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 PAGES 9-19

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: Jay Kramer | Policy Number: | | | | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 735 Old Zorn Road | Company NAIC Number: | | | | |
| City: San Marcos State: TX | ZIP Code: 78666 | | | | |
| A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Nur See Comments | mber: | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): Residential | | | | | |
| A5. Latitude/Longitude: Lat. 29.753747 Long97.972087 Horizontal Datum: | NAD 1927 ☑ NAD 1983 ☐ WGS 84 | | | | |
| A6. Attach at least two and when possible four clear photographs (one for each side) of the building | g (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): 595 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 Non-engineered flood openings: | above adjacent grade: | | | | |
| d) Total net open area of non-engineered flood openings in A8.c: 252 sq. in. | | | | | |
| e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructi | ons): 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 adj. Non-engineered flood openings: N/A Engineered flood openings: N/A | acent grade: | | | | |
| 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 Instructi | ons): 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) INFO | RMATION | | | | |
| B1.a. NFIP Community Name: Guadalupe County B1.b. NFIP Community Ide | entification Number: 480266 | | | | |
| B2. County Name: Guadalupe B3. State: TX B4. Map/Panel No.: | 48187C/0040 B5. Suffix: F | | | | |
| B6. FIRM Index Date: 03/27/2024 B7. FIRM Panel Effective/Revised Date: 11/02/2007 | | | | | |
| B8. Flood Zone(s): X & AE B9. Base Flood Elevation(s) (BFE) (Zone AO, use | Base Flood Depth): 517.0 feet | | | | |
| 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 | r/Source: | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prof Designation Date: CBRS DPA | tected Area (OPA)? | | | | |
| B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? | No | | | | |

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| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: | FOR INSURANCE COMPANY USE | | | | |
|--|--|--|--|--|--|
| 735 Old Zorn Road City: San Marcos State: TX ZIP Code: 78666 | Policy Number: | | | | |
| City: San Marcos State: TX ZIP Code: 78666 | | | | | |
| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY | REQUIRED) | | | | |
| C1. Building elevations are based on: Construction Drawings* Building Under Construction *A new Elevation Certificate will be required when construction of the building is complete. | tion* ✓ Finished Construction | | | | |
| 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: AY1567 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 for the source of the conversion factor in the Section D Comments area. | sed? ☐ Yes ☑ No Check the measurement used: | | | | |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor): | 525.0 feet measurement used. | | | | |
| b) Top of the next higher floor (see Instructions): | 526.5 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): 528.4 | | | | | |
| f) Lowest Adjacent Grade (LAG) next to building: Natural Finished | 528.4 | | | | |
| g) Highest Adjacent Grade (HAG) next to building: 📝 Natural 🔲 Finished | 524.8 feet meters | | | | |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | 524.2 7 feet meters | | | | |
| SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERT | IFICATION | | | | |
| This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by information. I certify that the information on this Certificate represents my best efforts to interpret the false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. | state law to certify elevation | | | | |
| Were latitude and longitude in Section A provided by a licensed land surveyor? | | | | | |
| Check here if attachments and describe in the Comments area. | | | | | |
| Certifier's Name: Mark J. Ewald License Number: 5095 | | | | | |
| Title: Registered Professional Land Surveyor | OF THE | | | | |
| Company Name: Westar Alamo Land Surveyors, LLC | | | | | |
| Address: P.O. Box 1645 | | | | | |
| City: Boerne State: TX ZIP Code: 78006 | 5095 | | | | |
| Signature: Mall fall Date: 10/03/2024 | | | | | |
| Telephone: 210-372-9500 Ext.: Email: westar@westarlandsurveyors.com | | | | | |
| Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance a | agent/company, and (3) building owner. | | | | |
| Comments (including source of conversion factor in C2; type of equipment and location per C2.e; ar | nd description of any attachments): | | | | |
| A3) = A parcel of land, as described in the Warranty Deed recorded in Document No. 202 County Clerk, Guadalupe County, Texas C2e) = Electric Panel on right side of structure | 199029352, in the Office of the | | | | |

