

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

OMB Control No. 1660-0008
Expiration Date: 06/30/2026

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11

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	FOR INSURANCE COMPANY USE		
A1. Building Owner's Name: <u>MARK DYE</u>	Policy Number: _____		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>517 RIVER OAKS DRIVE</u>	Company NAIC Number: _____		
City: <u>AUSTIN</u>	State: <u>TX</u> ZIP Code: <u>78748</u>		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>LOT 167 SAN LEANNA ESTATES, PROPERTY ID:349551</u>			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>			
A5. Latitude/Longitude: Lat. <u>30°08'52.50"</u> Long. <u>-97°48'54.02"</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input checked="" type="checkbox"/> WGS 84			
A6. Attach at least two and when possible four clear color photographs (one for each side) of the building (see Form pages 7 and 8).			
A7. Building Diagram Number: <u>1A</u>			
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s): <u>N/A</u> sq. ft.			
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>			
d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in.			
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.			
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.			
A9. For a building with an attached garage:			
a) Square footage of attached garage: <u>N/A</u> sq. ft.			
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u>			
d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in.			
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>N/A</u> sq. ft.			
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.			
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1.a. NFIP Community Name: <u>VILLAGE OF SAN LEANNA</u>	B1.b. NFIP Community Identification Number: <u>481305</u>		
B2. County Name: <u>TRAVIS</u>	B3. State: <u>TX</u>	B4. Map/Panel No.: <u>48453C0590</u>	B5. Suffix: <u>J</u>
B6. FIRM Index Date: <u>01/22/2020</u>	B7. FIRM Panel Effective/Revised Date: _____		
B8. Flood Zone(s): <u>X</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>N/A</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input checked="" type="checkbox"/> FIS <input type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____			
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: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ELEVATION CERTIFICATE

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 517 RIVER OAKS DRIVE	FOR INSURANCE COMPANY USE
City: <u>AUSTIN</u>	Policy Number: _____
State: <u>TX</u>	Company NAIC Number: _____

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.
 Benchmark Utilized: LCRA BM E335 Vertical Datum: NAVD88

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929 NAVD 1988 Other: _____

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used? Yes No
 If Yes, describe the source of the conversion factor in the Section D Comments area.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor):	629.1	Check the measurement used:	
b) Top of the next higher floor (see Instructions):	639.1	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (see Instructions):	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab):	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area):	628.0	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest Adjacent Grade (LAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished	627.4	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest Adjacent Grade (HAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished	628.2	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state 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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments and describe in the Comments area.

Certifier's Name: COLIN BROMLEY License Number: 6955

Title: RPLS

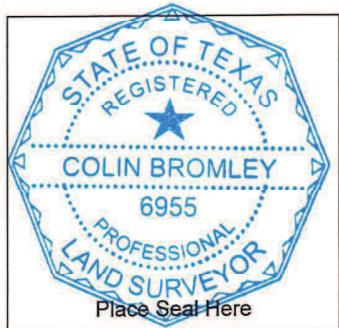
Company Name: TRI-TECH SURVEYING

Address: 155 RIVERWALK DRIVE

City: SAN MARCOS State: TX ZIP Code: 78666

Telephone: (512) 440-0222 Ext.: _____ Email: CBROMLEY@TRITECHTX.COM

Signature: Colin Bromley Date: 06/26/24



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):
 B(9) - NEAREST ADJACENT BFE = 627.0'

C(2)e - A/C PAD

C(2)f-g - ADJACENT GRADE AT TIME OF SURVEY

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
517 RIVER OAKS DRIVE

FOR INSURANCE COMPANY USE

City: AUSTIN State: TX ZIP Code: 78748

Policy Number: _____

Company NAIC Number: _____

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: FRONT



Photo Two

Photo Two Caption: REAR

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 517 RIVER OAKS DRIVE	FOR INSURANCE COMPANY USE
City: AUSTIN State: TX ZIP Code: 78748	Policy Number: _____
	Company NAIC Number: _____

