

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>UWC CUSTOM BUILDERS</u>	Policy Number: _____		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>178 SUNRISE AVE.</u>	Company NAIC Number: _____		
City: <u>PORT ARANSAS</u>	State: <u>TX</u> ZIP Code: <u>78373</u>		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>LOT 9A, BLOCK 3, PALMILLA BEACH PUD, UNIT 2, CITY OF PORT ARANSAS, NUECES COUNTY, TEXAS</u>			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL- PROPOSED FINISHED FLOOR</u>			
A5. Latitude/Longitude: Lat. <u>N27°47'53.00"</u> Long. <u>W97°05'03.40"</u> Horizontal 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 photographs (one for each side) of the building (see Form pages 7 and 8).			
A7. Building Diagram Number: <u>1B</u>			
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s): <u>0.00</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>0</u> Engineered flood openings: <u>0</u>			
d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in.			
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0.00</u> sq. ft.			
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>0.00</u> sq. ft.			
A9. For a building with an attached garage:			
a) Square footage of attached garage: <u>792.00</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>0</u> Engineered flood openings: <u>0</u>			
d) Total net open area of non-engineered flood openings in A9.c: <u>0.00</u> sq. in.			
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>0.00</u> sq. ft.			
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>0.00</u> sq. ft.			
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1.a. NFIP Community Name: <u>PORT ARANSAS</u>	B1.b. NFIP Community Identification Number: <u>485498</u>		
B2. County Name: <u>NUECES COUNTY</u>	B3. State: <u>TX</u>	B4. Map/Panel No.: <u>48355C/0390</u>	B5. Suffix: <u>G</u>
B6. FIRM Index Date: <u>10/13/2022</u>	B7. FIRM Panel Effective/Revised Date: <u>10/13/2022</u>		
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 type="checkbox"/> FIS <input checked="" 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

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.: 178 SUNRISE AVE.	FOR INSURANCE COMPANY USE
City: PORT ARANSAS	Policy Number: _____
State: TX ZIP Code: 78373	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: AH1674 Vertical Datum: 1988

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?

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): | _____ | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b) Top of the next higher floor (see Instructions): | _____ | Check the measurement used: | |
| c) Bottom of the lowest horizontal structural member (see Instructions): | _____ | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | _____ | <input type="checkbox"/> feet | <input checked="" 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): | _____ | <input type="checkbox"/> feet | <input checked="" type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished | _____ | <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 | _____ | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | _____ | <input type="checkbox"/> feet | <input checked="" 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: BRIDGET A. BRUNDRETT License Number: 6073

Title: RPLS

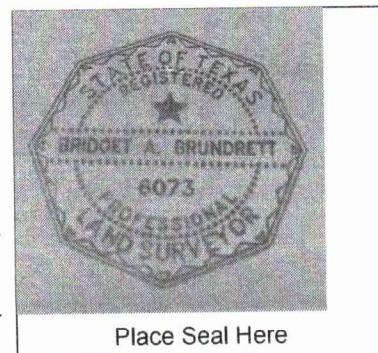
Company Name: GRIFFITH & BRUNDRETT SURVEYING & ENGINEERING, INC

Address: 411 S. PEARL ST.

City: ROCKPORT State: TX ZIP Code: 78382

Signature: **Bridget Brundrett** Digitally signed by Bridget Brundrett
 Date: 2023.12.21 09:34:10 -06'00' Date: 01/23/2024

Telephone: (361) 729-6479 Ext.: _____ Email: bridgetb@gbsurveyor.com



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):
PROPOSED FINISHED FLOOR FOR A MULTI STORY WOOD FRAME RESIDENCE ON CONCRETE SLAB WITH ATTACHED GARAGE ON CONCRETE SLAB. NO MACHINERY INSTALLED. LAT/LONG BY HANDHELD GPS.

