

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: 11/30/2016

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 <i>Smaart Rehab LLC</i>		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <i>2237 Delante</i>		Company NAIC Number:	
City <i>Haltom City</i>	State <i>Texas</i>	Zip Code <i>76117</i>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>Lot 18 Block 15 Parkdale Gardens Add.</i>			
A4. Building Use (e.g., Residential/ Non-Residential) Addition, Accessory, etc.)			
A5. Latitude/Longitude: Lat. <u>N32-47-42</u> Long. <u>W97-15-18</u> 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 <i>A-1</i>			
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:	
a) Square footage of crawlspace or enclosure(s) <i>NA</i>	sq ft	a) Square footage of attached garage <i>NA</i>	sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade	
c) Total net area of flood openings in A8.b	sq in	c) Total net area of flood openings in A9.b	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 <i>Haltom City 480599</i>		B2. County Name <i>Tarrant</i>	
B4. Map/Panel Number <i>195</i>	B5. Suffix <i>K</i>	B6. FIRM Index Date <i>9/25/09</i>	B7. FIRM Panel Effective/Revised Date <i>9/25/09</i>
		B8. Flood Zone(s) <i>AE</i>	
		B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <i>509</i>	
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: <i>BM 181</i>		Vertical Datum: <i>515.44</i>	
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.			
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)		<i>507.62</i> <input checked="" type="radio"/> feet <input type="radio"/> meters	
b) Top of the next higher floor		<i>NA</i> <input type="radio"/> feet <input checked="" type="radio"/> meters	
c) Bottom of the lowest horizontal structural member (V Zones only)		<i>NA</i> <input type="radio"/> feet <input checked="" type="radio"/> meters	
d) Attached garage (top of slab)		<i>507.50</i> <input checked="" type="radio"/> feet <input type="radio"/> meters	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)		<i>507.50</i> <input checked="" type="radio"/> feet <input type="radio"/> meters	
f) Lowest adjacent (finished) grade next to building (LAG)		<i>507.40</i> <input checked="" type="radio"/> feet <input type="radio"/> meters	
g) Highest adjacent (finished) grade next to building (HAG)		<i>507.55</i> <input checked="" type="radio"/> feet <input type="radio"/> meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support		<i>507.40</i> <input checked="" type="radio"/> feet <input type="radio"/> meters	

ELEVATION CERTIFICATE, page 2

OMB Control Number: 1600-0108
Expiration: 11/30/2016

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.				Policy Number:	
2237 Dolante		State	Zip Code	Company NAIC Number:	
City Haltom City		TX	76117		

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.

<input type="checkbox"/> Check here if attachments.	Were latitude and longitude in Section A provided by a licensed land surveyor?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Certifier's Name Ernest Hedgcoth, P.E., R.P.L.S.		License Number 2804	
Title President	Company Name Ernest Hedgcoth, Cons. Engrs		
Address 5701-C Midway Rd.	City Haltom City	State TX	Zip Code 76117
Signature Ernest Hedgcoth	Date 6/1/16	Telephone 817-831-7711	



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(a), if applicable)

*Building is Water/Flood Proofed to 512
2' Above the 100 year flood*

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	_____ feet _____ meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	_____ feet _____ 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 _____ feet _____ meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.	
E3. Attached garage (top of slab) is _____ feet _____ 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 _____ feet _____ 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 816 ROYAL TERR. HURST TEXAS 76093	City HURST	State TEXAS	ZIP Code 76093
Signature William K. Hough	Date 06-07-16	Telephone 817-938-8298	
Comments Architect of Record Lic. #7937	<div style="text-align: right;"> <i>06-07-16</i> </div>		