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo Three

Photo Three Caption: LEFT

Clear Photo Three



Photo Four

Photo Four Caption: RIGHT

Clear Photo Four



STANDARD FLOOD INSURANCE APPLICATION

Progressive

<https://www.foremost.com/>

(800) 260-9270

PO Box 2057, Kalispell, MT, 59903

Date 10-11-2024	Application Number FLD1660090871	Effective Date 11-10-2024	Expiration Date 11-10-2025	Waiting Period Standard - 30 Day Wait
Insured Name(s) MARK & JUDITH DYE	Mailing Address & Phone 517 River Oaks Dr, Austin, TX, 78748	Property Address 517 RIVER OAKS DR, Austin, TX, 78748	Agency Name, Address & Phone PO BOX 2057, Kalispell, MT, 59903	
Home Phone: Work Phone: Cell Phone:(512)300-9901 Email:markdyemark@msn.com	Property Address Type:Location	Email:Progressiveflood@nationalfloodservices.com Phone Number:8883918533 Agent Name:NATIONAL FLOOD SERVICES LLC		
<p>Applicant Type:INDIVIDUAL Prior Company NAIC: Prior Policy Number: Prior Company Name: Renewal Billing:</p>				
<p>Other Policy Number: Potential Duplicate Policy:</p>				
<p>Current Community Information Community Name: Community Number:481305 Map Panel:0590 Map Panel Suffix::J Current Flood Zone:X Current Base Flood Elevation(BFE): FIRM Date:03-11-1980 Program:FLOODREGULAR Program Status: County:Travis County Current Map Date:01-22-2020 Rating Map Date:</p>				
<p>Prior Community Information Community Number: Map Panel: Map Panel Suffix: Flood Zone: FIRM Date:03-11-1980 Has This Property Been Remapped?: Map Revision Date:</p>				
<p>Prior Policy Information Is this a new purchase (within the last year)?:YES Prior Owner Policy Number: Prior Owner Company Name: Did the applicant have a prior NFIP policy for the building that lapsed?: Was the policy receiving a PRE-FIRM or Newly Mapped discount?: Mapped discount when it lapsed?: Did the Policy lapse for a valid reason?:</p>				

Construction Date
Date of Original Construction:01-01-1984
Building Substantially Improved:NO
Post-FIRM Construction:YES
Substantial Improvement Date:
Building is on list of Historic Buildings:

Prior Policy Information
Is this a new purchase (within the last year)?:YES
Prior Owner Policy Number:
Prior Owner Company Name:
Did the applicant have a prior NFIP policy for the building that lapsed?:
Was the policy receiving a PRE-FIRM or Newly Mapped discount?:
Mapped discount when it lapsed?:
Did the Policy lapse for a valid reason?:

Occupancy Information
Occupancy Type:Single Family
Building Description:
Is this the Applicant's Primary Residence: YES

Is the insured a small business with less than 100 employees?: NO
Is the insured a nonprofit entity?:NO

Date:

APC PRV 07 21





STANDARD FLOOD INSURANCE APPLICATION

Progressive
<https://www.foremost.com/>

(800) 260-9270

PO Box 2057, Kalispell, MT, 59903

Date	Application Number	Effective Date	Expiration Date	Waiting Period
10-11-2024	FLD1660090871	11-10-2024	11-10-2025	Standard - 30 Day Wait
Building Information				
Building Located In CBRS/OPA:NO				
CBRS/OPA Designation Date:				
If the building is in the buffer zone, did USFWS issue an official determination showing the building outside the system unit or OPA?:				
Is the building use consistent with the protected area purpose?:				
Prior NFIP Claims:				
Building Severe Repetitive Loss (SRL)				
Property:				
Property on NFIP SRL list, Document(s) provided indicating non-SRL:				
Coverage Req'd for Disaster Assistance:				
Foundation Information				
Foundation:Slab on Grade (non-elevated)				
Enclosure/Crawlspace Size:				
Number of Elevators:				
Venting Information (excluding V-Zones)				
Enclosure/Crawlspace Has Valid Flood Openings:				
Number of Openings:				
Building Machinery, Equipment and Appliances				
Does the building contain appliances?:				
Are all appliances elevated above the first floor?:				
Mobilehome/Travel Trailer Information				
On Permanent Foundation:				
Anchored By:				
Serial Number:				
Area of Permanent Openings (Sq. In.):				
Has Engineered Openings:				
Elevation Certificate Information				
Elevation Certificate Section Used:C				
Elevation Certificate Date:06-26-2024				
Diagram Number:1A				
Top of Bottom Floor:629.1				
Top of Next Higher Floor:640				
Lowest Adjacent Grade (LAG):628				
Premium Calculations				
RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	80,000.00	2,000.00	Building Premium: \$ 1,765.00	
Content	0.00	0.00	Content Premium: \$ 0.00	
			Increased Cost of Compliance (ICC) Premium: \$ 34.00	
			Mitigation Discount: \$ 0.00	
			Community Rating System Reduction: \$ 0.00	
			Full Risk Premium: \$ 1,799.00	
			Annual Increase Cap Discount: \$ 0.00	
			Pre-Firm Discount: \$ 0.00	
			Discounted Premium: \$ 1,799.00	
			Reserve Fund Assessment: \$ 324.00	
			HFIAA Surcharge: \$ 25.00	
			Federal Policy Fee: \$ 47.00	
			Probation Surcharge: \$ 0.00	
			Total Quoted Premium	\$ 2,195.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21





