

JOE K. RIPPLE
FLOODPLAIN ADMINISTRATOR, CFM
VICKIE THOMAS
FLOODPLAIN / BUILDING PERMITS
TECHNICIAN
MARTHA ELIZONDO
FLOODPLAIN / BUILDING PERMITS
CLERK
MAVEL OLIVAREZ
FLOODPLAIN/BUILDING PERMITS
OFFICE ASSISTANT, SR.



PHONE:
(979) 864-1295
(979) 388-1295
(281) 756-1295

BRAZORIA COUNTY

451 North Velasco, Suite #210
Angleton, Texas, 77515

November 6, 2025

Mei Ling Valdes
Planning, Permitting & Technical Services
Coastal Resources Division
Texas General Land Office
P.O. Box 12873
Austin, TX 78711-2873

Re: Beach front construction application for 12935 Gulf Beach Dr, Freeport, TX.

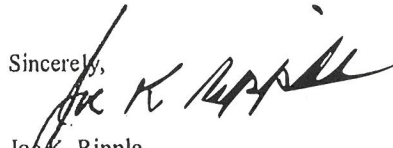
Dear Ms. Valdes,

This application is for a residential structure with 1344 Square feet of living area with (3) bedrooms and (2) (0) Partial baths built upon pilings certified by a professional engineer.

After construction a final elevation certificate will be turned into this office to show compliance with County and FEMA elevation requirements.

This beachfront construction application does not include a walkover and it complies with and promotes Brazoria County's beach access policies and requirements, particularly the dune protection and beach access policies relation to public beach ingress/egress, off beach parking and avoidance of reduction in the size of the public beach due to erosion.

Sincerely,


Joe K. Ripple
Floodplain Department

Enclosures

BRAZORIA COUNTY BUILDING PERMIT APPLICATION

Angleton 979-864-1295

451 North Velasco, Suite 210, Angleton, TX 77515

Houston/Alvin 281-756-1295

OWNERSHIP INFORMATION:

Name: Laura Reichardt Phone: 214-228-3854

Current/Mailing Address: 1323 Park Lake Dr. Dallas, TX. 75230
Street or PO Box City/State Zip Code

Building Contractors Information: Steven Jones Address: 13231 Gulf Beach 77541 Phone: 979 230 8270

LOCATION OF CONSTRUCTION:

Subdivision: <u>Treasure Island</u>		SITE ADDRESS (Where Structure Will Be Placed or Constructed)			
		Street Address: <u>12935 Gulf Beach</u> City (required): <u>Freeport</u>			
Section:	Block:	Lot:	Abstract No.:	Acreage:	PID #:
<u>1</u>	<u>16</u>	<u>15</u>	<u>29</u>	<u>.11</u>	<u>257534</u>

TYPE OF IMPROVEMENT Check Appropriate Box(es)	PROPOSED USE Fill Out and Check Any That Apply to Your Application	OWNERSHIP Check Appropriate Box(es) Fill Out Cost & Sq. Ft.	TYPE OF WATER SUPPLY Check Appropriate Box	TYPE OF SEWAGE DISPOSAL Check Appropriate Box(es)
<input checked="" type="checkbox"/> New Building <input type="checkbox"/> Addition to Building <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Residential RV <input type="checkbox"/> Levee Construction <input type="checkbox"/> Relocated Building - <input type="checkbox"/> Came from Outside County <input type="checkbox"/> Mobile Home Park or RV Park # of Spaces _____	<input checked="" type="checkbox"/> Residential Number of Bedrooms: <u>3</u> Number of Bathrooms: <u>Full 2 Partial</u> <input checked="" type="checkbox"/> One Family <input type="checkbox"/> Multi Family - # of Units: _____ <input type="checkbox"/> Non-Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____ (Type of Building)	<input checked="" type="checkbox"/> Private (Individual, Corp, Non-Profit) <input type="checkbox"/> Public (Federal, State, etc....) Cost: \$ <u>270K</u> Floor Area Sq. Ft. (including garage): <u>1344</u> sq. ft.	<input checked="" type="checkbox"/> Public/Private Company <input type="checkbox"/> Individual (Water Well)	<input type="checkbox"/> Public/Private Company <input checked="" type="checkbox"/> Individual (Septic) Copy of Environmental Health Permit attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No #: <u>0025-598</u>

Fee: Application fee of \$75.00 for Residential permits. If the property lies within the Special Flood Hazard Area of the County, an additional fee of \$0.04 per square foot for Inspection fees will be charged. A natural ground elevation certificate and copy of floor plan are also required for Flood Zone areas. Any application for property of less than ten (10) acres shall obtain an Environmental Permit approval before a County building permit will be issued. UNLESS otherwise specified. **MAKE CHECKS PAYABLE TO: "TREASURER OF BRAZORIA COUNTY"-NO REFUNDS.**

