

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:	AAP Design and Construction		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:	2813 Ari Dr.		
City: Brownsville	State: TX	ZIP Code: 78526	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: Lot 27 Block 1 Central Park Community Section II			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential			
A5. Latitude/Longitude: Lat. 25° 57' 9.57276 Long. 97° 26' 39.6945 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: 1B			
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s):	0.00 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 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: _____ Engineered flood openings: _____			
d) Total net open area of non-engineered flood openings in A8.c: 0.00 sq. in.			
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): 0.00 sq. ft.			
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): 0.00 sq. ft.			
A9. For a building with an attached garage:			
a) Square footage of attached garage: 0.00 sq. ft.			
b) Is there at least one permanent flood opening on two different sides of the attached garage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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: _____ Engineered flood openings: _____			
d) Total net open area of non-engineered flood openings in A9.c: 0.00 sq. in.			
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): 0.00 sq. ft.			
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): 0.00 sq. ft.			

SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: Brownsville	B1.b. NFIP Community Identification Number: 480103		
B2. County Name: Cameron	B3. State: TX	B4. Map/Panel No.: 0580	B5. Suffix F
B6. FIRM Index Date: 02/16/2018	B7. FIRM Panel Effective/Revised Date: _____		
B8. Flood Zone(s): AH	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): 18'		
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.: 2813 Ari Dr.	FOR INSURANCE COMPANY USE	
City: Brownsville	State: TX	ZIP Code: 78526
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: _____ Vertical Datum: _____

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): | 19.80 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | _____ | <input 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): | _____ | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Finished | 18.58 | <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 | 18.75 | <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 type="checkbox"/> meters |

Yes No

Check the measurement used:

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.

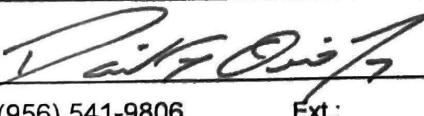
Certifier's Name: Daniel G Orive Jr License Number: 5958

Title: Registered Professional Land Surveyor

Company Name: Orive Land Surveying

Address: 5580 Paredes Line Road

City: Brownsville State: TX ZIP Code: 78526

Signature:  Date: 03/06/2024

Telephone: (956) 541-9806 Ext.: Email: orivesurveying@gmail.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 Finish Floor at elevation 19.80 feet

TBM set at elevation 18.35 feet

**VERIFICATION OF PRIMARY RESIDENCE STATUS FOR
NFIP POLICY RATING**

Insured Name: Adan Peñca

Policy or Quote#: TMP Q40529 997619

Property Address: 2813 Ari Dr.

City, State, Zip Brownsville TX 78526

The above address is my primary residence, and I and/or my spouse live at this location for more than 50% of the 365 days following the policy effective date.

Adan Peñca
Insured Name (Printed)

Adan Peñca
Insured Signature

5-19-24
Date

PURSUANT TO 28 U.S.C. § 1746 I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY CAUSE MY POLICY TO BE VOID, AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

Please submit your signed and dated enclosed statement, to your agent, or to the Insurance Company listed on the application.

If you have any questions, please contact your flood insurance agent or licensed representative.

Privacy Notice: The Flood Insurance Processing Center collects and uses personal information to process transactions. This information is not shared with outside parties except to the extent necessary to provide the service. We exercise appropriate data collection, storage and processing practices, and security measures to protect against unauthorized access, alteration, disclosure or destruction of your personal information.

