530 chisolm

NATIONAL FLOOD INSURANCE PROGRAM

ELEVATION CERTIFICATE

O.M.B. No. 3067-0077
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:

BUILDING OWNER'S NAME

Policy Number

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
530 CHISHOLM TRAIL (Rear)

Company NAIC Number

CITY	STATE	ZIP CODE
SIMONTON	TX	77476

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
12.5756 ACRE TRACT IN THE THOMAS WESTALL LEAGUE, AB. 92

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##° - ## - ##.## " or ##.######°) HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983 SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☐ Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
SIMONTON 480228	FORT BEND	TX

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
0075	J	1-3-97		AE	111.3

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date

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. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum S806 Conversion/Comments
Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☐ a) Top of bottom floor (including basement or enclosure)	113. 3	ft.(m)
☐ b) Top of next higher floor	_____. __	ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	_____. __	ft.(m)
☐ d) Attached garage (top of slab)	_____. __	ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building	_____. __	ft.(m)
☐ f) Lowest adjacent grade (LAG)	109 . 9	ft.(m)
☐ g) Highest adjacent grade (HAG)	_____. __	ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade		
☐ i) Total area of all permanent openings (flood vents) in C3h ____ sq. in. (sq. cm)		

License Number, Embossed Seal, Signature, and Date

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 in Sections A, B, and C 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.

CERTIFIER'S NAME JAMES L. SYPTAK, SR. LICENSE NUMBER 4035

TITLE REGISTERED PROFESSIONAL LAND SURVEYOR COMPANY NAME HENRY STEINKAMP, INC.

ADDRESS	CITY	STATE	ZIP CODE
909 FIFTH STREET	ROSENBERG	TX	77471

SIGNATURE James L. Syptak Sr. DATE 10-4-2001 TELEPHONE 281.342.2241

WRIGHT
Wright National Flood Insurance Company Flood

A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003
Customer Service: 1-800-820-3242
Claims: 1-800-725-9472

FLOOD DECLARATIONS PAGE

RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
		Dwelling Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 10/09/25 To: 10/09/26 12:01 am Standard Time	08/27/2025	0043695	

Agent (281)339-5900
DARRYL C FORBES INS AGENCY INC
PO BOX 8597
BACLIFF TX 77518-8597

FORBESINS@GMAIL.COM

530 CHISOLM TRL
WALLIS TX 77485-9192

530 Chisolm Trail (Main Home)

Property Location (if other than above)
530 CHISHOLM TRAIL, SIMONTON TX 77476

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine
Primary Residence: Y
Building Occupancy: Single Family
Building Description: Main Dwelling

Flood Risk: AE
First Floor Height: 1.1 ft
Method Used to Determine First Floor Height: FEMA Determined
Date of Construction: 01/01/2001
Prior NFIP Claims: 0

Property Description: Slab on Grade, 1 floor, Frame Construction

Coverage		Deductible	Annual Premium
BUILDING	$250,000	$1,250	$446.00
CONTENTS	$100,000	$1,000	$271.00

ICC Premium:	$14.00
Community Rating Discount:	$0.00
FULL RISK PREMIUM:	$731.00
DISCOUNTED PREMIUM:	$731.00
Reserve Fund Assessment:	$132.00
Federal Policy Service Fee:	$47.00
HFIAA Surcharge:	$25.00
TOTAL ANNUAL PAYMENT	$935.00

Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.

