

907 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 PROGRAM

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

ELEVATION CERTIFICATE

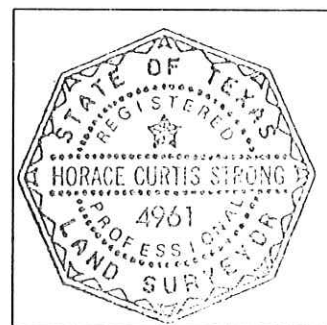
Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION			For Insurance Company Use:
BUILDING OWNER'S NAME MARK GOLDEN			Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 907 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 16, BLOCK 6, SUNMEADOWS 2A			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###" or ###.####")		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other.	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP 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. <input type="checkbox"/> FIS Profile <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input checked="" type="checkbox"/> Other (Describe): CITY REQUIREMENTS					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe):					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input checked="" type="checkbox"/> Building Under Construction* <input type="checkbox"/> 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-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 _____ Conversion/Comments _____	
Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	301.4 ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____ ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	_____ ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	_____ ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	_____ ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	
<input type="checkbox"/> 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 1673 BRIARCREST DRIVE SUITE A102	CITY BRYAN	STATE TX	ZIP CODE 77802
SIGNATURE <i>H. Curtis Strong</i>	DATE APRIL 19, 2002	TELEPHONE 979/776-9836	