

National Flood Insurance Program

Elevation Certificate and Instructions

2023 EDITION



FEMA

ELEVATION CERTIFICATE AND INSTRUCTIONS

PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this data collection is estimated to average 3.75 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0008). **NOTE: Do not send your completed form to this address.**

PRIVACY ACT STATEMENT

Authority: Title 44 CFR § 61.7 and 61.8.

Principal Purpose(s): This information is being collected for the primary purpose of documenting compliance with National Flood Insurance Program (NFIP) floodplain management ordinances for new or substantially improved structures in designated Special Flood Hazard Areas. This form may also be used as an optional tool for a Letter of Map Amendment (LOMA), Conditional LOMA (CLOMA), Letter of Map Revision Based on Fill (LOMR-F), or Conditional LOMR-F (CLOMR-F), or for flood insurance rating purposes in any flood zone.

Routine Use(s): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/ FEMA-003 – *National Flood Insurance Program Files System of Records Notice* 79 Fed. Reg. 28747 (May 19, 2014) and upon written request, written consent, by agreement, or as required by law.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may impact the flood insurance premium through the NFIP. Information will only be released as permitted by law.

PURPOSE OF THE ELEVATION CERTIFICATE

The Elevation Certificate is an important administrative tool of the NFIP. It can be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to inform the proper insurance premium, and to support a request for a LOMA, CLOMA, LOMR-F, or CLOMR-F.

The Elevation Certificate is used to document floodplain management compliance for Post-Flood Insurance Rate Map (FIRM) buildings, which are buildings constructed after publication of the FIRM, located in flood Zones A1–A30, AE, AH, AO, A (with Base Flood Elevation (BFE)), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, and A99. It may also be used to provide elevation information for Pre-FIRM buildings or buildings in any flood zone.

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt floodplain management regulations that specify minimum requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest floor (including basement) of all new and substantially improved buildings, and maintain a record of such information. The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. Only a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution has the option of requiring flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request. Lowest Adjacent Grade (LAG) elevations certified by a land surveyor, engineer, or architect, as authorized by state law, will be required if the certificate is used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request. A LOMA, CLOMA, LOMR-F, or CLOMR-F request must be submitted with either a completed FEMA MT-EZ or MT-1 application package, whichever is appropriate. If the certificate will only be completed to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request, there is an option to document the certified LAG elevation on the Elevation Form included in the MT-EZ and MT-1 application.

This certificate is used only to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the BFE. A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings is not permitted under the NFIP unless FEMA has granted the community an exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

The expiration date on the form herein does not apply to certified and completed Elevation Certificates, as a completed Elevation Certificate does not expire, unless there is a physical change to the building that invalidates information in Section A Items A8 or A9, Section C, Section E, or Section H. In addition, this form is intended for the specific building referenced in Section A and is not invalidated by the transfer of building ownership.

Additional guidance can be found in FEMA Publication 467-1, *Floodplain Management Bulletin: Elevation Certificate*.

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>SEVEN CUSTOM HOMES</u>	Policy Number: _____		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>116 CHARMING LANE</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 21, BLOCK 3, CINNAMON SHORE SOUTH UNIT 5, 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°45'22.40"</u> Long. <u>W97°06'55.23"</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>1B</u>			
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s): _____ 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: _____ Engineered flood openings: _____			
d) Total net open area of non-engineered flood openings in A8.c: _____ sq. in.			
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft.			
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.			
A9. For a building with an attached garage:			
a) Square footage of attached garage: <u>558</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: _____ Engineered flood openings: _____			
d) Total net open area of non-engineered flood openings in A9.c: _____ sq. in.			
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft.			
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

ELEVATION CERTIFICATE

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 116 CHARMING LANE	FOR INSURANCE COMPANY USE
City: PORT ARANSAS	State: TX ZIP Code: 78373
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: AH-1674 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? 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): | 10.5 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters | Check the measurement used: |
| b) Top of the next higher floor (see Instructions): | 21.5 | <input checked="" 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): | 10.0 | <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): | | <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 | 8.7 | <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 | 9.2 | <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 | |