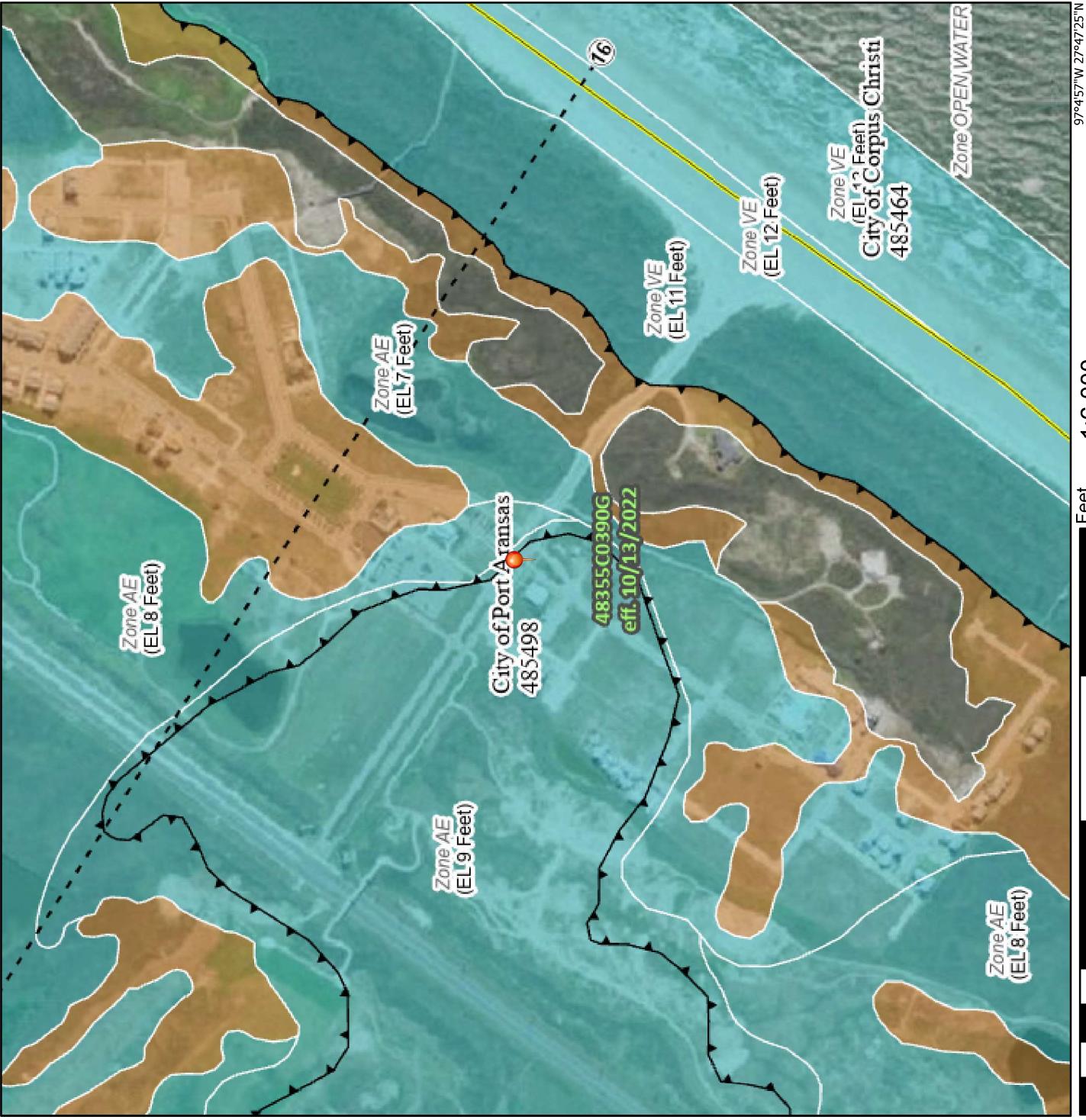
National Flood Hazard Layer FIRMette

FEM

Legend

97°05'35" W 27°47'57" N

SEE F/S REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT





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 #: 178 SUNRISE AVE, Port Aransas, TX, 78373
POLICY #: FLD1660041577
NFIP POLICY #: 1660041577
POLICY TERM: 04-29-2024 (At time of loan closing) - 04-29-2025 (12:01 AM)
POLICY ISSUED BY: Texas Farmers Insurance Company
PAYOR: UWC CUSTOM BUILDERS

POLICY FORM: Dwelling Policy
POLICY DECLARATIONS TYPE: New Policy Declarations
RATE CATEGORY : RatingEngine

INSURED NAME & MAILING ADDRESS

UWC CUSTOM BUILDERS
830 OCEAN SIDE DR.,
Port Aransas, TX, 78373

AGENT CONTACT INFORMATION

Bryan Richter
Bryan Richter
PO BOX 59, Port Aransas, TX, 78373
Phone : 3617494940