ALL COMMERCIAL BUILDINGS will require approvals from the local Drainage District, Environmental Health and a Fire Code permit by the County Emergency Management Coordinator. **Special flood hazard areas require additional documents.** All commercial construction in Pearland's ETJ is required to contact Pearland City Hall. **Fees Vary According To Type of Business.**

ANY construction located on a proposed County and/or Municipal Thoroughfare in Pearland's ETJ is required to contact Pearland City Hall

Signature: _____ Date: 11/5/2025

DO NOT WRITE BELOW THIS LINE							
Approved By: <u>Vukhi Sharma</u>		Highest Natural Ground is <u>4.7</u> ft.		Permit Fee	Inspection Fee	Date Of Permit	Permit Number
		Certified By: <u>Charles D. Wachstetter</u>		\$ 75	\$ 53.76		
Electric	Mailbox Ltr	Setback Ltr	Thoroughfare	Total Fee: \$ <u>128.76</u>		Check #	Receipt No.
<u>CP</u>	<u>Yes</u>	<u>25'</u>	<u>No</u>			<u>2182</u>	<u>21615</u>
ETJ	Inspection Ltr	Ack Ltr	Mobile Home Information	FEMA Zone: <u>VE</u>	Panel No.: <u>70016</u>	Class	
<u>Freeport</u>	<u>Yes</u>	<u>No</u>	<u>No</u>	Elevation: <u>19</u> MSL	Map Date: <u>12/30/20</u>	<u>B</u>	
Special Provisions:							
Mail <input type="checkbox"/>	Email <input type="checkbox"/>	To: <u>SAJCO 48@gmail.com</u>				Pick Up <input type="checkbox"/>	

**Brazoria County Floodplain Receipt****(979) 864-1295****(281) 756-1295**111 East Locust Bldg. A-29
Angleton, Texas 77515

Floodplain Administrator

Receipt No	00021615	Receipt Date	11/6/2025	Receipt Time	11:18:58 AM
NO REFUND(S)					

Received From: Merit Investments

Trans Type:	RPR75	Permit Fee - NC - Residential, Mobile Homes and Barns	HUD / County Exempt:	N
Misc. Descr:			Qty:	1
			Price:	\$75.00

Permit No:		Square Footage:	0	Amount Sq. Ft	\$0.00
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Contractor:**Owner:****Amount Owed:** \$75.00

Trans Type:	RSQFT	Square Footage - Non Commercial	HUD / County Exempt:	N
Misc. Descr:			Qty:	1
			Price:	\$0.04

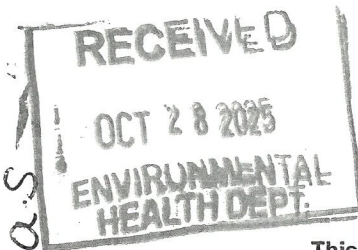
Permit No:		Square Footage:	0	Amount Sq. Ft	\$0.00
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Contractor:**Owner:****Amount Owed:** \$53.76**Comments:** 12935 Gulf Beach Dr Freeport CK #2182**Payment Information**

Payment Type:	CHK	Check# / MO#:	2182	Pay Amount:	\$128.76
Payment Type:		Check# / MO#:		Pay Amount:	\$0.00

Office Use Only	Posted:	N
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Total Amount Received: \$128.76**Rec. By:** 14554**Void:** N **Void By****Void Date:****Void Reason:** **Void Time:**



ON-SITE SEWAGE FACILITY PERMIT APPLICATION
BRAZORIA COUNTY ENVIRONMENTAL HEALTH DEPT
111 East Locust Bldg A-29, Suite 270 ANGLETON, TX 77515
HOUSTON (281)756-1600 ANGLETON (979)864-1600 CLUTE (979)388-1600

2025-578

Permit Number

- ☒ \$250 Single Family
☐ \$450 Multi-Hookup
☐ \$450 Commercial
☒ New

- ☐ Replacement
☐ Alteration

Type DE/CHLOR.
BCEHD USE ONLY

This application will expire one year from the application date if inspection not complete. No refunds once permit is issued.

