




DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
ELEVATION CERTIFICATE
IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

OMB Control Number: 1650-0088
Expiration: 11/30/2018

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.					
SECTION A - PROPERTY INFORMATION				FORM INSURANCE COMPANY USE	
A1. Building Owner's Name DONNIE GARCIA				Policy Number:	
A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 155 S. NAUTICA				Company NAIC Number:	
City ROCKPORT		State TX		Zip Code 78382	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 2, BLOCK 6, CORAL REEF COTTAGES, PUD, ROCKPORT, ARANSAS COUNTY, TEXAS					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat. 27°58'50.1"N Long. 97°05'17.3"W Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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 5					
A8. For a building with a crawspace or enclosure(s):			A9. For a building with an attached garago:		
a) Square footage of crawspaco or enclosure(s) N/A sq ft			a) Square footage of attached garage N/A sq ft		
b) Number of permanent flood openings in the crawspaco or enclosure(s) within 1.0 foot above adjacent grade N/A			b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A		
c) Total net area of flood openings in A8.b N/A sq in			c) Total net area of flood openings in A9.b N/A sq in		
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No			d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number CITY OF ROCKPORT 485504			B2. County Name ARANSAS COUNTY		B3. State TEXAS
B4. Map/Panel Number 48007C/0350	B5. Suffix G	B6. FIRM Index Date 02-17-16	B7. FIRM Panel Effective/ Revised Date 02-17-16	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 7.0
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B8: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> Finished Construction					
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-h below according to the building diagram specified in Item A7. In Puerto Rico only, omit meters. * A new Elevation Certificate will be required when construction of the building is complete.					
Benchmark Utilized: DP0719 Vertical Datum: 1988					
Indicate elevation datum used for the elevations in Items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
Datum used for building elevations must be the same as that used for the BFE.				Check the measurement used.	
a) Top of bottom floor (including basement, crawspaco, or enclosure floor)	18.6	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters
b) Top of the next higher floor	N/A	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	-	_____	<input checked="" type="radio"/> foot	<input type="radio"/> meters
d) Attached garage (top of slab)	N/A	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	9.3	-	_____	<input checked="" type="radio"/> foot	<input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	5.5	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	5.8	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	5.5	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters

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SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION				
<p>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.</p>				
<input type="checkbox"/> Check here if attachments.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Certifier's Name BRIDGET A. BRUNDRETT		License Number 6073		
Title RPLS		Company Name GRIFFITH & BRUNDRETT		
Address 411 S. PEARL ST.		City ROCKPORT	State TX	Zip Code 78382
Signature 		Date 08/17/2016	Telephone 361-729-6479	
				
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.				
Comments (including type of equipment and location, per C2(e), if applicable)* ONE STORY WOOD FRAME RESIDENCE ON TALL WOOD PILES WITH CONCRETE SLAB BELOW. LOWEST VISIBLE EXTERIOR MACHINERY - A/C UNIT ON WOOD PLATFORM. LAT/LONG COORDINATES PROVIDED BY HANDHELD GPS UNIT.				
Signature 		Date 08/17/2016		
SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND 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, crawlspace, or enclosure) is		<u>N/A</u> - _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.		
b) Top of bottom floor (including basement, crawlspace, or enclosure) is		<u>N/A</u> - _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.		
E2. For Building Diagrams 6 - 9 with permanent flood openings provided in Section A items 8 and/or 9 (see pages 8 - 9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is				
		<u>N/A</u> - _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.		
E3. Attached garage (top of slab) is				
		<u>N/A</u> - _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is				
		<u>N/A</u> - _____ <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown. The local official must certify this information in Section G.				
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION				
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 or Owner's Authorized Representative's Name:				
Address		City	State	ZIP Code
Signature		Date	Telephone	
Comments				
<input type="checkbox"/> Check here if attachments.				

BUILDING PHOTOGRAPHS
See Instructions for Item A6

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 155 S. NAUTICA			Policy Number:	
City ROCKPORT	State TEXAS	Zip Code 78382	Company NAIC Number:	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front view" and "Rear view"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



FRONT AND SIDE



REAR AND SIDE