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

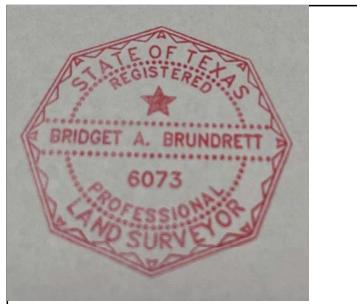
Company Name: GRIFFITH & BRUNDRETT SURVEYING & ENGINEERING, INC.

Address: 411 S. PEARL ST.

City: ROCKPORT State: TX ZIP Code: 78382

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

Signature: Bridget A. Brundrett Digitally signed by Bridget A. Brundrett
Date: 2024.05.10 14:09:39 -05'00' Date: 05/10/2024



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):
PROPOSED FINISHED FLOOR FOR A MULTI LEVEL WOOD FRAME RESIDENCE ON CONCRETE SLAB WITH ATTACHED GARAGE ON CONCRETE SLAB. NO VISIBLE MACHINERY. LAT/LONG COORDINATES PROVIDED BY HANDHELD GPS UNIT.

ELEVATION CERTIFICATE

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 116 CHARMING LANE	FOR INSURANCE COMPANY USE
City: PORT ARANSAS State: TX ZIP Code: 78373	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: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments:

ELEVATION CERTIFICATE

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 116 CHARMING LANE	FOR INSURANCE COMPANY USE
City: PORT ARANSAS	State: TX ZIP Code: 78373
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 INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 116 CHARMING LANE	FOR INSURANCE COMPANY USE
City: PORT ARANSAS State: TX ZIP Code: 78373	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 5–8. Top of bottom _____ feet meters above the LAG floor (include above-grade floors only for buildings with crawlspaces or enclosure floors) is:
- b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ feet meters above the LAG

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: _____

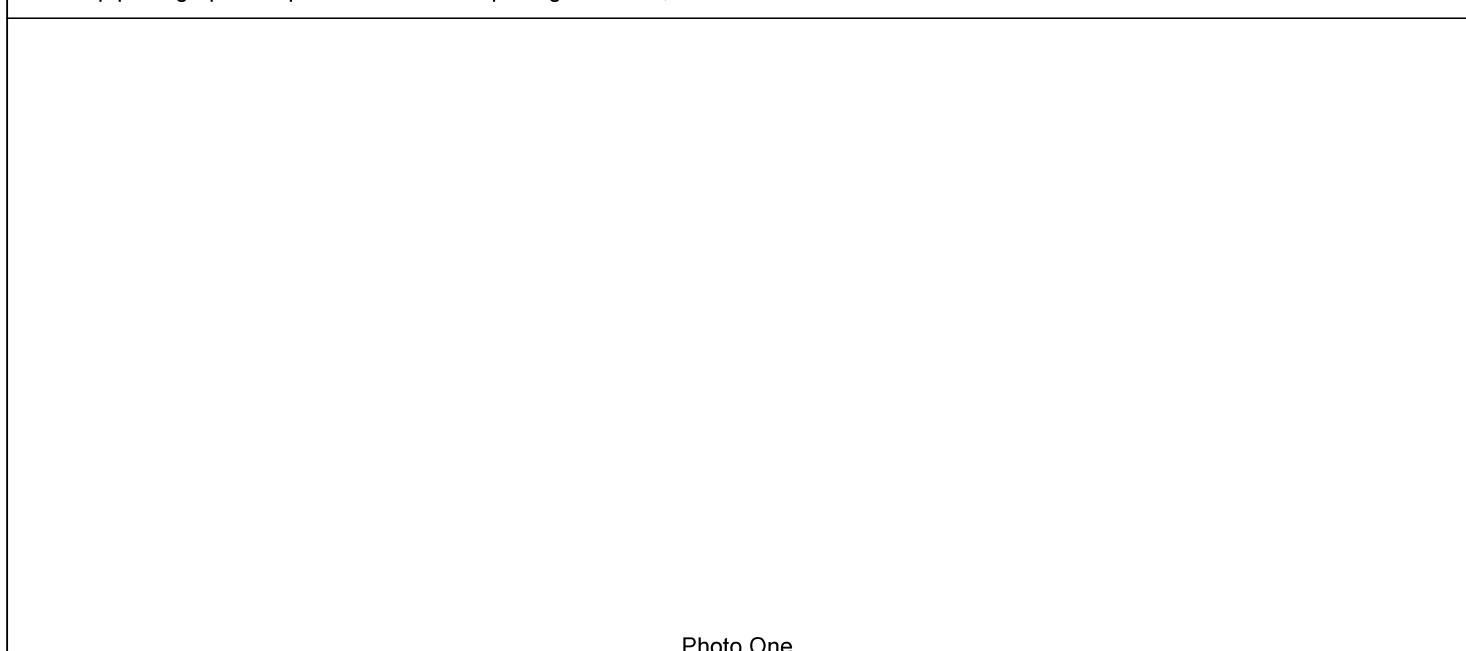
Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments: _____

