

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 PAGES 9-19

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>LILLIAN JOHNSON</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>4801 LEFFINGWELL ST</u>		Company NAIC Number: _____
City: <u>HOUSTON</u> State: <u>TX</u> ZIP Code: <u>77026</u>		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>LOT 45, CITY GARDENS SECTION 1 (PARCEL ID: 0660030000045)</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. <u>29° 48' 14.12" N</u> Long. <u>95° 19' 47.84" W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84		
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number: <u>5</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>CITY OF HOUSTON</u>		B1.b. NFIP Community Identification Number: <u>480296</u>
B2. County Name: <u>HARRIS</u>	B3. State: <u>TX</u>	B4. Map/Panel No.: <u>48201C 0690</u> B5. Suffix: <u>N</u>
B6. FIRM Index Date: <u>11/15/2019</u>	B7. FIRM Panel Effective/Revised Date: <u>01/06/2017</u>	
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>45.4 FEET</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 type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> Other/Source: <u>NAVD 88 W/2001 ADJ</u>		
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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4801 LEFFINGWELL ST

City: HOUSTON

State: TX

ZIP Code: 77026

FOR INSURANCE COMPANY USE

Policy Number: _____

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: HCFRM 080115

Vertical Datum: NAVD 1988 W/2001 ADJ

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

☐ NGVD 1929 ☐ NAVD 1988 ☒ Other: NAVD 88 W/2001 ADJ

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.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor):

50.43

☒ feet ☐ meters

b) Top of the next higher floor (see Instructions):

N/A

☐ feet ☐ meters

c) Bottom of the lowest horizontal structural member (see Instructions):

N/A

☐ feet ☐ meters

d) Attached garage (top of slab):

N/A

☐ feet ☐ 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):

50.42

☒ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ☒ Finished

44.2

☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ☒ Finished

44.8

☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:

44.8

☒ feet ☐ 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: CURTIS C HAMPTON

License Number: 107370

Title: CIVIL ENGINEER

Company Name: COBALT ENGINEERING & INSPECTIONS

Address: 12005 DELANY ROAD

City: LA MARQUE

State: TX

ZIP Code: 77568

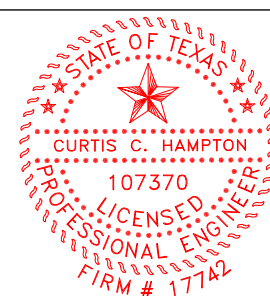
Signature: _____

Date: 10/03/2024

Telephone: (409) 354-5925

Ext.: _____

Email: PROJECTS@COBALT-ENGINEERING.COM



Place Seal Here

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):

1. TBM EL = 44.52 FEET; SET PK NAIL IN CENTER OF LEFFINGWELL ST IN FRONT OF PROPERTY
2. BM EL = 45.13 FEET (HCFRM 080115)
3. CENTERLINE STREET EL = 45.42 FEET (LEFFINGWELL ST); NEAREST SANITARY MANHOLE EL = 43.57 FEET
4. SECTION C2a & C2e ARE BASED ON 3 FEET ABOVE 500-YR; SECTION C2e IS USED FOR THE A/C UNIT
5. 500-YR = 47.1 FEET (FIS: H100-00-00 HUNTING BAYOU) 47.1 + 2 = 49.1
6. PER CURRENT FEMA GUIDANCE THE EC MEETS ALL REQUIREMENTS WITHOUT FILLING OUT SECTIONS A8. & A9.

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City: HOUSTON State: TX ZIP Code: 77026

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☐ Finished Construction

*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the LAG.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the next higher floor (C2.b in applicable Building Diagram) of the building is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E3. Attached garage (top of slab) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is: _____ ☐ feet ☐ meters ☐ above or ☐ 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? ☐ Yes ☐ No ☐ Unknown The local official must certify this information in Section G.

SECTION F – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

☐ Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
4801 LEFFINGWELL ST

City: HOUSTON State: TX ZIP Code: 77026

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- G1. ☐ The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a. ☐ A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b. ☐ A local official completed Section H for insurance purposes.
- G3. ☐ In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4. ☐ The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: _____ G6. Date Permit Issued: _____
- G7. Date Certificate of Compliance/Occupancy Issued: _____
- G8. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: _____ ☐ feet ☐ meters Datum: _____
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: _____ ☐ feet ☐ meters Datum: _____
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ ☐ feet ☐ meters Datum: _____
- G11. Variance issued? ☐ Yes ☐ No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: _____ Title: _____

NFIP Community Name: _____

Telephone: _____ Ext.: _____ Email: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
4801 LEFFINGWELL ST

