FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

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

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.	
SECTION A PROPERTY OWNER INFORMATION	For Insurance Company Use:
BUILDING OWNER'S NAME Front Porch Properties	Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bidg. No.) OR P.O. ROUTE AND BOX NO.	Company NAIC Number
CITY College Station STATE TOYOR	ZIP CODE 728 40
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Percel Number, Legal Description, etc.)	I.M.R. " Tipe B.
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)	
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: 1 1 GPS (Type):	OCT 1.8 2005
LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: [_] GPS (Type):	O L Other;
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
City of College Station 480083 Brazos	B3. STATE Texas
B4. MAP AND PANEL B5. SUFFIX B6. FIRM INDEX B7. FIRM PANEL B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
4804100142 C 102-09-2000 107-02-1992 A+ Xunstadad	MA
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):	
B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (De B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area.	escribe):
Designation Date:	ea (OPA)? ∐ Yes ☑ No
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.	Element Construction
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-I below according to the building diagram specified in Item C2. State the datum us	ed. 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 measu	rements and datum conversion
calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, t	o document the datum conversion.
Datum Conversion/Comments	
Elevation reference mark used WSGBun # 22 Does the elevation reference mark used appear	ron the FIRM? Yes XINO
O a) Top of bottom floor (including basement or enclosure)	A
D b) Top of next higher floor	OF FE
C) C) Bottom of lowest horizontal structural member (V zones only) AA . ft.(m)	TA CASTE STEEL TO
C) d) Attached garage (top of slab)	18 0. 00 00 00 00 00 00 00 00 00 00 00 00
e) Lowest elevation of machinery and/or equipment servicing the building 271.9 ft.(m)	A seconsous construction of
	BRAD KERR
O a) Highest adjacent grade (HAG)	4502 4502
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	WWW.Ess.
☐ i) Total area of all permanent openings (flood vents) in C3h 从A sq. in, (sq. cm)	SURV
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 interpre	t the data avallable.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. CERTIFIER'S NAME DESCRIPTION OF THE PROPERTY OF THE PROPERT	
(Brod Kerr / a \	PLS #4502
TITLE OWNER ()) COMPANY NAME KENT SURVEY	.
ADDRESS 505 Object St. CITY Office St. STATE	X ZIP CODE 11841
SIGNATURE DATE TELEPHO	NE (979) 268-3195
55 HO (500 St 24 24 AUG 05 ST 100 ST	
FEMA Form 81-31, AUG 99 SEE REVERSE SIDE FOR CONTINUATION REPL	ACES ALL PREVIOUS EDITIONS