

BRAZORIA COUNTY
TEXAS

BRANCH T. ARCHER LEAGUE
ABSTRACT 9

WEST PALM STREET (60' R.O.W.)

BLUEWATER HIGHWAY (COUNTY ROAD 257)
(120' R.O.W.)

SUBJECT
LOT 1

BLOCK "B"
WEST PALM VILLAGE
C.F. NO. 2018-055602
B.C.O.R.

0 10 20
1" = 20'

SURVEY PLAT
OF

LOT 1, BLOCK B
COMMERCIAL RESERVES A & B
WEST PALM VILLAGE

AS RECORDED IN
COUNTY CLERK'S FILE NO. 2018-055602
OF THE
BRAZORIA COUNTY OFFICIAL RECORDS

IN THE
BRANCH T. ARCHER LEAGUE
ABSTRACT 9
VILLAGE OF SURFSIDE BEACH
BRAZORIA COUNTY, TEXAS

FOR
CHARLES AND TIFFANY CALLICOT
143 WEST PALM STREET

Doyle & Wachstetter, Inc.
Surveying and Mapping GPS/GIS
143 WEST PALM STREET
BRAZORIA, TEXAS 77603-4401
PHONE: 281-541-1234 FAX: 281-541-1235
WWW.DOYLEANDWACHSTETTER.COM

TRACT 188
SANTAR LOOP SUBDIVISION
(UNRECORDED)

LEGEND
● FOUND IRON PIPE/NO
○ POWER POLE
— OH — OVERHEAD WIRE
○ METER POLE
□ WATER METER
EM ELECTRIC METER
— 4000 FEET
— BUILDING LINE
— EASEMENT
— LOT LINE
— PROPERTY LINE

NOTES:

1. ALL COORDINATES AND BEARINGS ARE RELATIVE TO THE TEXAS STATE PLANE COORDINATE SYSTEM, SOUTH CENTRAL ZONE (NAD 27).
2. ALL DISTANCES ARE HORIZONTAL SURFACE LEVEL LENGTHS. (S.F. = 0.999843552)
3. THIS SURVEY RELIES ON A TITLE COMMITMENT FROM TITELITY NATIONAL TITLE INSURANCE COMPANY, OF NO. 1117241-GA81, WITH AN EFFECTIVE DATE OF NOVEMBER 10, 2021, AND AN ISSUE DATE OF NOVEMBER 11, 2021, FOR ALL ITEMS OF RECORD.
4. THIS PROPERTY IS LOCATED WITHIN THE LIMITS OF ZONE "VE", PER FEMA FLOOD INSURANCE RATE MAP NO. 480390010K, DATED DECEMBER 30, 2020.
5. INTERIOR BUILDING LINES ARE PER THE VILLAGE OF SURFSIDE BEACH FRONT AND REAR BUILDING LINES ARE PER RECORDED PLAT.
6. ADDITIONAL RESTRICTIONS ARE RECORDED IN COUNTY CLERK'S OFFICIAL RECORDS NO. 2018-055602, OF THE BRAZORIA COUNTY OFFICIAL RECORDS.

1. TERRY SINGLETARY, REGISTERED PROFESSIONAL LAND SURVEYOR DO HEREBY CERTIFY THAT THE ABOVE PLAT IS A TRUE REPRESENTATION OF A SURVEY MADE UNDER MY SUPERVISION, ON THE GROUND, AND THAT THERE ARE NO EXCESSES NOR INTRUSIONS ON THIS PROPERTY, EXCEPT AS SHOWN.
DATE SURVEYED: NOVEMBER 19, 2021

Terry Singletary

TERRY SINGLETARY
REGISTERED PROFESSIONAL LAND SURVEYOR
TEXAS REGISTRATION NUMBER 4808



ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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 Howard Street Condos				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 143 West Palm				Company NAIC Number:	
City City of Surfside Beach		State Texas		ZIP Code 77541	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 1, Block B, Commercial Reserves A & B, West Palm Village Subdivision (18-055602 B.C.O.R.), B.T Archer League, Abstract 9					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat <u>28°57'36.39" N</u> Long. <u>95°16'35.16" W</u> Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>6</u>					
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) <u>68.90</u> sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u> c) Total net area of flood openings in A8.b <u>0.00</u> sq in d) Engineered flood openings? ☐ Yes ☒ No					
A9. For a building with an attached garage: a) Square footage of attached garage <u>0.00</u> sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u> c) Total net area of flood openings in A9.b <u>0.00</u> sq in d) Engineered flood openings? ☐ Yes ☒ No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number City of Surfside Beach 481266			B2. County Name Brazoria		B3. State Texas
B4. Map/Panel Number 48039C0810	B5. Suffix K	B6. FIRM Index Date 06-05-1989	B7. FIRM Panel Effective/ Revised Date 12-30-2020	B8. Flood Zone(s) VE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 16.0'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date: _____ ☐ CBRS ☐ OPA					

ELEVATION CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 143 West Palm			Policy Number:
City City of Surfside Beach	State Texas	ZIP Code 77541	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, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO.
Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
Benchmark Utilized: RTCM-REF 2521 Vertical Datum: NAVD 88

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

☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source: _____

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- | | | | |
|---|-------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>19.0</u> | ☒ feet | ☐ meters |
| b) Top of the next higher floor | <u>29.2</u> | ☒ feet | ☐ meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>17.2</u> | ☒ feet | ☐ meters |
| d) Attached garage (top of slab) | | ☐ feet | ☐ meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>18.8</u> | ☒ feet | ☐ meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>6.0</u> | ☒ feet | ☐ meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>6.1</u> | ☒ feet | ☐ meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including
structural support | <u>6.1</u> | ☒ feet | ☐ meters |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by 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.

