

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:	TBD		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 2311 12th Avenue			Company NAIC Number:
City:	LaMarque	State: Texas	ZIP Code: 77568
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: Lot 8 Block 5, Cook & Stewart			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential			
A5. Latitude/Longitude: Lat. 29°21' 27.22"N Long. 94°57' 43.62"W Horiz. Datum: ☐ NAD 1927 ☒ NAD 1983 ☐ 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: 1B			
A8. For a building with a crawlspace or enclosure(s):			
a) Square footage of crawlspace or enclosure(s): N/A sq. ft.			
b) Is there at least one permanent flood opening on two different sides of each enclosed area? ☐ Yes ☐ No ☒ 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: N/A Engineered flood openings: N/A			
d) Total net open area of non-engineered flood openings in A8.c: N/A sq. in.			
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): N/A sq. ft.			
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): N/A sq. ft.			
A9. For a building with an attached garage:			
a) Square footage of attached garage: N/A sq. ft.			
b) Is there at least one permanent flood opening on two different sides of the attached garage? ☐ Yes ☐ No ☒ N/A			
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: N/A Engineered flood openings: N/A			
d) Total net open area of non-engineered flood openings in A9.c: N/A sq. in.			
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): N/A sq. ft.			
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): N/A sq. ft.			
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			
B1.a. NFIP Community Name: City of LaMarque B1.b. NFIP Community Identification Number: 485486			
B2. County Name: Galveston B3. State: Texas B4. Map/Panel No.: 48167C 0402 B5. Suffix: G			
B6. FIRM Index Date: 8-15-19 B7. FIRM Panel Effective/Revised Date: 8-15-19			
B8. Flood Zone(s): A B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): N/A			
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: ☐ FIS ☐ FIRM ☐ Community Determined ☐ Other:			
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			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? ☐ Yes ☒ No			

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City: LaMarque	State: Texas	ZIP Code: 77568	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: **AW5578** 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): | 8.98 | ☒ feet ☐ meters |
| b) Top of the next higher floor (see Instructions): | N/A | ☐ feet ☐ meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | N/A | ☐ feet ☐ meters |
| d) Attached garage (top of slab): | N/A | ☐ feet ☐ 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): | 8.52 | ☒ feet ☐ meters |
| f) Lowest Adjacent Grade (LAG) next to building: ☐ Natural ☒ Finished | 7.3 | ☒ feet ☐ meters |
| g) Highest Adjacent Grade (HAG) next to building: ☐ Natural ☒ Finished | 8.8 | ☒ feet ☐ meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | N/A | ☐ 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 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: **Richard Fussell** License Number: **4148**

Title: **R.P.L.S**

Company Name: **Survey 1, Inc. Firm#100758-00**

Address: **2408 Mustang Road**

City: **Alvin**

State: **Texas** ZIP Code: **77511**

Telephone: **281.393.1382**

Ext.: _____ Email: **survey1@survey1inc.com**

Signature: _____

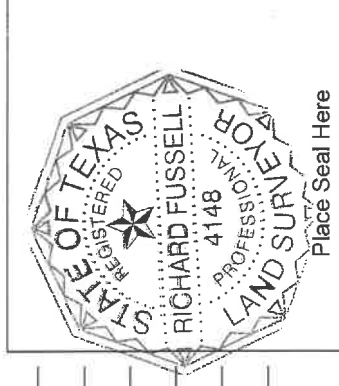
Date: **8-19-2026**

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):

- 1). Centerline of Street Elevation - 7.31' 12th Avenue, 7.40' Walnut
- 2). TBM Elevation
- 3). TBM Location - Mag nail in centerline of 12th Avenue near
- 4). C2e used for A/C

