

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME BILLY EVANS		For Insurance Company Use: Policy Number	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 1808 HOLLYWOOD DR		Company NAIC Number	
CITY ODESSA	STATE TX	ZIP CODE 79763	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 13, BLOCK 35, HOLLYWOOD VIEW			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) RESIDENTIAL			
LATITUDE/LONGITUDE (OPTIONAL) (## - ## - ##.## or ##.####)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type):	
		<input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:	

SECTION B - INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER CITY OF ODESSA 480206		B2. COUNTY NAME ECTOR		B3. STATE TX	
B4. MAP AND PANEL NUMBER 48135C0170	B5. SUFFIX D	B6. FIRM INDEX DATE 10/20/1998	B7. FIRM PANEL EFFECTIVE/REVISED DATE 10/20/1998	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD (Zone AO, use depth of flooding) 2909.80

- 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 instruction 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 _____ Conversion/Comments _____
- Elevation reference mark used TOC. Does the elevation reference mark used appear on the FIRM? Yes No
- | | |
|---|------------------------|
| <input checked="" type="checkbox"/> a) Top of bottom floor (including basement or enclosure) | <u>2910.47</u> ft.(m) |
| <input type="checkbox"/> b) Top of next higher floor | _____ ft.(m) |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) | _____ ft.(m) |
| <input type="checkbox"/> d) Attach garage (top of slab) | _____ ft.(m) |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building | _____ ft.(m) |
| <input checked="" type="checkbox"/> f) Lowest adjacent grade (LAG) | <u>2910.00</u> ft.(m) |
| <input checked="" type="checkbox"/> g) Highest adjacent grade (HAG) | <u>2910.20</u> ft.(m) |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade | _____ |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h | _____ sq. in. (sq. cm) |



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 JOSEPH M. TUCKER	LICENSE NUMBER 77233
TITLE ASSISTANT CITY ENGINEER	COMPANY NAME CITY OF ODESSA
ADDRESS P.O. BOX 4398	CITY ODESSA
SIGNATURE 	STATE TX
	ZIP CODE 79760
	DATE 02/09/2001
	TELEPHONE (915) 335-3242

9 Feb 2001

IMPORTANT: In these spaces, copy the corresponding information from Section A.

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, a. or Bldg. No.) OR P.O. ROUTE AND BOX NO.

1808 HOLLYWOOD DR

CITY

STATE

ZIP CODE

ODESSA

TX

79763

For Insurance Company Use:

Policy Number

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number - (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.)
- E2. The top of the floor (including basement or enclosure) of the building is | _____ |ft.(m)| _____ |in.(cm) above or below the highest adjacent grade.
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is | _____ |ft.(m)| _____ | in.(cm) above the highest adjacent grade.
- E4. For 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 Section A, B, and E for Zone A (without FEMA -issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS CITY STATE ZIP CODE

SIGNATURE DATE TELEPHONE

COMMENTS

Check here if attachments

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.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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-G9) is provided for community floodplain management purposes.

G4 PERMIT NUMBER	G5 DATE PERMIT ISSUED	G6 DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft.(m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft.(m) Datum: _____

LOCAL OFFICIAL'S NAME TITLE

COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS

Check here if attachments

1. Community Name of NFIP map CITY OF ODESSA Map/Panel Number: 48135C0170D

2. Street Address of Your Property 1808 HOLLYWOOD DR

3. Has fill been placed on your property? NO If yes, when? _____

4. Are you requesting that the flood zone designation be removed from a) your entire legally recorded property; b) a portion of your legally recorded property (a metes and bounds description must be written and certified by a registered professional engineer and submitted along with a map showing the metes and bounds area); or c) a structure on your property? (Answer "a," "b," or "c") _____

5. Existing/proposed structures:

- What is the date of construction? _____
- What is the type of construction? (a) crawl space; (b) slab on grade; (c) basement; (d) other (explain) (Answer "a," "b," "c," or "d") B

6. One of the following documents is required of all requests:

a. Copy of Subdivision Plat Map (with recordation data and stamp of the Recorder's Office).

OR

b. Copy of the Property Deed (with recordation data and stamp of the Recorder's office) accompanied by a tax assessor's map or other suitable map showing the surveyed location of the property with respect to local streets and watercourses. (If the subdivision plat map and property deed are available, then both should be submitted.)

In addition, the following documents should be enclosed as applicable:

b. Copy of the effective Flood Insurance Rate Map panel on which the property location has been accurately plotted

c. Map showing the location of any structures on the property

d. Metes and bounds description and accompanying map (only if the request is for a portion of the property), certified by a registered professional engineer or licensed surveyor

e. A completed Federal Emergency Management Agency, National Flood Insurance Program, Elevation Certificate, certified by a registered professional engineer or licensed surveyor

OR

f. A completed Elevation Information Form (MT-1, Form 2)

g. Data to substantiate the 1% annual chance (base) flood elevation was not available from an authoritative source (such as a Federal or State agency). Base flood elevations were calculated and the back-up calculations are provided.

h. Community Acknowledgment Form (MT-1, Form 4) (only if fill has been placed—available from regional office or community)

i. If requesting a LOMR-F, the fee has been submitted to the fee collection administrator at the address on the front of this form.

j. Additional information (attach list)

All information submitted becomes property of FEMA, please maintain a copy for your records.

7. All information submitted in support of this request is correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.

Property Owner's Name: (Please Print) BILLY EVANS

Mailing Address: 1808 HOLLYWOOD DR
ODESSA, TX 79703

Daytime Telephone No.: 915-332-3640

Signature

Date