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FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.	
SECTION A - PROPERTY OWNER INFORMATION	For Insurance Company Use:
BUILDING OWNER'S NAME	Policy Number
James bunnigan Patricia Dunnigan and thomas - Kathy Hubble	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.	Company NAIC Number
CITY () () STATE	ZIP CODE
CITY College Station PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)	77845
	,,0,0
Lot 1 Block 5 Sun Meadows Subdivision Phase Two	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)	
LATITUDELONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type):	
ATTIODE/LONGITUDE (OPTIONAL)	p Other.
Immal 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATIO	N
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2, COUNTY NAME	B3, STATE
City of College Station 480083 Brazos	Texas
B4, MAP AND PANEL B5, SUFFIX B6, FIRM INDEX B7, FIRM PANEL B8, FLOOD	B9. BASE FLOOD ELEVATION(S)
NUMBER DATE EFFECTIVE/REVISED DATE ZONE(S)	(Zone AO, use depth of flooding)
48041C0182 C 02-87-2000 07-02-1997 Xunshaded	MA
B10. Indicate the source of the Bace Flood Elevation (BFE) data or base flood depth entered in B9.	and the same of th
FIS Profile FIRM Community Determined Other (Describe):	
B11 Indicate the exaction datum used for the BFE in B9: INGVD 1929 INAVD 1988 I Other (D	escribe);
B12, is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected An	ea (OPA)? Yes MINO
Designation Date:	, lamed ladest 1-4
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIR	ED)
	Control of the Contro
"A new Elevation Certificate will be required when construction of the building is complete.	Finished Construction
C2 Building Diagram Number / (Solort the building discomplete)	
C2. Building Diagram Number (Select the building diagram most similar to the building for which this pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)	certificate is being completed - see
C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1	tee teini
Complete Items C3a-i below according to the building diagram spedfied in Item C2. State the datum use	-A3U, ARIAH, ARIAO
the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measu	ed. If the datum is different from
calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to	refriends and datum conversion
Datum 1929 Conversion/Comments Napre	o document the datum conversion.
Elevation reference mark used Cor S Go Mol Does the elevation reference mark used appear	TO TONIO I IV.
a) Top of bottom floor (including basement or enclosure)	ron the FIRM? Yes No
D b) Top of good bish as good	OF TES
C) Bottom of lowest horizontal Handward Propher Office	1113-4 Decuesed 1. 111
D of Attached comes Ass of slats	GISTER
D e) Lowest elevation of mechinery and/or equipment	
, and a second s	ERAD KERR
servicing the building O f) Lowest adjacent grade (LAG) O g) Highest adjacent grade (LAG)	ASON THE STATE OF
Q g) Highest adjacent grade (HAG)	18530 CASTON
h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade M/A	(INC. ESS.
	SURV
	D
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 or Legify that the information in Sections A. P. and C. or this artificial authorized by law to or	V
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret	ertify elevation information.
The state of the s	the data available.
CERTIFIER'S NAME BY A KOY CODE, Section of Ministration of Min	on 1001.
TIDE	PLS#4502
OWNER ()	P. iina
ADDRESS	ZIP CODE POOCH
SIGNATURE COVICE ST. ST. College Station T.	1/1/24/
DATE PLEPHON	E/920) 000 3100
EMA Form 81-31, AUG 99 SEE REVERSE SIDE FOR CONTINUATION REPLA	U11) 868.3193
REPLA	CES ALL PREVIOUS EDITIONS

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SECTION D - SURVEYOR, ENGINEED Copy both sides of this Elevation Certificate for (1) community of COMMENTS COMMENTS COMMENTS SECTION E - BUILDING ELEVATION INFORMATION (SUIT FOR Zone AO and Zone A (without BFE), complete items E1 through information for a LOMA or LOMR-F, Section C must be completed. Building Diagram Number (Select the building diagram see pages 6 and 7. If no diagram accumulate represents the base of the complete see pages 6 and 7. If no diagram accumulate represents the base of the complete see pages 6 and 7. If no diagram accumulate represents the base of the complete see pages 6 and 7. If no diagram accumulate represents the base of the complete see pages 6.	R, OR ARCHITECT CERTIFICATION (COID OFFICIAL (2) insurance agent/company, and (COID OFFICIAL CONTROLL (COID OFFICIAL COID OFFICIAL CONTROLL (COID OFFICIAL COID OFFICIAL CONTROLL (COID OFFICIAL COID OFFICIAL COI	building owner. DE SULLINEADO 1.5 30 (10) [] Check here if attachn
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1. Building Diagram Number (Select the building diagram see pages 6 and 7. If no diagram accurately represents the building diagram accurately repre		
(check one) the highest adjacent grade. 3. For Building Diagrams 6-6 with openings (see page 7), the ne L ft.(m)	of the building is ft.(m) in ext higher floor or clevated floor (elevation by the bottom floor elevated in according to the bottom floor elevated fl	entificate is being completed (cm) [1] above or [1] but of the building is
The property owner or owner's authorized representative who con community-issued BFE) or Zone AO must algo here. **ROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE		ithout a FEMA-Issued or
DDRESS		
IGNATURE	CITY STATE	ZIP CODE
OMMENTS	DATE TELEPHO	VE
OMIGEN 15		
	1	(Chook have if the
SECTION G - COMMUNI	ITY INFORMATION (OPTIONAL)	Check here if attachme
e local official who is authorized by law or ordinance to administer stions A, B, C (or E), and G of this Elevation Certificate. Complete I The information in Section C was taken from other documer engineer, or erchitect who is authorized by state or local law elevation data in the Comments area below.) I A community official completed Section E for a building local Zone AO. The following information (Itoms G4-G8) is provided for completed Section E for a building local complete	ntation that has been signed and embossed to certify elevation information. (Indicate the total information) that has been signed and embossed to certify elevation information. (Indicate the total in Zone A (without a FEMA-isaued or examinity floodplain management purposes.	by a licensed surveyor, he source and date of the homounity-issued BFE) or
GS. DATE PERMIT ISSUED	G6, DATE CERTIFICATE OF CO	MPLIANCE/OCCUPANCY
	Substantial Improvement	(-) 6
BFE or (in Zone AO) depth of flooding at the building site is: AL OFFICIAL'S NAME		(m) Datum: (m) Datum:
	TITLE	. ,
MUNITY NAME	TELEPHONE	
VATURE	DATE	
MENTS		