PROPERTY ADDRESS #: 517 RIVER OAKS DR, Austin, TX, 78748
POLICY #: FLD1660090871
NFIP POLICY #: 1660090871
POLICY TERM: 11-10-2024 (12:01 AM) - 11-10-2025 (12:01 AM)
POLICY ISSUED BY: Foremost Insurance Company, Grand Rapids, MI
PAYOR: MARK & JUDITH DYE

Progressive
PO Box 2057 Kalispell MT 59903 USA
POLICY FORM: Dwelling Policy
POLICY DECLARATIONS TYPE: New Policy Declarations
RATE CATEGORY : RatingEngine
Progressive
https://www.foremost.com/
(800) 260-9270
NAIC# : 21660

INSURED NAME & MAILING ADDRESS

MARK & JUDITH DYE
517 River Oaks Dr,
Austin, TX, 78748

AGENT CONTACT INFORMATION

NATIONAL FLOOD SERVICES LLC
PO BOX 2057, Kalispell, MT, 59903

Phone : 8883918533

FLOOD INSURANCE POLICY DECLARATIONS

This Declarations Page is part of your policy. THIS IS NOT A BILL.

Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE	\$ 2,102
Building	\$ 80,000	\$ 2,000	
Contents	\$ 0	\$ 0	Total Annual Payment

Coverage limitations may apply. See your Policy Form for details.

Includes Premium, Discounts, Fees, and Surcharges

Property Information

Primary Residence	YES
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	1.7
Method Used to Determine FFH	EC
Property Description	Slab on Grade (non-elevated), 2 Floors , Frame
Date of Construction	01-01-1984
Prior NFIP Claims	0 Claim(s)

Your property's NFIP flood claims history can affect your premium.

Premium Calculations

COMPONENTS OF THE TOTAL	PREMIUM
Building Premium:	\$ 1,688
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 32
Community Rating System Discount:	\$ 0
Full-Risk Premium:	\$ 1,720
Discounted Premium:	\$ 1,720
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 310
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
Total Premium	\$ 2,102

ADDITIONAL INTERESTS

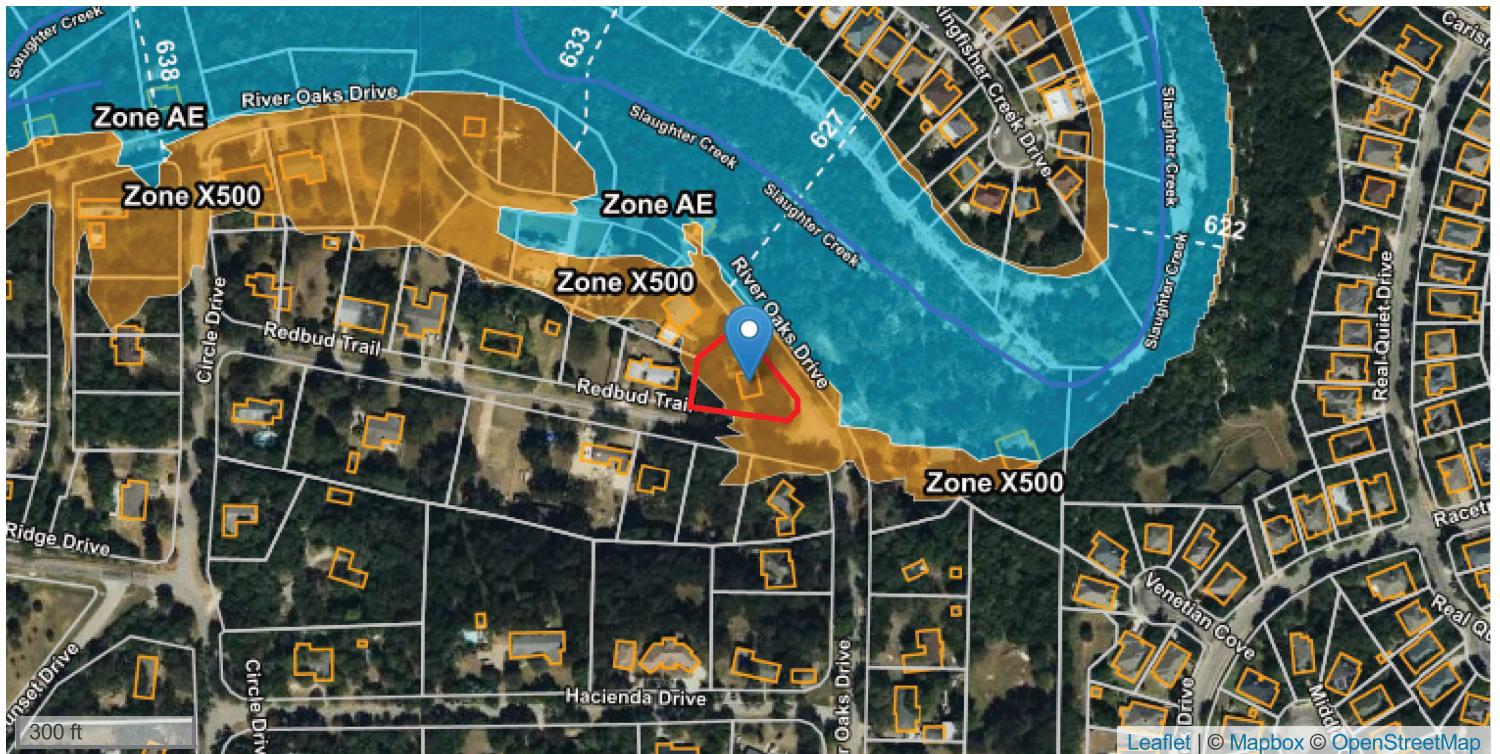
If there have been any mortgagee changes, please make sure your profile reflects the changes.
For questions about your flood insurance rating, contact your agent or insurance company.
To learn more about your flood risk, please visit FloodSmart.gov