City: HOUSTON State: TX ZIP Code: 77026

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). **Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.**

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) **For Building Diagrams 1A, 1B, 3, and 5–9.** Top of bottom _____ ☐ feet ☐ meters ☐ above the LAG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) **For Building Diagrams 2A, 2B, 4, and 6–9.** Top of next _____ ☐ feet ☐ meters ☐ above the LAG higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is:

H2. Is **all** Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

☐ Yes ☐ No

SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* **Note:** If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

☐ Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments:

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
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.:
4801 LEFFINGWELL ST

City: HOUSTON State: TX ZIP Code: 77026

FOR INSURANCE COMPANY USE

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 (10/03/2024)**

Clear Photo One



Photo Two

Photo Two Caption: **RIGHT (10/03/2024)**

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
4801 LEFFINGWELL ST

City: HOUSTON State: TX ZIP Code: 77026

FOR INSURANCE COMPANY USE

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: **REAR (10/03/2024)**

Clear Photo Three



Photo Four

Photo Four Caption: **LEFT (10/03/2024)**

Clear Photo Four



STANDARD FLOOD INSURANCE APPLICATION

Texas Farmers Insurance
Company

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

PO Box 2057, Kalispell, MT, 59903

(888) 391-2810

Date	Application Number	Effective Date	Expiration Date	Waiting Period
11-05-2024	FLD1660096953	11-06-2024	11-06-2025	Loan Transaction - No Wait

Insured Name(s)	Mailing Address & Phone	Property Address	Agency Name, Address & Phone
LILLIAN JOHNSON	4801 Leffingwell St, Houston, TX, 77026 Home Phone: Work Phone: Cell Phone: (832)576-3982 Email: lillianjohnson4ever@gmail.com	4801 LEFFINGWELL ST, Houston, TX, 77026 Property Address Type: Location	3154 SABA LN STE B, Port Neches, TX, 77651 Email: jcarpenter2@farmersagent.com Phone Number: 4097242422 Agent Name: THE CARPENTER AGENCY INC

Applicant Type:INDIVIDUAL

Prior Company NAIC:

Prior Policy Number:

Other Policy Number:

Potential Duplicate Policy:

Prior Company Name:

Renewal Billing:

1st Mortgagee

Texas General Land Office Attn Single Family Housi

PO Box 12873,

Austin, Travis County , TX, 78711

Phone Number:

Fax Number:

Loan Number:COH75440

Required under

Mandatory

Purchase:

Current Community Information

Community Name:

Community Number:480296

Map Panel:0690

Map Panel Suffix:N

Current Flood Zone:AE

Current Base Flood Elevation(BFE):39.5

FIRM Date:12-11-1979

Program:FLOODREGULAR

Program Status:

County:Harris County

Current Map Date:01-06-2017

Rating Map Date:

Prior Community Information

Community Number:

Map Panel:

Map Panel Suffix:

Flood Zone:

FIRM Date:12-11-1979

Has This Property Been Remapped?:

Map Revision Date:

Construction Date

Date of Original Construction:08-31-2024

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

Texas Farmers Insurance Company

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

PO Box 2057, Kalispell, MT, 59903

(888) 391-2810

Date	Application Number	Effective Date	Expiration Date	Waiting Period
11-05-2024	FLD1660096953	11-06-2024	11-06-2025	Loan Transaction - No 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:		Building Located Over Water: Not over Water Building in Course of Construction: NO Building Construction Type: Frame Construction Type Description: Estimated Building Replacement Cost: 252000 Replacement Cost Value Returned by FEMA: 212648 Total sq. footage of building: 1320 Total # of floors in building: 1 Total # of units in building: 1 What floor is the unit located on?: Number of Detached Structures: 0 Building Located on Federal Land: Is the policy force-placed by the lender?:		
Foundation Information Foundation:Elevated without enclosure on piers, posts & piles Enclosure/Crawlspace Size: Number of Elevators:		Mobilehome/Travel Trailer Information On Permanent Foundation: Anchored By: Serial Number:		
Venting Information (excluding V-Zones) Enclosure/Crawlspace Has Valid Flood Openings: Number of Openings:		Area of Permanent Openings (Sq. In.): Has Engineered Openings:		
Building Machinery, Equipment and Appliances Does the building contain appliances?: Are all appliances elevated above the first floor?:		Does the building contain machinery and equipment servicing the building?: Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor?: NO		
Elevation Certificate Information Elevation Certificate Section Used:C Elevation Certificate Date:10-03-2024 Diagram Number:5 Top of Bottom Floor:50.4 Top of Next Higher Floor: Lowest Adjacent Grade (LAG):44.2		Floodproofing Certificate: Flood Proofing Elevation: Lowest (Rating) Floor Elevation: Elevation Certificate First Floor Height: 6.2 FEMA First Floor Height: 6.2 First Floor Height Method Used: EC		

Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	1,250.00	Building Premium:	\$ 496.00
Content	0.00	0.00	Content Premium:	\$ 0.00
			Increased Cost of Compliance (ICC) Premium:	\$ 9.00
			Mitigation Discount:	\$ 0.00
			Community Rating System Reduction:	\$ (77.00)
			Full Risk Premium:	\$ 428.00
			Annual Increase Cap Discount:	\$ 0.00
			Newly Mapped Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 428.00
			Reserve Fund Assessment:	\$ 77.00
			HFIAA Surcharge:	\$ 25.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 577.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21



DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
STANDARD FLOOD HAZARD DETERMINATION FORM (SFHDF)

OMB Control No. 1660-0040
Expires: 09-30-2023

SECTION I - LOAN INFORMATION				
1. LENDER/SERVICER NAME AND ADDRESS Customer Number 1000278438 Address TAURUS FLOOD ODYSSEY 555 CORPORATE DRIVE KALISPELL, MT 59901- Delivery Method: FDR-COM - WEB		2. COLLATERAL DESCRIPTION (Building/Mobile Home/Property) (See instructions for more information.) Determination Address: 4801 LEFFINGWELL ST HOUSTON, TX 77026-2646 HARRIS COUNTY APN/Tax ID: S/D: Section: Lot: Phase: Block: Range: Township:		
3. LENDER/SERVICER ID #	4. LOAN IDENTIFIER f76ccc1ab8b5fa727d156dd8dfad3113	5. AMOUNT OF FLOOD INSURANCE REQUIRED		
SECTION II				
A. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) COMMUNITY JURISDICTION				
1. NFIP Community Name HOUSTON, CITY OF	2. County(ies) HARRIS COUNTY	3. State TX	4. NFIP Community Number 480296	
B. NATIONAL FLOOD INSURANCE PROGRAM (NFIP) DATA AFFECTING BUILDING/MOBILE HOME				
1. NFIP Map Number or Community-Panel Number (Community name, if not the same as "A") 48201C0690N	2. NFIP Map Panel Effective / Revised Date January 06, 2017	3. Is there a Letter of Map Change (LOMC)? <input checked="" type="radio"/> NO <input type="radio"/> YES (If yes, and LOMC date/no. is available, enter date and case no. below.) Date: Case No:		
4. Flood Zone AE	5. No NFIP Map <input type="checkbox"/>			
C. FEDERAL FLOOD INSURANCE AVAILABILITY (Check all that apply.)				
1. <input checked="" type="checkbox"/> Federal Flood Insurance is available (community participates in the NFIP). <input checked="" type="checkbox"/> Regular Program <input type="checkbox"/> Emergency Program of NFIP				
2. <input type="checkbox"/> Federal Flood Insurance is not available (community does not participate in the NFIP).				
3. <input type="checkbox"/> Building/Mobile Home is in a Coastal Barrier Resources Area (CBRA) or Otherwise Protected Area (OPA). Federal Flood Insurance may not be available. CBRA/OPA Designation Date:				
D. DETERMINATION				
IS BUILDING/MOBILE HOME IN SPECIAL FLOOD HAZARD AREA (ZONES CONTAINING THE LETTERS "A" OR "V")? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, flood insurance is required by the Flood Disaster Protection Act of 1973. If no, flood insurance is not required by the Flood Disaster Protection Act of 1973. Please note, the risk of flooding in this area is only reduced, not removed.				
This determination is based on examining the NFIP map, any Federal Emergency Management Agency revisions to it, and any other information needed to locate the building /mobile home on the NFIP map.				
E. COMMENTS (Optional) BFE: 39.5 Vertical Datum: NAVD1988		HMDA Information		
		State: County: MSA/MD: CT:		
BASIC DETERMINATION This flood determination is provided solely for the use and benefit of the entity named in Section 1, Box 1 in order to comply with the 1994 Reform Act and may not be used or relied upon by any other entity or individual for any purpose, including, but not limited to, deciding whether to purchase a property or determining the value of a property.				
F. PREPARER'S INFORMATION				
NAME, ADDRESS, TELEPHONE NUMBER (If other than Lender)  ServiceLink National Flood 500 E. Border St Third Floor Arlington, TX 76010		DATE OF DETERMINATION November 04, 2024 ORDER NUMBER 1441323565		
Phone: 1.800.833.6347 Fax: 1.800.662.6347				



