

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

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

24-3779

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: _____		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 101 Starfish Lane		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 9, Block 16, Cinnamon Shore South Unit 4B</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input 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>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>225</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 Port Aransas</u>		B1.b. NFIP Community Identification Number: <u>485498</u>
B2. County Name: <u>Nueces</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>AE & X</u>		B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>8</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		

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101 Starfish Lane

City: Port Aransas State: TX ZIP Code: 78373

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: TBD Vertical Datum: NAVD 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?

☐ 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): | <u>11.2</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | <u>N/A</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | <u>N/A</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | <u>9.8</u> | <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): | <u>11.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input type="checkbox"/> Finished | <u>8.9</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input type="checkbox"/> Finished | <u>9.0</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | <u>N/A</u> | <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: Ronald A. Voss, R.P.L.S. License Number: 2293

Title: Surveyor

Company Name: Voss Engineering, Inc.

Address: 6838 Greenwood Dr

City: Corpus Christi State: TX ZIP Code: 78415

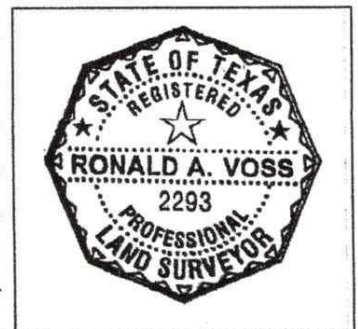
Signature:  Date: 03/25/2024

Telephone: 361-854-6202 Ext.: _____ Email: vosseng.amanda@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):

C2E: A/C UNIT



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101 Starfish Lane

City: Port Aransas State: TX ZIP Code: 78373

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: NAVD 1988
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: N/A ☒ feet ☐ meters Datum: NAVD 1988
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: 8 ☒ feet ☐ meters Datum: NAVD 1988
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: _____ ☒ feet ☐ meters Datum: NAVD 1988
- 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: Nicole Boyer Title: Flood Plain Manager

NFIP Community Name: City of Port Aransas

Telephone: 361-749-1645 Ext.: _____ Email: nicole.boyer@cityofportaransas.org

Address: 710 W Avenue A

City: Port Aransas State: TX ZIP Code: 78373

Signature: _____ Date: _____

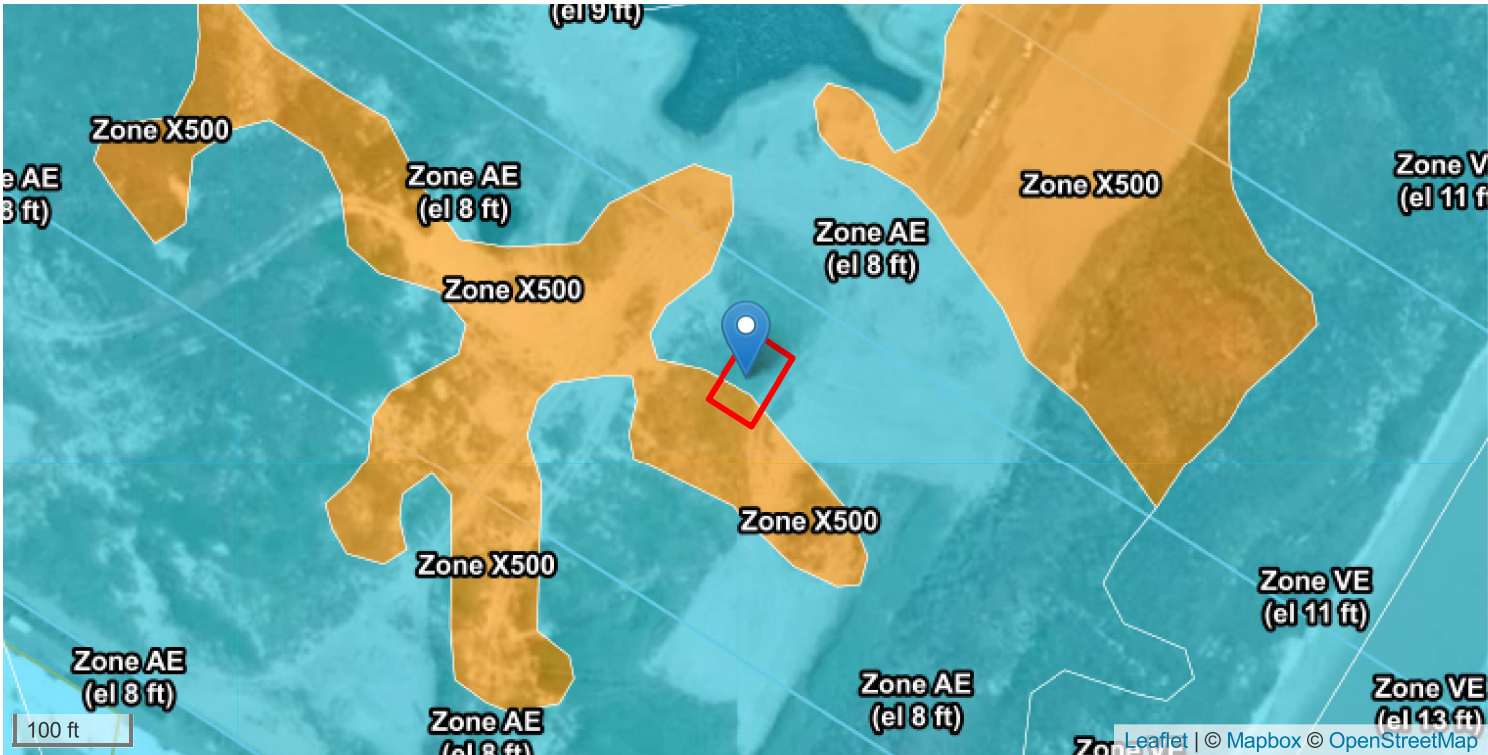
Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