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

See Instructions for Item A6.

<p>Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 116 CHARMING LANE</p> <p>City: PORT ARANSAS State: TX ZIP Code: 78373</p>	<p>FOR INSURANCE COMPANY USE</p> <p>Policy Number: _____</p> <p>Company NAIC Number: _____</p>
<p>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.</p> 	
Photo One	
Photo One Caption:	<input type="button" value="Clear Photo One"/>
Photo Two	
Photo Two Caption:	<input type="button" value="Clear Photo Two"/>

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.: 116 CHARMING LANE	FOR INSURANCE COMPANY USE
City: PORT ARANSAS State: TX ZIP Code: 78373	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:

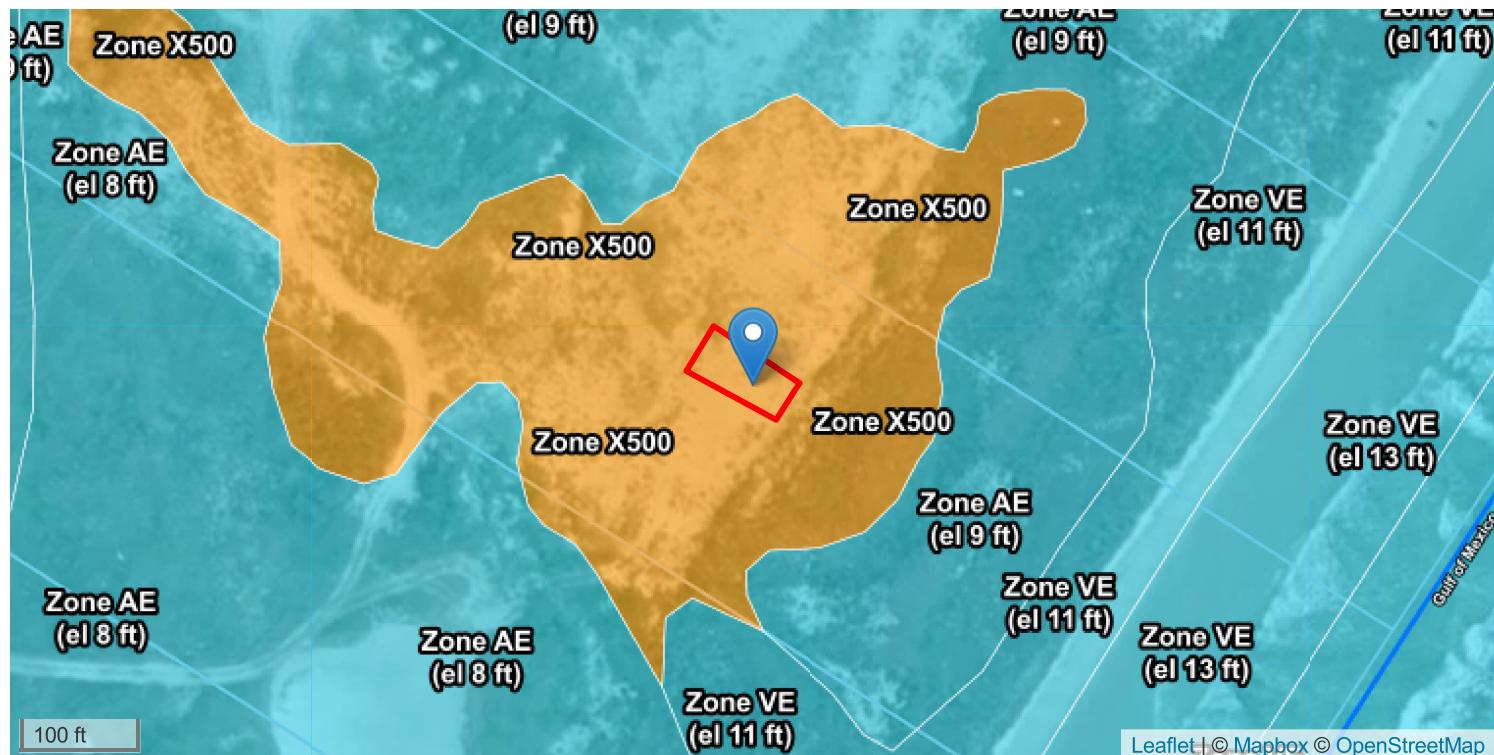
Photo Four

Photo Four Caption:



FloodRisk Standard

Provided Location	116 CHARMING LANE, PORT ARANSAS, TX 78373		
Standardized Location	116 CHARMING LANE, PORT ARANSAS, TX 78373		
Latitude, Longitude	27.756324, -97.115181	Parcel ID	5489000000110
FIPS / MSA / Tract	48355 / 18580 / 62.05	Community No.	485464
Community Name	CORPUS CHRISTI, CITY OF		
County Name	NUECES COUNTY		



Flood Zone	Zone X500	Next Nearest Zone (Dist.)	AE (166 ft)		
BFE	NOT APPLICABLE	USGS Ground Elev	22 ft NAVD88		