FloodRisk Standard

Provided Location	2813 ARI DR, BROWNSVILLE, TX 78526		
Standardized Location	2813 ARI DR, BROWNSVILLE, TX 78526		
Latitude, Longitude	25.952678, -97.444354	Parcel ID	120464
FIPS / MSA / Tract	48061 / 15180 / 126.07	Community No.	480103
Community Name	BROWNSVILLE, CITY OF		
County Name	CAMERON COUNTY		



Leaflet | © Mapbox © OpenStreetMap

Flood Zone	Zone AH	Next Nearest Zone (Dist.)	X (1653 ft)		
BFE	18 Feet NAVD88 (18.30 ft NGVD29)	USGS Ground Elev	17 ft NAVD88		
FEMA Map	48061C0580F, 02/16/2018	Previous Map	4801010350B, 09/15/1983, Zone AH		
NFIP Status	PARTICIPATING	NFIP Program	REGULAR	First FIRM	12/01/1978
LOMR or LOMR	NO	CBRS / OPA	NO	EC On-File	NO
Claims* \$ / #	\$10,357,193 / 861	NFIP PIF*	3173	NFIP Discount	N/A
Flood Source	1519 ft	Salt Water	15057 ft	Fresh Water	1014 ft

*Aggregated by NFIP community.



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 #: 2813 ARI DR, Brownsville, TX, 78526
POLICY #: FLD1660050787
NFIP POLICY #: 1660050787
POLICY TERM: 05-29-2024 (At time of loan closing) - 05-29-2025 (12:01 AM)
POLICY ISSUED BY: Texas Farmers Insurance Company
PAYOR: ADAN PENA

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

INSURED NAME & MAILING ADDRESS

ADAN PENA
2039 E PRICE RD # 113,
Brownsville, TX, 78526

AGENT CONTACT INFORMATION

Ivan Karr
Ivan Karr
2039 E PRICE RD # 113, Brownsville, TX, 78521
Phone : 9562050333

FLOOD INSURANCE POLICY DECLARATIONS

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

Policy Coverages & Endorsements

	COVERAGE	DEDUCTIBLE	\$ 369
Building	\$ 145,000	\$ 5,000	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	YES
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	1.3
Method Used to Determine FFH	EC
Property Description	Slab on Grade (non-elevated), 1 Floors , Masonry
Date of Construction	05-29-2024
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:	\$ 247
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 5
Community Rating System Discount:	\$ 0
Full-Risk Premium:	\$ 252
Discounted Premium:	\$ 252
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 45
HFIAA Surcharge:	\$ 25
Federal Policy Fee:	\$ 47
Total Premium	\$ 369

ADDITIONAL INTERESTS

First Mortgagee
FALCON INTERNATIONAL BANK,
ATT: ESCROW DEPARTMENT,
212 BOB BULLOCK LOOP,
Laredo, TX, 78043
Loan # : 5054039820

Date Mailed: 05-30-2024

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

Texas Farmers Insurance

Company

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

(888) 391-2810

Date	Application Number	Effective Date	Expiration Date	Waiting Period
05-29-2024	FLD1660050787	06-28-2024	06-28-2025	Loan Transaction - No Wait
Insured Name(s)	Mailing Address & Phone	Property Address	Agency Name, Address & Phone	

ADAN PENA
2039 E PRICE RD # 113,
Brownsville, TX, 78526

Home Phone:

Work Phone:

Cell Phone:(956)204-9260

Email:IKARR@OUTLOOK.COM

2813 ARI DR,
Brownsville, TX, 78526

Property Address Type:Location

2039 E PRICE RD # 113,
Brownsville, TX, 78521

Email:ikarr@farmersagent.com

Phone Number:9562050333

Agent Name:Ivan Karr

Applicant Type:INDIVIDUAL

Prior Company NAIC:

Prior Policy Number:

Prior Company Name:

Renewal Billing:

Other Policy Number:

Potential Duplicate Policy:

1st Mortgagee

FALCON INTERNATIONAL BANK
ATT: ESCROW DEPARTMENT,
Laredo, Webb County , TX, 78043

Phone Number:

Fax Number:

Loan Number:5054039820

Required under

Mandatory

Purchase:

Current Community Information

Community Name:

Community Number:480103

Map Panel:48061C0580F

Map Panel Suffix:F

Current Flood Zone:AH

Current Base Flood Elevation(BFE):18

FIRM Date:02-16-2018

Program:FLOODREGULAR

Program Status:

County:Cameron County

Current Map Date:12-01-1978

Rating Map Date:

Prior Community Information

Community Number:

Map Panel:

Map Panel Suffix:

Flood Zone:

FIRM Date:02-16-2018

Has This Property Been Remapped?:

Map Revision Date:

Construction Date

Date of Original Construction:05-29-2024

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)?:NO

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

PO Box 2057, Kalispell, MT, 59903

Texas Farmers Insurance

Company

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

(888) 391-2810

Date	Application Number	Effective Date	Expiration Date	Waiting Period
05-29-2024	FLD1660050787	06-28-2024	06-28-2025	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:				
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?:				
Elevation Certificate Information				
Elevation Certificate Section Used:C				
Elevation Certificate Date:03-06-2024				
Diagram Number:1B				
Top of Bottom Floor:19.8				
Top of Next Higher Floor:				
Lowest Adjacent Grade (LAG):				
Premium Calculations				
RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	145,000.00	5,000.00	Building Premium:	\$ 290.00
Content	0.00	0.00	Content Premium:	\$ 0.00
			Increased Cost of Compliance (ICC) Premium:	\$ 6.00
			Mitigation Discount:	\$ 0.00
			Community Rating System Reduction:	\$ 0.00
			Full Risk Premium:	\$ 296.00
			Annual Increase Cap Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 296.00
			Reserve Fund Assessment:	\$ 53.00
			HFIAA Surcharge:	\$ 25.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 421.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

Date:

APC PRV 07 21



FLD1660050787 / ADAN PENA

2813 ARI DR, Brownsville, Cameron County, TX, 78526 -

0000

2039 E PRICE RD # 113, Brownsville, Cameron County, TX,
78526

Quote Source: AGENT

IKARR@OUTLOOK.COM

(956)204-9260

Renew indicator : BATCH RENEWAL

Agent Tasks :

Term Start Date :	05/29/2024	Term End Date :	05/29/2025	Transaction Type :	New Busi Business
Transaction Eff. Dt. :	05/29/2024	Waiting Period:	Loan Transaction - No Wait	Last Updated Date :	05-30-20

Claims	0	Loss Run	Risk Rating	2.0
Total Premium Change :	\$369.00	Bill To :	POLHOLDER	Serv Rep :
Total Premium :	\$369.00			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
05/29/2024	PAYMENT	F2166000034643		05/29/2024	\$0.00
05/30/2024	INVOICE	INV00837072			\$369.00
05/31/2024	REFUND	INV00837072	800134787		\$52.00
				CREDIT	BALANCE
					\$0.00
				SYS*	05/

Forms

Tickets

Commission

Log Documents Agent Customer
Portal Portal

Term Selection: (1360638)

05-29-2024/05-29-2025

Transaction Selection: (1840074)

NEWBUSINESS - ISSUED

Last transaction

New Business by NOLA
SKOLNIK
Transaction date: 05-30-2024
Transaction Eff. Dt. 2024-05-29

Note

(05-30-2024) Aprvd NB
effective LC date of 05/29/24.
Premium received within 9
days of LC dat...

Agency Info

08811-11923-000 Ivan Karr
Ivan Karr

[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
05-30-2024 11:19:04 ...	Aprvd NB effective LC date of 05/29/24. Premium received within 9 days of LC date. Proof of residence in file. Reviewed EC. No photos needed as in COC.	NOLA SKOLNIK	<input type="checkbox"/>
05-30-2024 11:18:33 ...	NOLA SKOLNIK - Processed refund for \$52	NOLA SKOLNIK	<input type="checkbox"/>
05-29-2024 4:56:03 PM	AGT PI TO CHECK IF PYMNT IS POSTED ON THE POL	HANNA VICENTA	<input type="checkbox"/>