Date Mailed: 10-30-2024



FloodRisk Standard

Provided Location	517 RIVER OAKS DR, AUSTIN, TX 78748		
Standardized Location	517 RIVER OAKS DR, AUSTIN, TX 78748-3844		
Latitude, Longitude	30.147912, -97.814966	Parcel ID	0438190410
FIPS / MSA / Tract	48453 / 12420 / 24.07	Community No.	481305
Community Name	SAN LEANNA, VILLAGE OF		
County Name	TRAVIS		



Flood Zone	Zone X500	Next Nearest Zone (Dist.)	AE (95 ft)
BFE	NOT APPLICABLE	USGS Ground Elev	621 ft NAVD88
FEMA Map	48453C0590J, 01/22/2020	Previous Map	48453C0590H, 09/26/2008, Zone X
NFIP Status	PARTICIPATING	NFIP Program	REGULAR
LOMA or LOMR	NO	CBRS / OPA	NO
Claims* \$ / #	\$41,600 / 4	NFIP PIF*	12
Flood Source	299 ft	Salt Water	>6 miles
			Fresh Water
			333 ft

*Aggregated by NFIP community.

Mark Dye

517 River Oaks Dr.
Austin, TX 78748

843

30-89683140

10/11/24

Date

Pay to the Order of

\$ 2195.00

Security
Feature
Details on
Back.

Randolph Brooks

PO Box 2097
Universal City, TX 78148-2097

FL01660090871

For Food Policy

11:3140896811: 0309519411 0843

ENDORSE HERE

X

CHECK BOX FOR MOBILE/REMOTE DEPOSIT

WRITE NAME OF FINANCIAL INSTITUTION ON LINE ABOVE

ORIGINAL DOCUMENT OR DUAL DOCUMENT OR ECONAL DOCUMENT OR FENAL DOCUMENT OR TORNAL DOCUMENT

Security Features exceed industry standards and include:

- MobileMark®: Mobile Deposit check mark to indicate check has been deposited via mobile device
- The Security Weave® pattern on back designed to deter fraud
- Microprint (MP) lines printed on front and back
- The words "ORIGINAL DOCUMENT" across the back
- Padlock icon visible on front and back

Do not cash if:

- Any of the features listed above are missing or appear altered
- Fugitive ink on back looks pink or has disappeared
- Brown stains or colored spots appear on both front and back



Keep this stub as your record

Notice Date : 10-11-2

CHECKS OR DRAFTS ACCEPTED IN PAYMENT ONLY IN EVENT THEY ARE HONORED WHEN FIRST PRESENTED. THERE IS A \$25 FEE FOR A RETURNED

F401660090871

FLDI

POLICY #

INSURED Mark & Judith Dye

MARK & JU

EFFECTIVE DATE :