FEMA Map	48355C0390G, 10/13/2022	Previous Map	4854640240D, 09/17/1992, Zone V13		
NFIP Status	PARTICIPATING	NFIP Program	REGULAR	First FIRM	07/23/1971
LOMA or LOMR	NO	CBRS / OPA	NO	EC On-File	NO
Claims* \$ / #	\$38,861,427 / 4298	NFIP PIF*	19884	NFIP Discount	10%
Flood Source	606 ft	Salt Water	595 ft	Fresh Water	4090 ft

*Aggregated by NFIP community.



STANDARD FLOOD INSURANCE APPLICATION

PO Box 2057, Kalispell, MT, 59903

Texas Farmers Insurance

Company

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

(888) 391-2810

Date 11-08-2024	Application Number FLD1660097829	Effective Date 11-08-2024	Expiration Date 11-08-2025	Waiting Period Loan Transaction - No Wait
Insured Name(s) SEVEN CUSTOM HOMES	Mailing Address & Phone 312 MEDICAL PARKWAY, BLDG B, Austin, TX, 78738 Home Phone: Work Phone: Cell Phone:(512)662-1349 Email:blake@viihomes.com	Property Address 116 CHARMING LANE, Port Aransas, TX, 78373 Property Address Type:Location	Agency Name, Address & Phone PO BOX 59, Port Aransas, TX, 78373 Email:brichter@farmersagent.com Phone Number:3617494940 Agent Name:Bryan Richter	
Applicant Type:BUSINESS Prior Company NAIC: Prior Policy Number: Prior Company Name: Renewal Billing:	Other Policy Number: Potential Duplicate Policy:			