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

| Building Street Address (including Apt., Un | nit, Suite, and/or Bl | dg. No.) o | r P.O. Ro | ute and B | ox No.: | FOR INSUR | ANCE COMPANY USE |
|---|-----------------------|------------|-----------|----------------|------------|-------------------|------------------------|
| 735 Old Zorn Road City: San Marcos State: TX ZIP Code: 78666 | | | | Policy Number: | | | |
| City: San Marcos | State: | 1/ | ZIP Co | de: | 70000 | Company NA | IC Number: |
| 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 Bl intended to support a Letter of Map Char 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 approximate measurement is above or below the | | | | lowing ar | d check th | e appropriate box | es to show whether the |
| a) Top of bottom floor (including bas crawlspace, or enclosure) is: | sement, | | N/A | ☐ feet | mete | ers 🔲 above o | below the HAG. |
| b) Top of bottom floor (including bas crawlspace, or enclosure) is: | sement, | | N/A | feet | mete | ers 🔲 above o | below the LAG. |
| E2. For Building Diagrams 6–9 with perr | manent flood open | ings prov | | _ | | _ | _ |
| Building Diagram) of the building is: | | | N/A | ☐ feet | mete | | |
| E3. Attached garage (top of slab) is: | | | N/A | ∐ feet | mete | rs 🔲 above o | r |
| E4. Top of platform of machinery and/or servicing the building is: | equipment | | N/A | ☐ feet | mete | rs 🔲 above o | r 🔲 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. | | | | | | | |
| SECTION F - PROPERTY | OWNER (OR O | WNER'S | AUTHO | DRIZED | REPRES | ENTATIVE) CER | RTIFICATION |
| The property owner or owner's authorize sign here. The statements in Sections A, | | | | | | r Zone A (without | BFE) or Zone AO must |
| Check here if attachments and descr | ibe in the Comme | nts area. | | | | | , |
| Property Owner or Owner's Authorized R | Representative Na | me: | | | | | |
| Address: | | | | | | | |
| City: | | | | | State: | ZIP Code | e: |
| Signature: | | | | Date: | | | |
| Telephone: E | xt.: Email | : | | | | | |
| Comments: | | | | | | | |
| | | | | | | | |
| | | | | | | | 6 |
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ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

| INIT OTTAKT: MOOT TOLLOW THE | memoratione on 1 Act | 1 | | | | |
|---|--|----------------|----------------------------|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P. 735 Old Zorn Road | FOR INSURANCE COMPANY USE | | | | | |
| City: San Marcos State: TX ZI | State: TX ZIP Code: 78666 Company NAIC Number: | | | | | |
| SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION) | | | | | | |
| The local official who is authorized by law or ordinance to administer the Section A, B, C, E, G, or H of this Elevation Certificate. Complete the ap | e community's floodplain m | anagement or | | | | |
| | | | N II A | | | |
| 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 E5 is completed for a building located in Zone AO. | Zone A (without a BFE), Zo | one AO, or Zoi | ne AR/AO, or when item | | | |
| G2.b. A local official completed Section H for insurance purposes. | | | | | | |
| G3. | oes specific corrections to the | ne information | in Sections A, B, E and H. | | | |
| G4. | mmunity floodplain manag | ement purpos | es. | | | |
| G5. Permit Number: G6. Date Permi | it Issued: | | | | | |
| G7. Date Certificate of Compliance/Occupancy Issued: | | | | | | |
| G8. This permit has been issued for: New Construction Su | bstantial 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: | | | |
| 48.77 | | _ | | | | |
| 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 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. | | | | | | |
| Local Official's Name: | Title: | | | | | |
| NFIP Community Name: | | | | | | |
| Telephone: Ext.: Email: | | | | | | |
| Address: | .fi. | | 2 (5-1) | | | |
| City: | | | | | | |
| Signature: | Date: | | | | | |
| Comments (including type of equipment and location, per C2.e; descrip Sections A, B, D, E, or H): | tion of any attachments; an | d corrections | to specific information in | | | |
| | | | | | | |
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IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

