

U.S. DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
National Flood Insurance Program




ELEVATION CERTIFICATE

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

OMB Control Number: 1660-0008  
Expiration: 11/30/2018

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 Peninsula on Lake Austin						Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2319 Westlake Drive Bldg. 2 - Units 7A thru 8B						Company NAIC Number:	
City Austin				State TX		Zip Code 78746	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) APN: 541275 as shown on Travis County Appraisal District Map							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Other Residential							
A5. Latitude/Longitude: Lat. 30.303642° Long. -97.783732° Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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 3							
A8. For a building with a crawlspace or enclosure(s):							
a) Square footage of crawlspace or enclosure(s) N/A sq ft				A9. For a building with an attached garage:			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0				a) Square footage of attached garage sq ft			
c) Total net area of flood openings in A8.b 0 sq in				b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0			
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No				c) Total net area of flood openings in A9.b 0 sq in			
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No				d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number Austin, City of 480624				B2. County Name Travis		B3. State TX	
B4. Map/Panel Number 48453C0445	B5. Suffix J	B6. FIRM Index Date 1/6/2016	B7. FIRM Panel Effective/ Revised Date 1/6/2016	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth 493.0'		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA							
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> 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: See Comments				Vertical Datum: NAVD 1988			
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> 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)	496	.	7	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
b) Top of the next higher floor	498	.	5	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	.		<input type="checkbox"/> feet	<input type="checkbox"/> meters		
d) Attached garage (top of slab)	498	.	3	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	N/A	.		<input type="checkbox"/> feet	<input type="checkbox"/> meters		
f) Lowest adjacent (finished) grade next to building (LAG)	495	.	2	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
g) Highest adjacent (finished) grade next to building (HAG)	498	.	3	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	495	.	8	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters		

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. 2319 Westlake Drive Bldg. 2 - Units 7A thru 8B					Policy Number:	
City Austin		State TX		Zip Code 78746		Company NAIC Number:
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>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.</i>						
<input type="checkbox"/> Check here if attachments.			Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="radio"/> Yes <input type="radio"/> No			
Certifier's Name Joseph Roederer			License Number TX RPLS 5727			
Title TX Registered Professional Land Surveyor		Company Name FA - Commercial Due Diligence Services				
Address 3550 W. Robinson St - 3rd Floor		City Norman		State OK	Zip Code 73072	
Signature 		Date 03/14/2018		Telephone (405) 253-2444		
						
Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.						
Comments (including type of equipment and location, per C2(e), if applicable) Latitude and longitude obtained by GPS observations in the field. BM-GPS R6 Trimble GPS hosted by Western Data Systems using Austin Area Island. No visible machinery on the building. C2h refers to the elevation of the bottom of the steps on the east side of the building. BFE in area of building is 493. There was no access to garages to measure square footage and no information contained on Travis County Appraisal District website.						
					03/14/2018	
Signature					Date	
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 _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.						
b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.						
E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.						
E3. Attached garage (top of slab) is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.						
E4. Top of platform of machinery and /or equipment servicing the building is _____ . _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> 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? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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						
<input type="checkbox"/> Check here if attachments.						

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. 2319 Westlake Drive Bldg. 2 - Units 7A thru 8B			Policy Number:	
City Austin	State TX	Zip Code 78746	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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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 Issued
G7. This permit has been issued for: <input type="radio"/> New Construction <input type="radio"/> Substantial Improvement				
G8. Elevation of as-built lowest floor (including basement) of the building: _____ . _____ <input type="radio"/> feet <input type="radio"/> meters Datum _____				
G9. BFE or (in Zone AO) depth of flooding at the building site: _____ . _____ <input type="radio"/> feet <input type="radio"/> meters Datum _____				
G10. Community's design flood elevation: _____ . _____ <input type="radio"/> feet <input type="radio"/> meters Datum _____				
Local Official's Name			Title	
Community Name			Telephone	
Signature			Date	
Comments (including type of equipment and location, per C2(e), if applicable)				
<div><input type="checkbox"/> Check here if attachments.</div>				



BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE, page 4

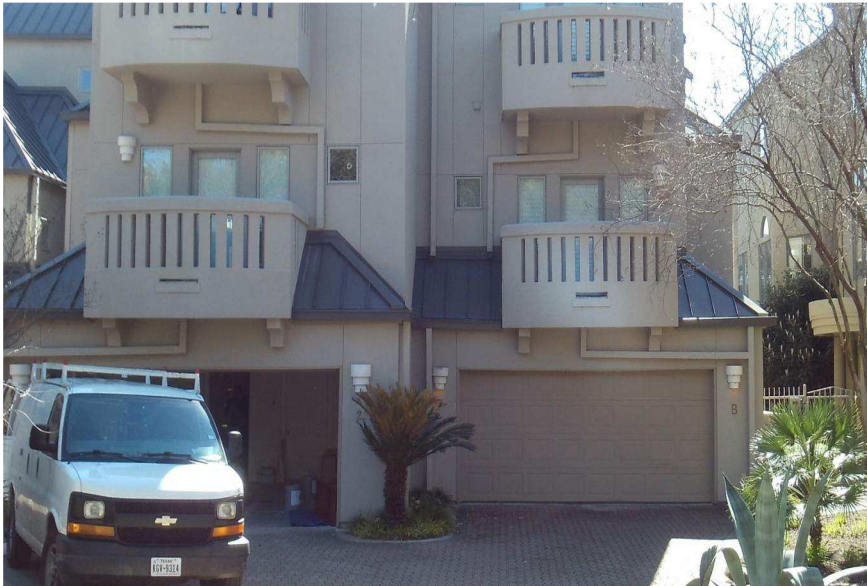
See instructions for Item A6.

OMB Control Number: 1660-0008  
Expiration: 11/30/2018

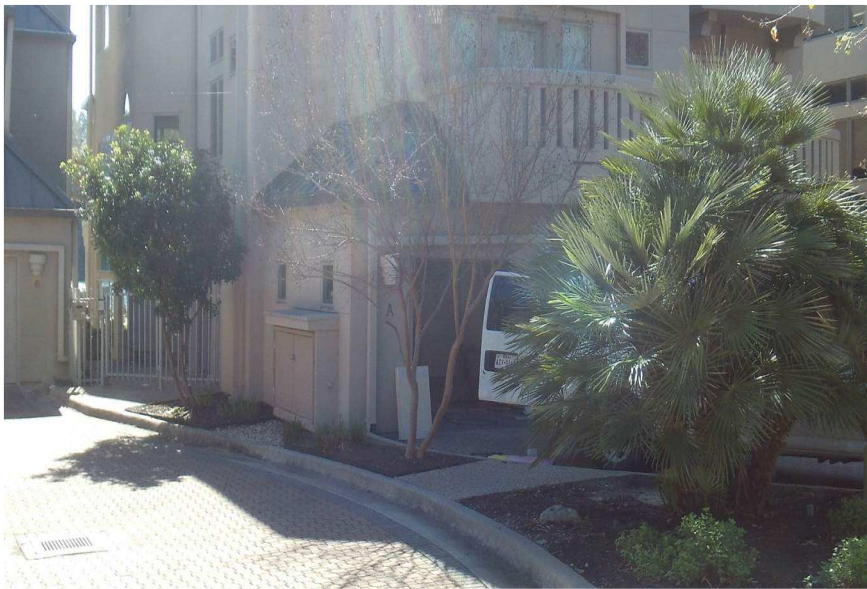
IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 2319 Westlake Drive Bldg. 2 - Units 7A thru 8B			Policy Number:	
City Austin	State TX	Zip Code 78746	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.

West/Front View 3/8/2018



North View 3/8/2018



East/Rear View 3/8/2018





BUILDING PHOTOGRAPHS

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. 2319 Westlake Drive Bldg. 2 - Units 7A thru 8B			Policy Number:
City Austin	State TX	Zip Code 78746	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.

South View 3/8/2018



Southeast Corner