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

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

WFL 99.414 1021 1021 FFL 99.310 0224 0224 WFL 99.116 1021 1021

This policy is issued by NAIC company 11523
Wright National Flood Insurance Company A stock company
Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones
Patricia Templeton-Jones, President

00436954211522065132523902 00000 06067

Insured

540 Chisolm

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

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Company NAIC Number

CITY
SIMONTON

STATE
TX

ZIP CODE
77476

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
12.5756 ACRE TRACT IN THE THOMAS WESTALL LEAGUE, AB. 92

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL)
(##° - ##' - ##.##" or ##.######°)

HORIZONTAL DATUM:
☐ NAD 1927 ☐ NAD 1983

SOURCE: ☐ GPS (Type):
☐ USGS Quad Map ☐ Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
SIMONTON 480228	FORT BEND	TX

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0075	J	1-3-97		AE	111.3

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Designation Date

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Datum S806 Conversion/Comments

Elevation reference mark used _____ Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☐ a) Top of bottom floor (including basement or enclosure)	112. 7 ft.(m)
☐ b) Top of next higher floor	_____. __ ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	_____. __ ft.(m)
☐ d) Attached garage (top of slab)	_____. __ ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building	_____. __ ft.(m)
☐ f) Lowest adjacent grade (LAG)	109. 9 ft.(m)
☐ g) Highest adjacent grade (HAG)	_____. __ ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	
☐ i) Total area of all permanent openings (flood vents) in C3h ____ sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

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 in Sections A, B, and C 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.

CERTIFIER'S NAME JAMES L. SYPTAK, SR. LICENSE NUMBER 4035

TITLE REGISTERED PROFESSIONAL LAND SURVEYOR COMPANY NAME HENRY STEINKAMP, INC.

ADDRESS
909 FIFTH STREET

CITY
ROSENBERG

STATE
TX

ZIP CODE
77471

SIGNATURE

DATE
10-4-2001

TELEPHONE
281.342.2241

WRIGHT
Wright National Flood Insurance Company Flood

A Stock Company
P.O. Box 33003
St. Petersburg, FL 33733-8003
Customer Service: 1-800-820-3242
Claims: 1-800-725-9472

FLOOD DECLARATIONS PAGE
RENEWAL

National Flood Insurance Policy

Policy Number	NFIP Policy Number	Product Type:
		Dwelling Form

Policy Period	Date of Issue	Agent Code	Prior Policy Number
From: 10/09/25 To: 10/09/26 12:01 am Standard Time	08/27/2025	0043695	

Agent (281)339-5900
DARRYL C FORBES INS AGENCY INC
PO BOX 8597
BACLIFF TX 77518-8597

FORBESINS@GMAIL.COM

[redacted]
540 CHISOLM TRL
WALLIS TX 77485-9192

540 Chisolm Trl
(2nd Home)

Property Location (if other than above)
540 CHISOLM TRL, WALLIS TX 77485

Address may have been changed in accordance with USPS standards.

Rating Information

Rate Category: Rating Engine
Primary Residence: Y
Building Occupancy: Single Family
Building Description: Main Dwelling

Flood Risk: AE
First Floor Height: 3.4 ft
Method Used to Determine First Floor Height: Elevation Certificat
Date of Construction: 10/09/2002
Prior NFIP Claims: 0

Property Description: Slab on Grade, 1 floor, Frame Construction

Coverage

		Deductible	Annual Premium
BUILDING	$250,000	$1,250	$411.00
CONTENTS	$100,000	$1,000	$251.00

Your property's NFIP flood claims history can affect your premium. For more information contact your insurance agent or company.

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

ICC Premium:	$13.00
Community Rating Discount:	$0.00
FULL RISK PREMIUM:	$675.00
DISCOUNTED PREMIUM:	$675.00
Reserve Fund Assessment:	$122.00
Federal Policy Service Fee:	$47.00
HFIAA Surcharge:	$25.00
TOTAL ANNUAL PAYMENT	$869.00

THIS IS NOT A BILL

Premium Paid by: Insured

Forms and Endorsements:

WFL 99.414 1021 1021 FFL 99.310 0224 0224 WFL 99.116 1021 1021

This policy is issued by NAIC company 11523
Wright National Flood Insurance Company A stock company
Copy Sent To: As indicated on back or additional pages, if any.

Patricia Templeton-Jones
Patricia Templeton-Jones, President

00436954211522065122523902 0000F 06066

Insured