
& REPRESENTS THE LOWEST HABITABLE FLOOR ELEV. FOR THE LOT AS REQUIRED BY CITY OF C/S STORMWATER MGMT ORDINANCE.							
Signature Kinky C.C.	~	8/01/2007	☐ Check here if attachments				
SECTION E - BUILDING ELEV	ATION INFORMATION (SURVEY NOT RE	QUIRED) FOR ZONE AO A	ND 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, crawl space, or enclosure) is feetmetersabove orbelow the HAG.  b) Top of bottom floor (including basement, crawl space, or enclosure) is feetmetersabove orbelow the LAG.  E2. For Building Diagrams 6-8 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 feetmetersabove orbelow the HAG.  E3. Attached garage (top of slab) is feetmetersabove orbelow the HAG.  E4. Top of platform of machinery and/or equipment servicing the building is feetmetersabove orbelow 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?YesNoUnknown. The local official must certify this information in Section G.							
SECTION	F - PROPERTY OWNER (OR OWNER'S R	EPRESENTATIVE) CERTIF	ICATION				
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's or Owner's Authorized Representative's Name							
Address	City	State	ZIP Code				
Signature	Date	Telephor	ne				
Comments		A Committee of the Comm					
A THE STATE OF THE			☐ Check here if attachments				
	SECTION G - COMMUNITY INFORM						
The local official who is authorized by law and G of this Elevation Certificate. Comp	v or ordinance to administer the community's floo plete the applicable item(s) and sign below. Chec	iplain management ordinance c k the measurement used in Iten	an complete Sections A, B, C (or E), ns G8. and G9.				
G1. The information in Section C w	vas taken from other documentation that has beer elevation information. (Indicate the source and da	signed and sealed by a license	d surveyor, engineer, or architect who				
G2. A community official completed	d Section E for a building located in Zone A (without	ut a FEMA-issued or community					
-	ns G4G9.) is provided for community floodplain r						
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate Of Comp	liance/Occupancy Issued				
G7. This permit has been issued for: G8. Elevation of as-built lowest floor (incl G9. BFE or (in Zone AO) depth of floodin		rovement feet meters (PR) Datum feet meters (PR) Datum					
Local Official's Name	Title						
Community Name	Tel	phone					
Signature	Dat	€					
Comments		ANAMA					
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