FLOOD INSURANCE POLICY DECLARATIONS

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

Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE	\$ 1,090
Building	\$ 250,000	\$ 1,250	Total Annual Payment
Contents	\$ 0	\$ 0	Includes Premium, Discounts, Fees, and Surcharges

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

Property Information

Primary Residence	NO
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	3.1
Method Used to Determine FFH	EC
Property Description	Slab on Grade (non-elevated), 3 Floors , Frame
Date of Construction	04-24-2024
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:	\$ 659
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 13
Community Rating System Discount:	\$ 0
Full-Risk Premium:	\$ 672
Discounted Premium:	\$ 672
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 121
HFIAA Surcharge:	\$ 250
Federal Policy Fee:	\$ 47
Total Premium	\$ 1,090

ADDITIONAL INTERESTS

First Mortgagee
City National Bank of Taylor,
PO BOX 1099,
Taylor, TX, 76574
Loan # : 169486

Date Mailed: 04-30-2024

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





STANDARD FLOOD INSURANCE APPLICATION

PO Box 2057 Kalispell MT 59903 USA

Texas Farmers Insurance

Company

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

(888) 391-2810

Date 04-29-2024	Application Number FLD1660041577	Effective Date 04-29-2024	Expiration Date 04-29-2025	Waiting Period Loan Transaction - No Wait
Insured Name(s) UWC CUSTOM BUILDERS	Mailing Address & Phone 830 OCEAN SIDE DR., Port Aransas, TX, 78373	Property Address 178 SUNRISE AVE, 78373, Port Aransas, TX	Agency Name, Address & Phone PO BOX 59, Port Aransas, TX, 78373	Email: brichter@farmersagent.com Phone Number: 361-749-4940 Agent Name: Bryan Richter
Applicant Type: BUSINESS	Home Phone:	Property Address Type: Location		
Prior Company NAIC:	Work Phone:			
Prior Policy Number:	Cell Phone: (281) 723-2744			
Prior Company Name:	Email: cshimaitis@gmail.com			
Renewal Billing:				

1st Mortgagee
City National Bank of Taylor
PO BOX 1099,
Taylor, Williamson County , TX, 76574

Phone Number:
Fax Number:
Loan Number: 169486
Required under
Mandatory
Purchase:

Current Community Information
Community Name:
Community Number: 485498
Map Panel: 0390
Map Panel Suffix: G
Current Flood Zone: X
Current Base Flood Elevation(BFE):
FIRM Date: 01-01-1971
Program: FLOODREGULAR
Program Status:
County:
Current Map Date: 10-13-2022
Rating Map Date:

Construction Date
Date of Original Construction: 04-24-2024
Building Substantially Improved: NO
Post-FIRM Construction: YES
Substantial Improvement Date:
Building is on list of Historic Buildings:

Prior Community Information
Community Number:
Map Panel:
Map Panel Suffix:
Flood Zone:
FIRM Date: 01-01-1971
Has This Property Been Remapped?:
Map Revision Date:

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

Is this the Applicant's Primary
Residence: NO

Date:

APC PRV 07 21





STANDARD FLOOD INSURANCE QUOTE

PO Box 2057 Kalispell MT 59903 USA

Texas Farmers Insurance

Company

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

(888) 391-2810

Date	Application Number	Effective Date	Expiration Date	Waiting Period
04-29-2024	FLD1660041577	04-29-2024	04-29-2025	Loan Transaction - No Wait
Building Information		Building Located Over Water:Not over Water		
Building Located In CBRS/OPA:NO		Building in Course of Construction:YES		
CBRS/OPA Designation Date:		Building Construction Type:Frame		
If the building is in the buffer zone, did USFWS issue an official determination showing the building outside the system unit or OPA?:		Construction Type Description:		
Is the building use consistent with the protected area purpose?:		Estimated Building Replacement Cost:1531000		
Prior NFIP Claims:		Replacement Cost Value Returned by FEMA:427138		
Building Severe Repetitive Loss (SRL)		Total sq. footage of building:2988		
Property:		Total # of floors in building:3		
Property on NFIP SRL list, Document(s) provided indicating non-SRL:		Total # of units in building:1		
Coverage Req'd for Disaster Assistance:		What floor is the unit located on?:		
Foundation Information		Number of Detached Structures:0		
Foundation:Slab on Grade (non-elevated)		Building Located on Federal Land:		
Enclosure/Crawlspace Size:		Is the policy force-placed by the lender?:		
Number of Elevators:		Mobilehome/Travel Trailer Information		
Venting Information (excluding V-Zones)		On Permanent Foundation:		
Enclosure/Crawlspace Has Valid Flood Openings:		Anchored By:		
Number of Openings:		Serial Number:		
Building Machinery, Equipment and Appliances		Area of Permanent Openings (Sq. In.):		
Does the building contain appliances?:		Has Engineered Openings:		
Are all appliances elevated above the first floor?:		Does the building contain machinery and equipment servicing the building?:		
Elevation Certificate Information		Is all machinery and equipment servicing the building, located inside or outside the building, elevated above the first floor?: NO		
Elevation Certificate Section Used:C		Floodproofing Certificate:		
Elevation Certificate Date:01-23-2024		Flood Proofing Elevation:		
Diagram Number:1B		Lowest (Rating) Floor Elevation:		
Top of Bottom Floor:13		Elevation Certificate First Floor Height:3.1		
Top of Next Higher Floor:24		FEMA First Floor Height:3.1		
Lowest Adjacent Grade (LAG):9.8		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:	\$ 659.00
Content	0.00	0.00	Content Premium:	\$ 0.00
			Increased Cost of Compliance (ICC) Premium:	\$ 13.00
			Mitigation Discount:	\$ 0.00
			Community Rating System Reduction:	\$ 0.00
			Full Risk Premium:	\$ 672.00
			Annual Increase Cap Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 672.00
			Reserve Fund Assessment:	\$ 121.00
			HFIAA Surcharge:	\$ 250.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 1,090.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21



FLD1660041577 / UWC CUSTOM BUILDERS

Quote Source: AGENT

178 SUNRISE AVE, Port Aransas, Nueces County, TX, 78373

- 0000

830 OCEAN SIDE DR., Port Aransas, Nueces County, TX,
78373

cshimaitis@gmail.com

(281)723-2744

Renew indicator : BATCH RENEWAL

Agent Tasks :

Term Start Date :	04/29/2024	Term End Date :	04/29/2025	Transaction Type :	New Busi Business
Transaction Eff. Dt. :	04/29/2024	Waiting Period:	Loan Transaction - No Wait	Last Updated Date :	04-30-20

Claims	0	Loss Run	Risk Rating	2.0
--------	---	----------	-------------	-----

Total Premium Change :	\$1,090.00	Bill To :	POLHOLDER	Serv Rep :	
Total Premium :	\$1,090.00			U/writer :	
				Product Name :	Flood Prc

Coverage

Property Info

Additional info

Billing

Account View	Receivable View	Invoicing	Subledger		Unposted
Policy Transaction					
ACCOUNTING DT.	TRANS TYPE	TRANS REF	CHECK NO	CERTIFIED DATE	DEBIT
04/29/2024	PAYMENT	F216600025968		04/29/2024	\$0.00
04/30/2024	INVOICE	INV00822038			\$1,090.00
					\$0.00
					04,

Forms

Tickets

Commission

Log Documents Agent Customer
Portal Portal

Term Selection: (1307195)

04-29-2024/04-29-2025

Transaction Selection: (1771157)

NEWBUSINESS - ISSUED

Last transaction

New Business by MARCUS
DUNCAN
Transaction date: 04-30-2024

Transaction Eff. Dt. 2024-04-29

Note

(04-30-2024) Aprvd NB
effective LC date of 4/29/24.
Premium received within 9
days of LC dat...

Agency Info

08811-00958-000 Bryan
Richter
Bryan Richter
PO BOX 59
- - - - -

[Notes](#)[System Log](#)[Pivot Response Log](#)**Notes**[Print Log](#)

Type note here

0/500

Make hidden? : [Save Note](#)[Reset](#)

Date	Description	Inserted By	Mark Hidden
04-30-2024 2:15:22 PM	Aprvd NB effective LC date of 4/29/24. Premium received within 9 days of LC date. Under Construction Drawings	MARCUS DUNCAN	<input type="checkbox"/>

[10](#)[25](#)[30](#)[50](#)