1st Mortgagor
Texas Regional Bank
3944 Ranch Road 620 South,
Austin, Travis County , TX, 78738

Phone Number:
Fax Number:
Loan Number:101308320
Required under
Mandatory
Purchase:

Current Community Information

Community Name:
Community Number:485464
Map Panel:0390
Map Panel Suffix:G
Current Flood Zone:X
Current Base Flood Elevation(BFE):22.4
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:

Construction Date
Date of Original Construction:09-20-2024
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:
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

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
11-08-2024	FLD1660097829	11-08-2024	11-08-2025	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: YES

Building Construction Type: Frame

Construction Type Description:

Estimated Building Replacement Cost: 2000000

Replacement Cost Value Returned by FEMA: 1131104

Total sq. footage of building: 5619

Total # of floors in building: 4

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: 05-10-2024

Diagram Number: 1B

Top of Bottom Floor: 10

Top of Next Higher Floor: 21.5

Lowest Adjacent Grade (LAG): 8.7

Floodproofing Certificate:

Flood Proofing Elevation:

Lowest (Rating) Floor Elevation:

Elevation Certificate First Floor Height: 1.3

FEMA First Floor Height: 0.25

First Floor Height Method Used: FEMA_ASSUMPTION

Premium Calculations

RISK RATING 2.0	COVERAGE	DEDUCTIBLE	COMPONENTS OF THE TOTAL	AMOUNT DUE
Building	250,000.00	1,250.00	Building Premium:	\$ 468.00
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:	\$ (28.00)
			Full Risk Premium:	\$ 449.00
			Annual Increase Cap Discount:	\$ 0.00
			Newly Mapped Discount:	\$ 0.00
			Pre-Firm Discount:	\$ 0.00
			Discounted Premium:	\$ 449.00
			Reserve Fund Assessment:	\$ 81.00
			HFIAA Surcharge:	\$ 250.00
			Federal Policy Fee:	\$ 47.00
			Probation Surcharge:	\$ 0.00
			Total Quoted Premium	\$ 827.00

Signature of Insurance Agent/Producer

Date

Signature of Policy Holder (Optional)