| Building Street Address (including A 735 Old Zorn Road | pt., Unit, Suite, | and/or Bldg. No.) o | r P.O. Route a | nd Box No.: | 7 | SURANCE COMPANY USE |
|--|--------------------------------------|--|-------------------------------|-----------------------------|--------------------------------|---|
| City: San Marcos | | State: TX | ZIP Code: | 78666 | Policy N | umber: |
| | | | P. P. J. W. | | | |
| | | S FIRST FLOOF REQUIRED) (FO | | | | ZONES |
| The property owner, owner's author to determine the building's first floor nearest tenth of a foot (nearest tenth of a foot (nearest tenth of a foot). | r height for ins th of a meter in | urance purposes. S Puerto Rico). <i>Ret</i> | Sections A, B, ference the Fe | and I must a oundation T | lso be complet ype Diagrams | ed. Enter heights to the (at the end of Section H |
| H1. Provide the height of the top of | of the floor (as i | ndicated in Founda | ation Type Dia | grams) abov | e the Lowest A | djacent Grade (LAG): |
| a) For Building Diagrams 1.4 floor (include above-grade floor subgrade crawlspaces or enclored) | ors only for build | dings with | | N/A ☐ feet | meters | above the LAG |
| b) For Building Diagrams 24 higher floor (i.e., the floor abovenclosure floor) is: | | | - | N/A ☐ feet | meters | above the LAG |
| H2. Is all Machinery and Equipme H2 arrow (shown in the Found Yes No | | | | | | |
| SECTION I - PROPE | RTY OWNER | (OR OWNER'S | AUTHORIZI | ED REPRE | SENTATIVE) | CERTIFICATION |
| The property owner or owner's auti A, B, and H are correct to the best indicate in Item G2.b and sign Sec | of my knowled | | | | | |
| 3 | | | | | | |
| Check here if attachments are | | ding required photo | os) and descri | be each atta | chment in the C | Comments area. |
| - | orovided (includ | | | | chment in the C | |
| Check here if attachments are | orovided (includ | | | | | |
| Check here if attachments are property Owner or Owner's Author Address: | provided (includized Represent | | | | | |
| Check here if attachments are property Owner or Owner's Author Address: City: | provided (includized Represent | tative Name: | | State: | | |
| Check here if attachments are property Owner or Owner's Author Address: City: Signature: | provided (includized Represent | tative Name: | | State: | | |
| Check here if attachments are property Owner or Owner's Author Address: City: | provided (includized Represent | tative Name: | | State: | | |
| Check here if attachments are property Owner or Owner's Author Address: City: Signature: Telephone: | provided (includized Represent | tative Name: | | State: | | |
| Check here if attachments are property Owner or Owner's Author Address: City: Signature: Telephone: | provided (includized Represent | tative Name: | | State: | | |
| Check here if attachments are property Owner or Owner's Author Address: City: Signature: Telephone: | provided (includized Represent | tative Name: | | State: | | |
| Check here if attachments are property Owner or Owner's Author Address: City: Signature: Telephone: | provided (includized Represent | tative Name: | | State: | | |
| Check here if attachments are property Owner or Owner's Author Address: City: Signature: Telephone: | provided (includized Represent | tative Name: | | State: | | |
| Check here if attachments are property Owner or Owner's Author Address: City: Signature: Telephone: | provided (includized Represent | tative Name: | | State: | | |
| Check here if attachments are property Owner or Owner's Author Address: City: Signature: Telephone: | provided (includized Represent | tative Name: | | State: | | |
| Check here if attachments are property Owner or Owner's Author Address: City: Signature: Telephone: | provided (includized Represent | tative Name: | | State: | | |
| Check here if attachments are property Owner or Owner's Author Address: City: Signature: Telephone: | provided (includized Represent | tative Name: | | State: | | |
| Check here if attachments are property Owner or Owner's Author Address: City: Signature: Telephone: | provided (includized Represent | tative Name: | | State: | | |
| Check here if attachments are property Owner or Owner's Author Address: City: Signature: Telephone: | provided (includized Represent | tative Name: | | State: | | |

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

BUILDING PHOTOGRAPHS

| * T | | See Instruc | ctions for Item A6 | ò. | | |
|--|--|---------------------------------------|--|-------------------------------------|---|-------------------|
| | uilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: FOR INSURANCE COMPA | | | | | COMPANY USE |
| City: San Marcos | Policy Number: | | | | | nber: |
| able to take front and "Right Side View," or | elow at least two and when I back pictures of townhous "Left Side View." Photogra of representative flood ope | ses/rowhouses). Ideaphs must show the | entify all photogr e foundation. Wh | raphs with the dancen flood opening | ate taken and "Front Viegs are present, include | ew," "Rear View," |
| | | | | | | 71 × 506 XE |
| | | Ph | noto One | 5.0 | | 900 W |
| Photo One Caption: | Front View - Photo tak | en 10/03/2024 | | | | Clear Photo One |



Photo Two

Photo Two Caption: Rear View - Photo taken 10/03/2024

Clear Photo Two

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

BUILDING PHOTOGRAPHS

Continuation Page

| Building Street Address (including Apt., Unit, 735 Old Zorn Road | FOR INSURANCE COMPANY USE | | | |
|--|---------------------------|-------------|-------|--------------------------------------|
| City: San Marcos | State: TX | ZIP Code: _ | 78666 | 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: Right Side View - Photo taken 10/03/2024

Clear Photo Three



Photo Four

Photo Four Caption: Left Side View - Photo taken 10/03/2024

Clear Photo Four