Attach Copy of Legal Description (i.e. Deed, Plat, Survey, Appraisal)

PROPERTY OWNER Reichardt Laura M
(NAME ON DEED) (LAST) (FIRST) (INT)

PHONE NUMBERS 214 228 3854 EMAIL Laura@dpmre.com

MAILING ADDRESS 7323 Park Lake Dr Dallas TX 75230

SITE ADDRESS 12935 Gulf Beach Dr. Freeport, TX 77541 Acres 0.11

WATER SOURCE ☐ Private ☒ Public Treasure Island (Name) Water Saving Devices: Yes ☐ No ☐

SINGLE FAMILY RESIDENCE: # of Bedrooms 3 Living Area (Sq Ft) 1500 Daily Wastewater Usage Rate 240 gpd

COMMERCIAL/MULTI FAMILY: Type — # of Employees/Units — Days/Wk Occupied —

DESIGNER Garry Gana RS Reg# 3207 Phone# 281-2354201

SITE EVALUATOR Joshua Ripple Reg# 050039452 Phone# 979-215-0863

INSTALLER Joshua Ripple Reg# 32415 Phone# 979-215-0863

MAINTENANCE PROVIDER Joshua Ripple Reg# 2064 Phone# 979-215-0863

TREATMENT TANK(S):

Tank	# of Compartments	Size	Manufacturer	Model
#1	<u>4</u>	<u>600</u>	<u>NC Pipe Nuwater</u>	<u>8550</u>
#2				
#3				
#4				

DISPOSAL TYPE (check one):

☐ Standard ☐ Gravelless ☐ Leaching Chamber ☐ Low Pressure Dosing ☐ Surface Irrigation ☒ Drip Emmitter

Disposal Area 792A2 Disposal Length — Trench Depth 6'-12" Trench width —

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to the Authorized Agent to enter upon the above described property for the purpose of lot evaluation and inspection of the OSSF. I also acknowledge that inspection of the OSSF is required prior to all components being covered and use of the system.

Signature of Owner (Name on Deed) Jan M Reichardt Date 10-22-25

DEPARTMENT USE ONLY BELOW THIS LINE

APPLICATION: ☒ APPROVAL ☐ DISAPPROVAL DATE 11/5/25 INSPECTOR Adm LIC# 31272

Well Log or Plug Report Required? ☐ Yes ☒ No Recorded Plat Required? ☐ Yes ☒ No Flood Zone: ☒ Yes ☐ No BOD Test Req? ☐ Yes ☒ No

Brazoria County Appraisal ID # 257534 ETJ Freeport Flood Plain Info: ☒ New Construction ☐ Upgrade

Legal Description: SUB Treasure Island Ab 0029 Sec — Block 16 Lot 15 Precinct 1

Authorization to Construct Provided to Installer: Joshua Ripple Date: 11/5/25 ☐ In person ☐ Fax ☒ Mail By: A.S

INSPECTION: ☐ APPROVAL ☐ DISAPPROVAL DATE — INSPECTOR — LIC# —

Final Permit Copies Provided to Installer: — Date: — ☐ In person ☐ Fax ☐ Mail By: —

Provided to Maintenance Prov: — Date: — ☐ In person ☐ Fax ☐ Mail By: —

STATEMENT OF COMMISSIONER'S COURT
OF BRAZORIA COURT
TO CONFORM TO REQUIREMENTS OF
CLASS "B" BUILDING PERMIT

STATE OF TEXAS

COUNTY OF BRAZORIA

The undersigned holder of **Development Permit No.** _____ (whether acting individually or through a duly authorized agent or attorney) does hereby certify to Commissioners' Court of Brazoria County, Texas as follows.

The undersigned permittee:

1. Accepted **Development Permit No.** _____.
2. Is familiar with all plans, specifications and other written material attached to or filed with the **Development Permit Application** on file with the County Floodplain Administrator.
3. Acknowledges that the plans, specifications and other written material filed with **Development Permit Application** is incorporated by reference and made part of this Certificate for purposes.
4. Acknowledges self (itself) to be strictly bound to Commissioners' Court to construct the work permitted under the above described building permit in strict conformity with the plans, specifications and other written material incorporated by reference of this Certificate.
5. Hereby binds himself to establish the required construction elevation to a National Geodetic Survey Marker and have same certified by Texas Registered Surveyor (or agreeable alternate). **The original Finished Construction Elevation certificate with registered surveyor's stamp, signature, date and pictures shall be forwarded to the County Floodplain Administrator's office verifying top of bottom floor reading upon completion of the structure. It must indicate that it is the "Finished Construction" certificate showing (a) top of bottom floor reading and (e) lowest elevation of machinery or equipment in Section C of the certificate.**

If the Finished Construction Elevation Certificate is not received, your building permit will be put in violation in the Brazoria County Floodplain Administrator's office.