Date

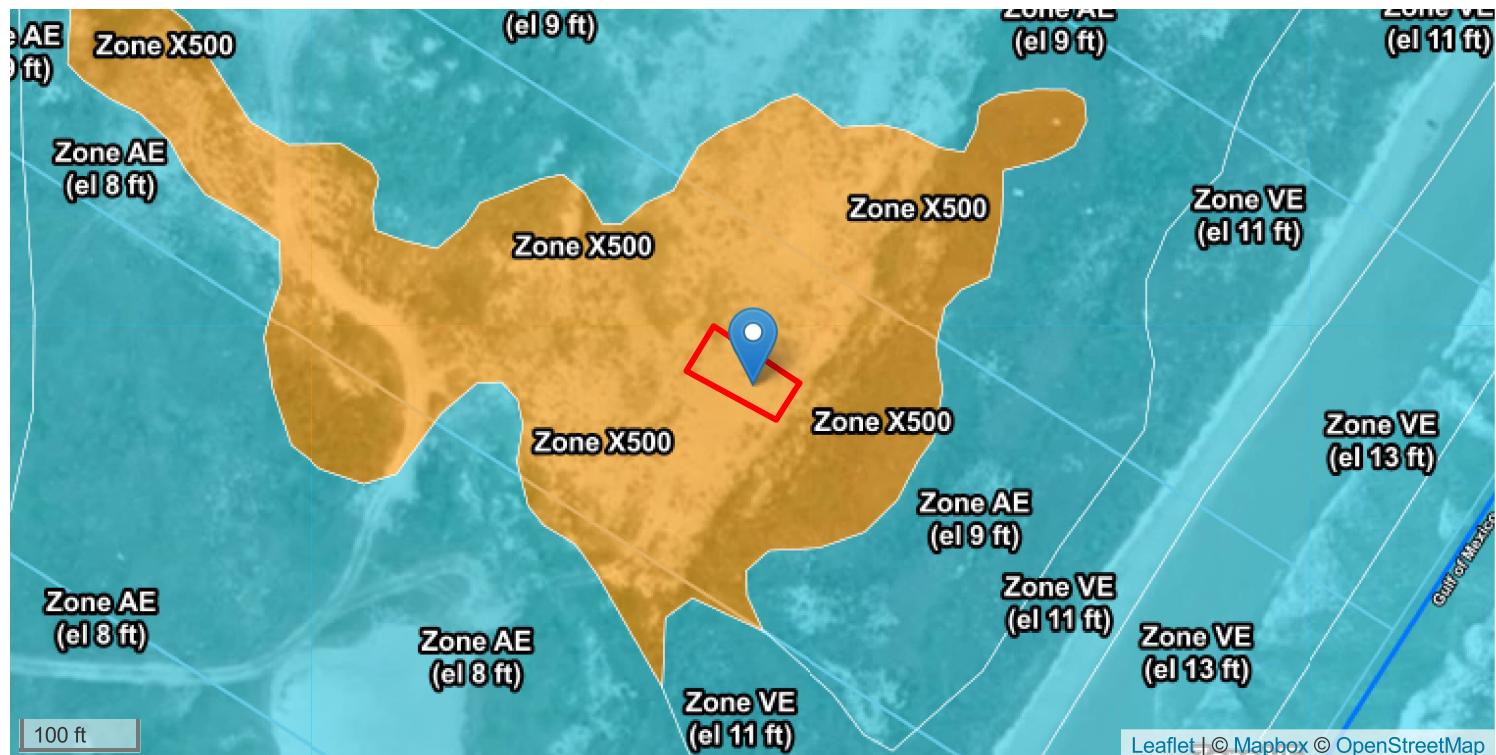
Date:

APC PRV 07 21



FloodRisk Standard

Provided Location	116 CHARMING LANE, PORT ARANSAS, TX 78373		
Standardized Location	116 CHARMING LANE, PORT ARANSAS, TX 78373		
Latitude, Longitude	27.756324, -97.115181	Parcel ID	5489000000110
FIPS / MSA / Tract	48355 / 18580 / 62.05	Community No.	485464
Community Name	CORPUS CHRISTI, CITY OF		
County Name	NUECES COUNTY		



Flood Zone	Zone X500	Next Nearest Zone (Dist.)	AE (166 ft)
BFE	NOT APPLICABLE	USGS Ground Elev	22 ft NAVD88
FEMA Map	48355C0390G, 10/13/2022	Previous Map	4854640240D, 09/17/1992, Zone V13
NFIP Status	PARTICIPATING	NFIP Program	REGULAR
LOMA or LOMR	NO	CBRS / OPA	NO
Claims* \$ / #	\$38,861,427 / 4298	NFIP PIF*	19884
Flood Source	606 ft	Salt Water	595 ft
			Fresh Water
			4090 ft

*Aggregated by NFIP community.



Flood Insurance Payment Confirmation Receipt

Quote Number: TMP240916677083

Policy Number: FLD1660097829

Insured Name: SEVEN CUSTOM HOMES

Property Address: 116 CHARMING LANE, Port Aransas, TX, 78373

Transaction Date: 11/08/2024

Remittance ID: 27J4U9MC

Premium Paid: \$827



COVERAGE ADJUSTMENT NOTICE

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 : 116 CHARMING LANE, Port Aransas, TX, 78373

POLICY # : FLD1660097829

NFIP POLICY # : FLD1660097829

POLICY ISSUED BY : Texas Farmers Insurance Company

POLICY TERM : 11-08-2024 (12:01 AM) - 11-08-2025 (12:01 AM)