Certifier's Name Terry Singletary	License Number TX RPLS 4808
Title Registered Professional Land Surveyor	
Company Name Doyle & Wachtstetter Inc.	
Address 131 Commerce St.	
City Clute	State Texas
	ZIP Code 77531



Signature <i>Terry Singletary</i>	Date 11-23-2021	Telephone (979) 265-3622	Ext. 1042
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Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)
Elevation C2(e) is the A/C unit servicing the building.

ELEVATION CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 143 West Palm			Policy Number:	
City City of Surfside Beach	State Texas	ZIP Code 77541	Company NAIC Number	
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)				
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.				
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION				
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.				
Property Owner or Owner's Authorized Representative's Name				
Address		City	State	ZIP Code
Signature		Date	Telephone	
Comments				
☐ Check here if attachments.				

ELEVATION CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 143 West Palm			Policy Number:
City City of Surfside Beach	State Texas	ZIP Code 77541	Company NAIC Number

SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number

G5. Date Permit Issued

G6. Date Certificate of
Compliance/Occupancy IssuedG7. This permit has been issued for: ☐ New Construction ☐ Substantial ImprovementG8. Elevation of as-built lowest floor (including basement)
of the building: _____ ☐ feet ☐ meters Datum _____G9. BFE or (in Zone AO) depth of flooding at the building site: _____ ☐ feet ☐ meters Datum _____G10. Community's design flood elevation: _____ ☐ feet ☐ meters Datum _____

Local Official's Name

Title

Community Name

Telephone

Signature

Date

Comments (including type of equipment and location, per C2(e), if applicable)

☐ Check here if attachments.

ELEVATION CERTIFICATE**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 143 West Palm			Policy Number:
City City of Surfside Beach	State Texas	ZIP Code 77541	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption

Front View

Clear Photo One

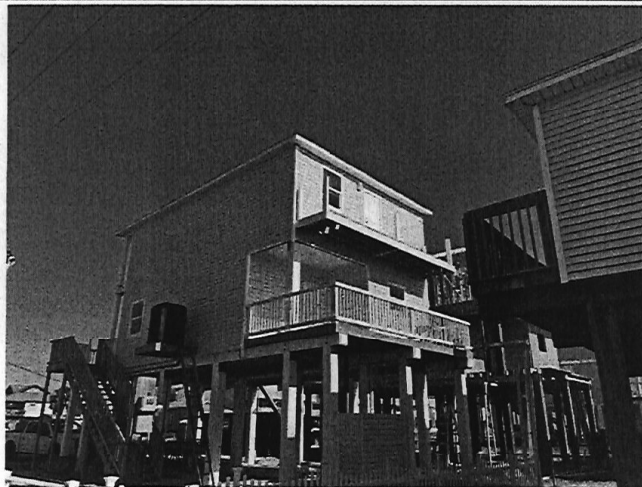


Photo Two

Photo Two Caption

Rear View

Clear Photo Two

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2022

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 143 West Palm			Policy Number:
City City of Surfside Beach	State Texas	ZIP Code 77541	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

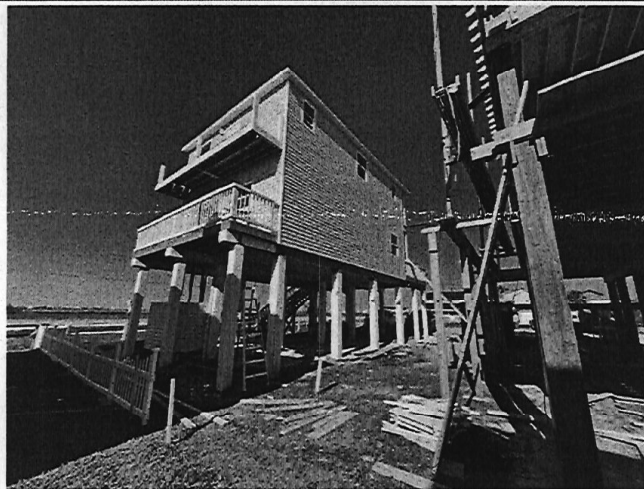


Photo Three

Photo Three Caption

Left Side View

Clear Photo Three

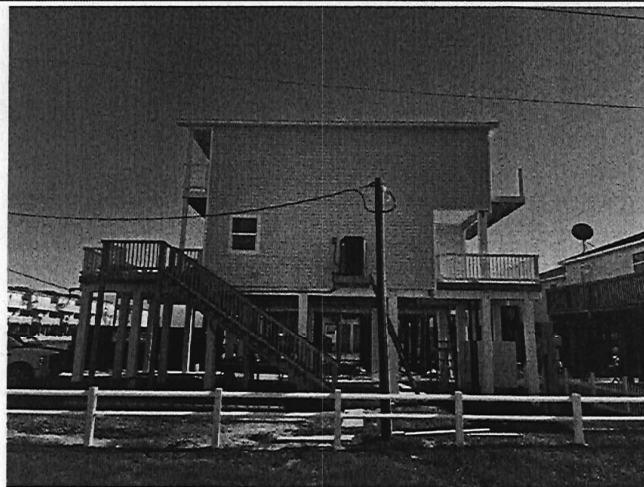


Photo Four

Photo Four Caption

Right Side View

Clear Photo Four