Job# 8-168673-26



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City: LaMarque State: Texas ZIP Code: 77568											
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. <table style="width: 100%;"><tr><td style="width: 30%;">a) Top of bottom floor (including basement, crawlspace, or enclosure) is:</td><td style="width: 10%; text-align: center;">0.18</td><td style="width: 10%; text-align: center;">☒ feet ☐ meters</td><td style="width: 10%; text-align: center;">☒ above or ☐ below the HAG.</td></tr><tr><td>b) Top of bottom floor (including basement, crawlspace, or enclosure) is:</td><td style="text-align: center;">1.66</td><td style="text-align: center;">☒ feet ☐ meters</td><td style="text-align: center;">☒ above or ☐ below the LAG.</td></tr></table> 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: 0.28 ☒ 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.				a) Top of bottom floor (including basement, crawlspace, or enclosure) is:	0.18	☒ feet ☐ meters	☒ above or ☐ below the HAG.	b) Top of bottom floor (including basement, crawlspace, or enclosure) is:	1.66	☒ feet ☐ meters	☒ above or ☐ below the LAG.
a) Top of bottom floor (including basement, crawlspace, or enclosure) is:	0.18	☒ feet ☐ meters	☒ above or ☐ below the HAG.								
b) Top of bottom floor (including basement, crawlspace, or enclosure) is:	1.66	☒ feet ☐ meters	☒ above or ☐ below the LAG.								
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. <i>The statements in Sections A, B, and E are correct to the best of my knowledge</i> ☐ Check here if attachments and describe in the Comments area. Property Owner or Owner's Authorized Representative Name: Richard Fussell, R.P.L.S Address: 2408 Mustang Road City: Alvin State: TX ZIP Code: 77568 Telephone: Ext.: Email: Date: 8-19-2026 Signature: _____ 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.: 2311 12th Avenue		FOR INSURANCE COMPANY USE Policy Number: _____ Company NAIC Number: _____	
City: _____	LaMarque	State: Texas	ZIP Code: 77568
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>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.</i>			
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):			

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2311 12th Avenue			
City:	LaMarque	State:	Texas
		ZIP Code:	77568
		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 _____ ☐ feet ☐ meters ☐ above the LAG
higher floor (i.e., the floor above basement, crawlspace, or
enclosure floor) is:

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
BUILDING PHOTOGRAPHS

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

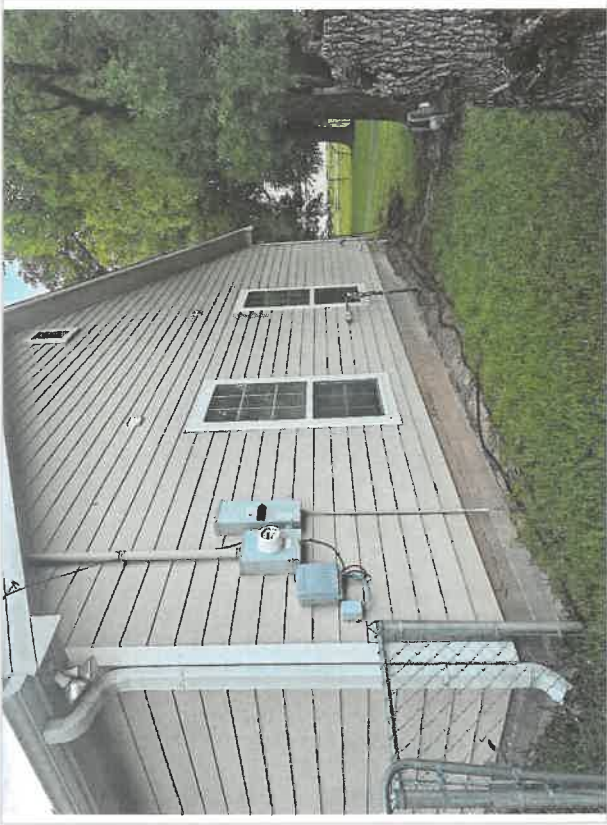
See Instructions for Item A6.

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City: LaMarque	State: Texas	ZIP Code: 77568	Policy Number: _____
			Company NAIC Number: _____
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.			
		Photo One	
Photo One Caption: Front of Home 8-19-2026		Clear Photo One	
		Photo Two	
Photo Two Caption: Back of Home 8-19-2026		Clear Photo Two	

ELEVATION CERTIFICATE
BUILDING PHOTOGRAPHS

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

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 2311 12th Avenue		FOR INSURANCE COMPANY USE	
City: LaMarque	State: Texas	ZIP Code: 77568	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: Side of Home 8-19-2026		Clear Photo Three	
		Photo Four	
Photo Four Caption: Side of Home 8-19-2026		Clear Photo Four	