C2E: A/C UNIT



FloodRisk Standard

Provided Location	101 STARFISH LN, PORT ARANSAS, TX 78373		
Standardized Location	101 STARFISH LN, PORT ARANSAS, TX 78373		
Latitude, Longitude	27.751811, -97.119118	Parcel ID	162200160090
FIPS / MSA / Tract	48355 / 18580 / 62.05	Community No.	485464
Community Name	CORPUS CHRISTI, CITY OF		
County Name	NUECES COUNTY		



Flood Zone	Zone AE*		Next Nearest Zone (Dist.)	X500 (9 ft)	
BFE	8 Feet NAVD88 (8.51 ft NGVD29)		USGS Ground Elev	9 ft NAVD88	
FEMA Map	48355C0390G, 10/13/2022		Previous Map	4854640240D, 09/17/1992, Zone A13	
NFIP Status	PARTICIPATING	NFIP Program	REGULAR	First FIRM	07/23/1971
LOMA or LOMR	NO	CBRS / OPA	NO	EC On-File	NO
Claims* \$ / #	\$39,276,982 / 4303	NFIP PIF*	19887	NFIP Discount	10%
Flood Source	826 ft	Salt Water	809 ft	Fresh Water	2437 ft

*Aggregated by NFIP community.

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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	FLD1660097000	11-05-2024	11-05-2025	Loan Transaction - No Wait

Insured Name(s)	Mailing Address & Phone	Property Address	Agency Name, Address & Phone
JOHN WEAVER	7062 COMANCHE TRL, Austin, TX, 78732 Home Phone: Work Phone: Cell Phone: (202)577-5397 Email: johnweaver01@aol.com	101 STARFISH LN, Port Aransas, TX, 78373 Property Address Type: Location	PO BOX 59, Port Aransas, TX, 78373 Email: brichter@farmersagent.com Phone Number: 3617494940 Agent Name: Bryan Richter

Applicant Type:INDIVIDUAL

Prior Company NAIC:

Prior Policy Number:

Other Policy Number:

Potential Duplicate Policy:

Prior Company Name:

Renewal Billing:

1st Mortgagee

American Bank, N.A.