SELECT ONE

Option A

\$ 2,195

AMOUNT PAID

\$ 2195



For the fastest processing visit
<https://foremost.mypolicy.odysseynext.com/>



Or scan
the code:

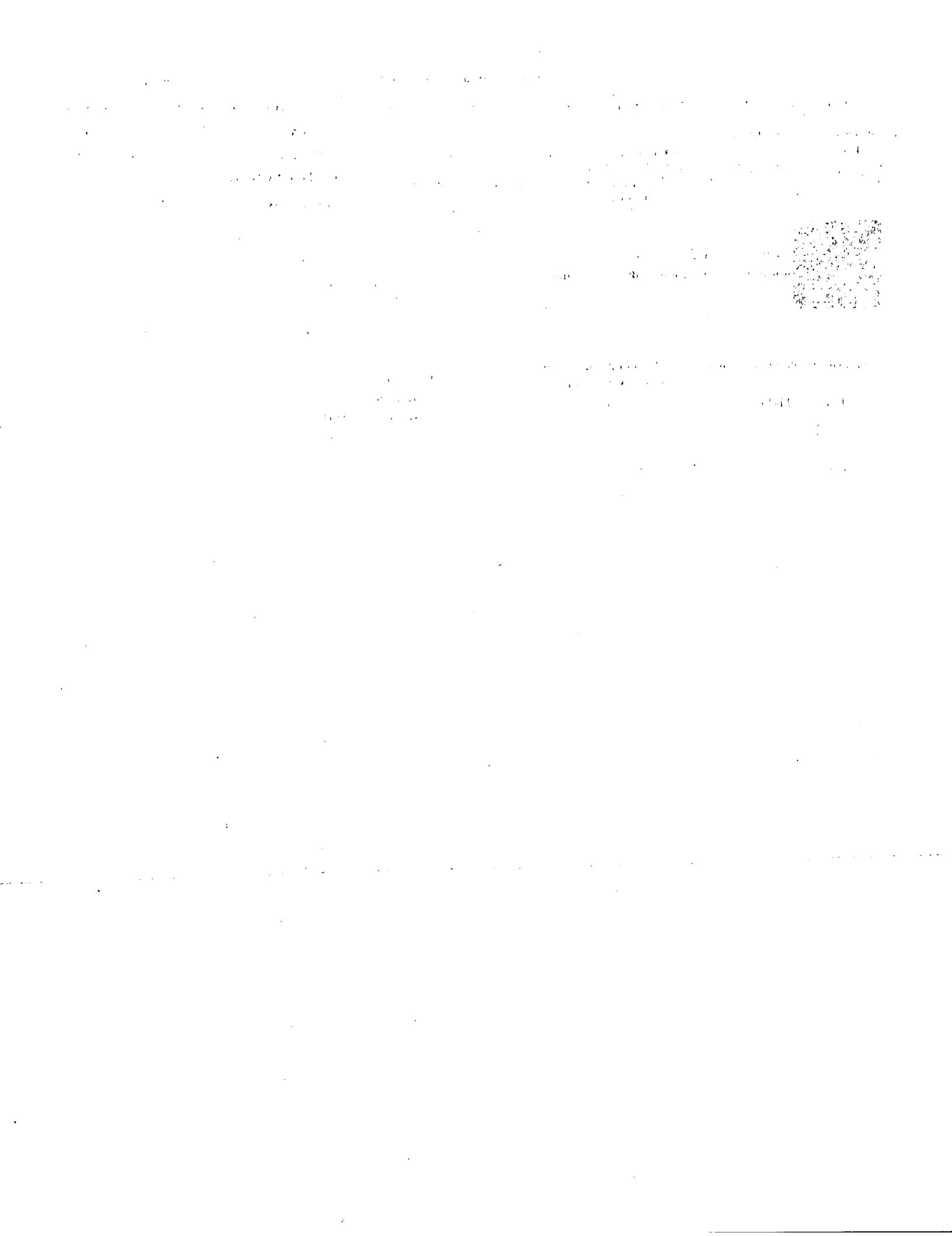
Make Check or Money Order Payable to:

Want to overnight your payment? 555 Corporate Drive, Suite 101
Kalispell MT 59901

Progressive
PO Box 2057
Kalispell MT 59903

000016600908712166073667500021950000000000003

Dye. M Flood Policy Invoice.pdf



Mark Dye
517 River Oaks Dr.
Austin, TX 78748

AUSTIN TX 787
RIO GRANDE DISTRICT
12 OCT 2024 PM 3 L



Progressive
PO Box 2057
Kalispell, MT
59903

ESS03-205757

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