PAYOR : SEVEN CUSTOM HOMES

INSURED NAME & MAILING ADDRESS

SEVEN CUSTOM HOMES
312 MEDICAL PARKWAY, BLDG B, Austin, TX, 78738

PAYOR CONTACT INFORMATION

SEVEN CUSTOM HOMES
116 CHARMING LANE,
Port Aransas, TX, 78373

DEAR SEVEN CUSTOM HOMES,

THIS IS A NOTICE OF PREMIUM DUE OF YOUR FLOOD POLICY FOR THE PROPERTY LOCATED AT:

116 CHARMING LANE, Port Aransas, TX, 78373

As of today, we have not received the premium of **\$ 48**

Coverage has been reduced to what can be afforded with the premium on file.

	Requested Coverage Amount	Reduced Coverage Amount
Building	\$ 250,000	\$ 171,000
Contents	\$ 0	\$ 0

If the remaining payment of **\$ 48** is received by 12/10/2024, then coverage limits will be increased to the requested coverage amount. If payment is received after this date, there will be a 30-day wait from the premium receipt date to increase coverage.

A copy of this premium request notice has been mailed to:
1. Texas Regional Bank
2. Bryan Richter

Make check or money order payable to Texas Farmers Insurance Company - PO BOX 2057, Kalispell, MT, 59903. Want to overnight your payment? Texas Farmers Insurance Company - 555 Corporate Drive, Suite 101, Kalispell, MT, 59901 . If there have been any mortgagee changes, please contact your agent.



IF YOU HAVE ANY QUESTIONS ON YOUR POLICY, PLEASE CONTACT YOUR AGENT FOR ASSISTANCE

AGENT : Bryan Richter
AGENCY : Bryan Richter
PHONE : (361) 749-4940



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 #: 116 CHARMING LANE, Port Aransas, TX, 78373
POLICY #: FLD1660097829
NFIP POLICY #: 1660097829
POLICY TERM: 11-08-2024 (At time of loan closing) - 11-08-2025 (12:01 AM)
POLICY ISSUED BY: Texas Farmers Insurance Company
PAYOR: SEVEN CUSTOM HOMES

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

INSURED NAME & MAILING ADDRESS
SEVEN CUSTOM HOMES
312 MEDICAL PARKWAY, BLDG B,
Austin, TX, 78738

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	\$ 824
Building	\$ 171,000	\$ 1,250
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)	0.25
Method Used to Determine FFH	FEMA Determined
Property Description	Slab on Grade (non-elevated), 4 Floors , Frame
Date of Construction	09-20-2024
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:	\$ 466
Contents Premium:	\$ 0
Increased Cost of Compliance (ICC) Premium:	\$ 9
Community Rating System Discount:	\$ (28.00)
Full-Risk Premium:	\$ 447
Discounted Premium:	\$ 447
Fees and Surcharges:	
Reserve Fund Assessment:	\$ 80
HFIAA Surcharge:	\$ 250
Federal Policy Fee:	\$ 47
Total Premium	\$ 824

ADDITIONAL INTERESTS

First Mortgagee

Texas Regional Bank,
3944 Ranch Road 620 South,
Building 4,
Austin, TX, 78738
Loan # : 101308320

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: 11-11-2024





COVERAGE ADJUSTMENT NOTICE

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 : 116 CHARMING LANE, Port Aransas, TX, 78373

POLICY # : FLD1660097829

NFIP POLICY # : FLD1660097829

POLICY ISSUED BY : Texas Farmers Insurance Company

POLICY TERM : 11-08-2024 (At time of loan closing) - 11-08-2025 (12:01 AM)

PAYOR : SEVEN CUSTOM HOMES

INSURED NAME & MAILING ADDRESS

SEVEN CUSTOM HOMES

312 MEDICAL PARKWAY, BLDG B, Austin, TX, 78738

PAYOR CONTACT INFORMATION

SEVEN CUSTOM HOMES

116 CHARMING LANE,
Port Aransas, TX, 78373

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