PO Box 6469,

Corpus Christi, Nueces County , TX, 78466

Phone Number:

Fax Number:

Loan Number:000000

Required under

Mandatory

Purchase:

Current Community Information

Community Name:

Community Number:485464

Map Panel:0390

Map Panel Suffix:G

Current Flood Zone:AE

Current Base Flood Elevation(BFE):8

FIRM Date:07-23-1971

Program:FLOODREGULAR

Program Status:

County:Nueces County

Current Map Date:10-13-2022

Rating Map Date:

Prior Community Information

Community Number:

Map Panel:

Map Panel Suffix:

Flood Zone:

FIRM Date:07-23-1971

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 this the Applicant's Primary

Residence: NO

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	FLD1660097000	11-05-2024	11-05-2025	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: 1291000 Replacement Cost Value Returned by FEMA: 489530 Total sq. footage of building: 3146 Total # of floors in building: 3 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:Slab on Grade (non-elevated) 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:03-25-2024 Diagram Number:1A Top of Bottom Floor:11.2 Top of Next Higher Floor: Lowest Adjacent Grade (LAG):8.9		Floodproofing Certificate: Flood Proofing Elevation: Lowest (Rating) Floor Elevation: Elevation Certificate First Floor Height: 2.3 FEMA First Floor Height: 2.3 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:	\$ 1,143.00
Content	0.00	0.00	Content Premium:	\$ 0.00
			Increased Cost of Compliance (ICC) Premium:	\$ 22.00
			Mitigation Discount:	\$ 0.00
			Community Rating System Reduction:	\$ (97.00)
			Full Risk Premium:	\$ 1,068.00
			Annual Increase Cap Discount:	\$ 0.00
			Newly Mapped Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 1,068.00
			Reserve Fund Assessment:	\$ 192.00
			HFIAA Surcharge:	\$ 250.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 1,557.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

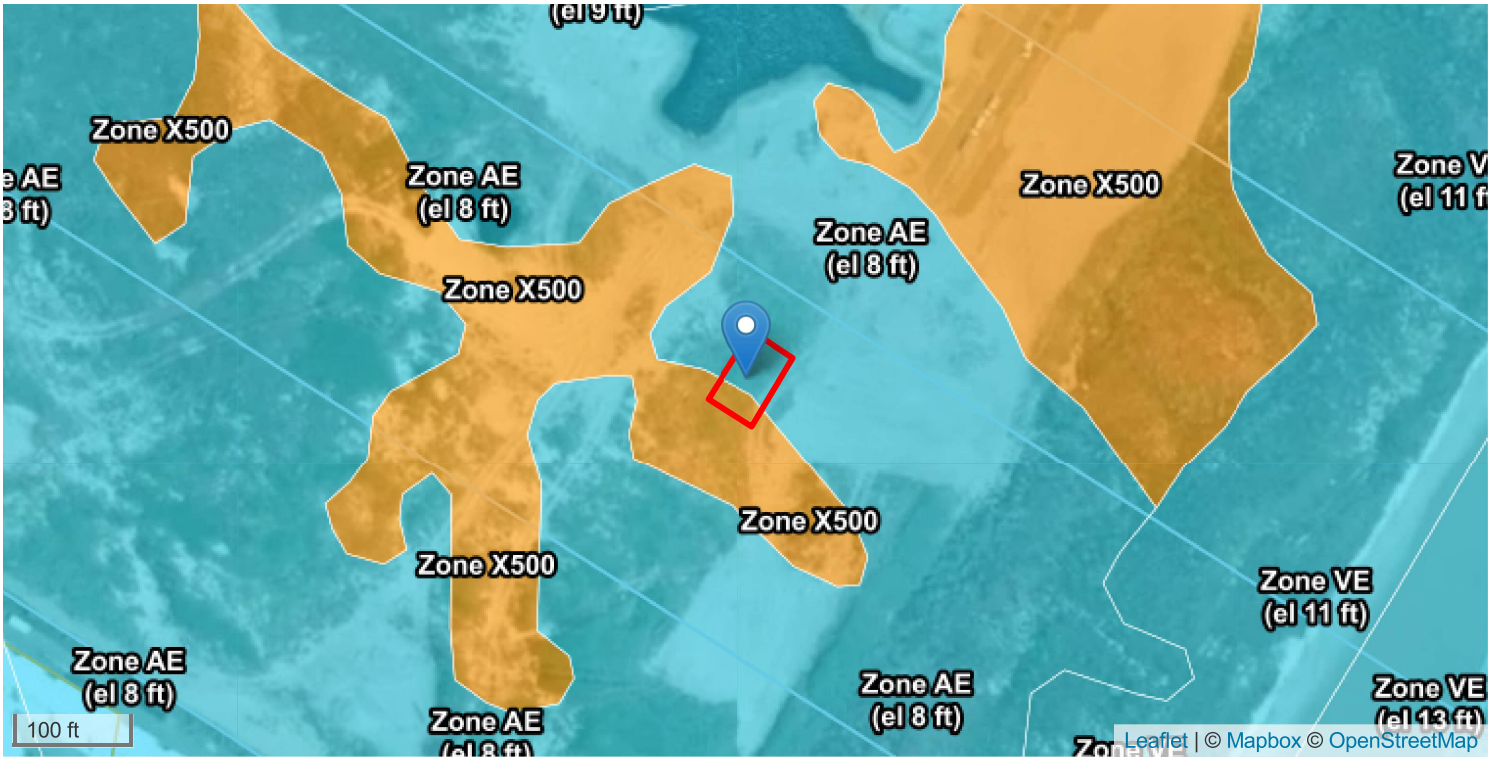
Date:

APC PRV 07 21



FloodRisk Standard

Provided Location	101 STARFISH LN, PORT ARANSAS, TX 78373		
Standardized Location	101 STARFISH LN, PORT ARANSAS, TX 78373		
Latitude, Longitude	27.751811, -97.119118	Parcel ID	162200160090
FIPS / MSA / Tract	48355 / 18580 / 62.05	Community No.	485464
Community Name	CORPUS CHRISTI, CITY OF		
County Name	NUECES COUNTY		



Flood Zone	Zone AE*		Next Nearest Zone (Dist.)	X500 (9 ft)	
BFE	8 Feet NAVD88 (8.51 ft NGVD29)		USGS Ground Elev	9 ft NAVD88	
FEMA Map	48355C0390G, 10/13/2022		Previous Map	4854640240D, 09/17/1992, Zone A13	
NFIP Status	PARTICIPATING	NFIP Program	REGULAR	First FIRM	07/23/1971
LOMA or LOMR	NO	CBRS / OPA	NO	EC On-File	NO
Claims* \$ / #	\$39,276,982 / 4303	NFIP PIF*	19887	NFIP Discount	10%
Flood Source	826 ft	Salt Water	809 ft	Fresh Water	2437 ft

*Aggregated by NFIP community.

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Flood Insurance Payment Confirmation Receipt

Quote Number: TMP241104661365

Policy Number: FLD1660097000

Insured Name: JOHN WEAVER

Property Address: 101 STARFISH LN, Port Aransas, TX, 78373

Transaction Date: 11/05/2024

Remittance ID: 27J24N4H

Premium Paid: \$1557



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 #:	101 STARFISH LN, Port Aransas, TX, 78373	POLICY FORM:	Dwelling Policy
POLICY #:	FLD1660097000	POLICY DECLARATIONS TYPE:	New Policy Declarations
NFIP POLICY #:	1660097000		
POLICY TERM:	11-05-2024 (At time of loan closing) - 11-05-2025 (12:01 AM)	RATE CATEGORY :	RatingEngine
POLICY ISSUED BY:	Texas Farmers Insurance Company		
PAYOR:	JOHN WEAVER		

INSURED NAME & MAILING ADDRESS

JOHN WEAVER & ANGELA HESSION
7062 COMANCHE TRL,
Austin, TX, 78732

AGENT CONTACT INFORMATION

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	
Building	\$ 250,000	\$ 1,250	\$ 1,557
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	NO
Building Occupancy	Single Family
Building Description	Main House/Building
First Floor Height (FFH)	2.3
Method Used to Determine FFH	EC
Property Description	Slab on Grade (non-elevated), 3 Floors , Frame
Date of Construction	11-04-2024
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:	\$ 1,143
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 22
Community Rating System Discount:	\$ (97.00)
Full-Risk Premium:	\$ 1,068
Discounted Premium:	\$ 1,068
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 192
HFIAA Surcharge:	\$ 250
Federal Policy Fee:	\$ 47
Total Premium	\$ 1,557

ADDITIONAL INTERESTS

First Mortgagee	Additional Insured
American Bank, N.A.,	ANGELA HESSION ,
PO Box 6469,	101 Starfish Ln,
Corpus Christi, TX, 78466	Port Aransas, TX, 78373
Loan # : 000000	

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