CertMap+™

Date: 11/04/24

Reference #: f76ccc1ab8b5fa727d156dd8dfad3113

Order #: 1441323565

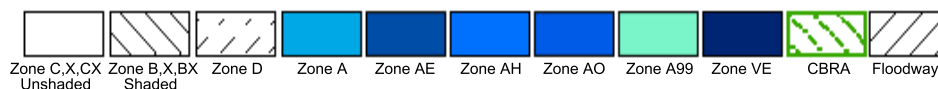
Property Address (provided)
4801 LEFFINGWELL ST
HOUSTON, TX 77026

Property Address (located)
4801 LEFFINGWELL ST
HOUSTON, TX 77026-2646

Flood Zone: AE
BFE: 39.5 Feet NAVD1988
Distance to Hazard: N/A
FEMA Map: 48201C0690N, 01/06/17
Previous Map: 48201C0690M, 06/09/14, AE
LOMA or LOMR: NO
CBRS/OPA: NO
FIPS/MSA/Tract: , 26420, 2109.00
Latitude, Longitude: 29.803978, -95.330018

Community Number: 480296
Community Name: HOUSTON, CITY OF
Community Participation Date: 12/11/79
Initial FIRM: 12/11/79
County Name: HARRIS COUNTY
NFIP Status: PARTICIPATING
NFIP Program: REGULAR
Is NFIP Insurance Available: YES
Is Federal Flood Insurance Required?: YES

This aerial view reflects the FEMA flood zone for the property address listed above. It's important to know the flood risk: During a 30-year mortgage homeowners are 27-times more likely to experience a flood than a fire. Safeguard against potential financial loss by obtaining flood insurance.



Copyright and Disclaimer. This product is for reference purposes only and is not to be construed or used as a legal document, flood zone determination or survey instrument. Any reliance on the information contained herein is at the user's own risk. ServiceLink National Flood assumes no responsibility for any use of the information contained herein or any loss resulting there from. This information should not be relied on for decisions related to purchasing or developing land.

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Flood Insurance Payment Confirmation Receipt

Quote Number: TMP241104633187

Policy Number: FLD1660096953

Insured Name: LILLIAN JOHNSON

Property Address: 4801 LEFFINGWELL ST, Houston, TX, 77026

Transaction Date: 11/05/2024

Remittance ID: 27J23K57

Premium Paid: \$577



Texas Farmers Insurance Company
PO Box 2057 Kalispell MT 59903 USA

Texas Farmers Insurance Company
<https://www.farmers.com/>
(888) 391-2810
NAIC# : 21660

PROPERTY ADDRESS #:	4801 LEFFINGWELL ST, Houston, TX, 77026	POLICY FORM:	Dwelling Policy
POLICY #:	FLD1660096953	POLICY DECLARATIONS TYPE:	New Policy Declarations
NFIP POLICY #:	1660096953		
POLICY TERM:	11-06-2024 (At time of loan closing) - 11-06-2025 (12:01 AM)	RATE CATEGORY :	RatingEngine
POLICY ISSUED BY:	Texas Farmers Insurance Company		
PAYOR:	LILLIAN JOHNSON		

INSURED NAME & MAILING ADDRESS

LILLIAN JOHNSON
4801 Leffingwell St,
Houston, TX, 77026

AGENT CONTACT INFORMATION

THE CARPENTER AGENCY INC
3154 SABA LN STE B, Port Neches, TX, 77651

Phone : 4097242422

FLOOD INSURANCE POLICY DECLARATIONS

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

Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE	
Building	\$ 250,000	\$ 1,250	\$ 577
Contents	\$ 0	\$ 0	
Coverage limitations may apply. See your Policy Form for details.			Total Annual Payment
			Includes Premium, Discounts, Fees, and Surcharges

Property Information

Primary Residence	YES
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	6.2
Method Used to Determine FFH	EC
Property Description	Elevated without enclosure on piers, posts & piles, 1 Floors , Frame
Date of Construction	08-31-2024
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:	\$ 496
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 9
Community Rating System Discount:	\$ (77.00)
Full-Risk Premium:	\$ 428
Discounted Premium:	\$ 428
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 77
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
Total Premium	\$ 577

ADDITIONAL INTERESTS

First Mortgagee
Texas General Land Office Attn Single Family Housi,
PO Box 12873,
Austin, TX, 78711
Loan # : COH75440

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](https://www.floodsmart.gov)

Date Mailed: 11-06-2024