6. Is required to notify the County Floodplain Administrator when construction progresses to the point necessary for the foundation inspection (after certification) and later for the electrical/plumbing to verify the electrical and plumbing facility are above the base flood.
7. Shall not have a valid permit until this agreed upon and signed original document is on file and in possession of the County Floodplain Administrator.
8. If at anytime an Engineering Study was required and the data submitted is found to be inaccurate, **Brazoria County or the County Floodplain Administrator** cannot be held liable. The responsibility shall fall back on the property owner and/or Engineering Firm submitting the information.
9. **Any structure that is used for commercial or a public facility must adhere to the International Fire Codes. Contact the Emergency Management Coordinator of Brazoria County for inspections required.**

Applicant/Permittee Signature

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: <u>Laura Reichardt</u>	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>12935 Gulf Beach Drive</u>	Company NAIC Number: _____
City: <u>Freeport</u> State: <u>TX</u> ZIP Code: <u>77541</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Lot 15, Block 16, Treasure Island Subdivision, Section 1 (Vol. 9, Pg. 73 B.C.P.R.), S.F. Austin Peninsular League, Abst. 29</u>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential Pre-construction</u>	
A5. Latitude/Longitude: Lat. <u>29°04'19.5" N</u> Long. <u>95°07'25.8" W</u> Horiz. Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> 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: _____	
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s): <u>N/A</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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: <u>N/A</u> Engineered flood openings: <u>N/A</u> d) Total net open area of non-engineered flood openings in A8.c: <u>N/A</u> sq. in. e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>N/A</u> sq. ft. f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.	
A9. For a building with an attached garage: a) Square footage of attached garage: <u>N/A</u> sq. ft. b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>N/A</u> Engineered flood openings: <u>N/A</u> d) Total net open area of non-engineered flood openings in A9.c: <u>N/A</u> sq. in. e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): <u>N/A</u> sq. ft. f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): <u>N/A</u> sq. ft.	
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	
B1.a. NFIP Community Name: <u>Unincorporated Area</u>	B1.b. NFIP Community Identification Number: <u>485458</u>
B2. County Name: <u>Brazoria</u>	B3. State: <u>TX</u> B4. Map/Panel No.: <u>48039C0700</u> B5. Suffix: <u>K</u>
B6. FIRM Index Date: <u>06/05/1989</u>	B7. FIRM Panel Effective/Revised Date: <u>12/30/2020</u>
B8. Flood Zone(s): <u>VE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>17.0'</u>
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____	
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA	
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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.:
12935 Gulf Beach Drive

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

City: Freeport State: TX ZIP Code: 77541

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: LJN A Vertical Datum: NAVD 88

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): _____

☐ feet ☐ meters

b) Top of the next higher floor (see Instructions): _____

☐ feet ☐ meters

c) Bottom of the lowest horizontal structural member (see Instructions): _____

☐ feet ☐ meters

d) Attached garage (top of slab): _____

☐ 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): _____

☐ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☒ Natural ☐ Finished

4.3

☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☒ Natural ☐ Finished

4.7

☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: _____

☐ 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: Charles D. Wachtstetter License Number: TX RPLS 4547

Title: Registered Professional Land Surveyor

Company Name: Doyle & Wachtstetter Inc.

Address: 131 Commerce St.

City: Clute State: TX ZIP Code: 77531

Telephone: (979) 265-3622 Ext.: 1001 Email: chuck.w@dw-surveyor.com

Signature: Charles D. Wachtstetter Date: 10/15/2025



Place Seal Here

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):

A bridge spike was set in a power pole near the north corner of subject property at elevation 8.00 feet.

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.:
12935 Gulf Beach Drive

City: Freeport State: TX ZIP Code: 77541

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC 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 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.

a) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is: _____ ☐ feet ☐ meters ☐ above or ☐ below the LAG.

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: _____ ☐ 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.

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. *The statements in Sections A, B, and E are correct to the best of my knowledge*

☐ Check here if attachments and describe 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

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.:

12935 Gulf Beach Drive

City: Freeport

State: TX

ZIP Code: 77541

FOR INSURANCE COMPANY USE

Policy Number: _____

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 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 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: _____

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):

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS
See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
12935 Gulf Beach Drive

City: Freeport State: TX ZIP Code: 77541

FOR INSURANCE COMPANY USE

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 Caption:

Front View

Clear Photo One



Photo Two Caption:

Rear View

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON INSTRUCTION PAGES 1-11
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
12935 Gulf Beach Drive

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

City: Freeport State: TX ZIP Code: 77541

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 Caption:

Left Side View

Clear Photo Three



Photo Four Caption:

Right Side View

Clear Photo Four

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.:
12935 Gulf Beach Drive

FOR INSURANCE COMPANY USE

City: Freeport State: TX ZIP Code: 77541

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: _____

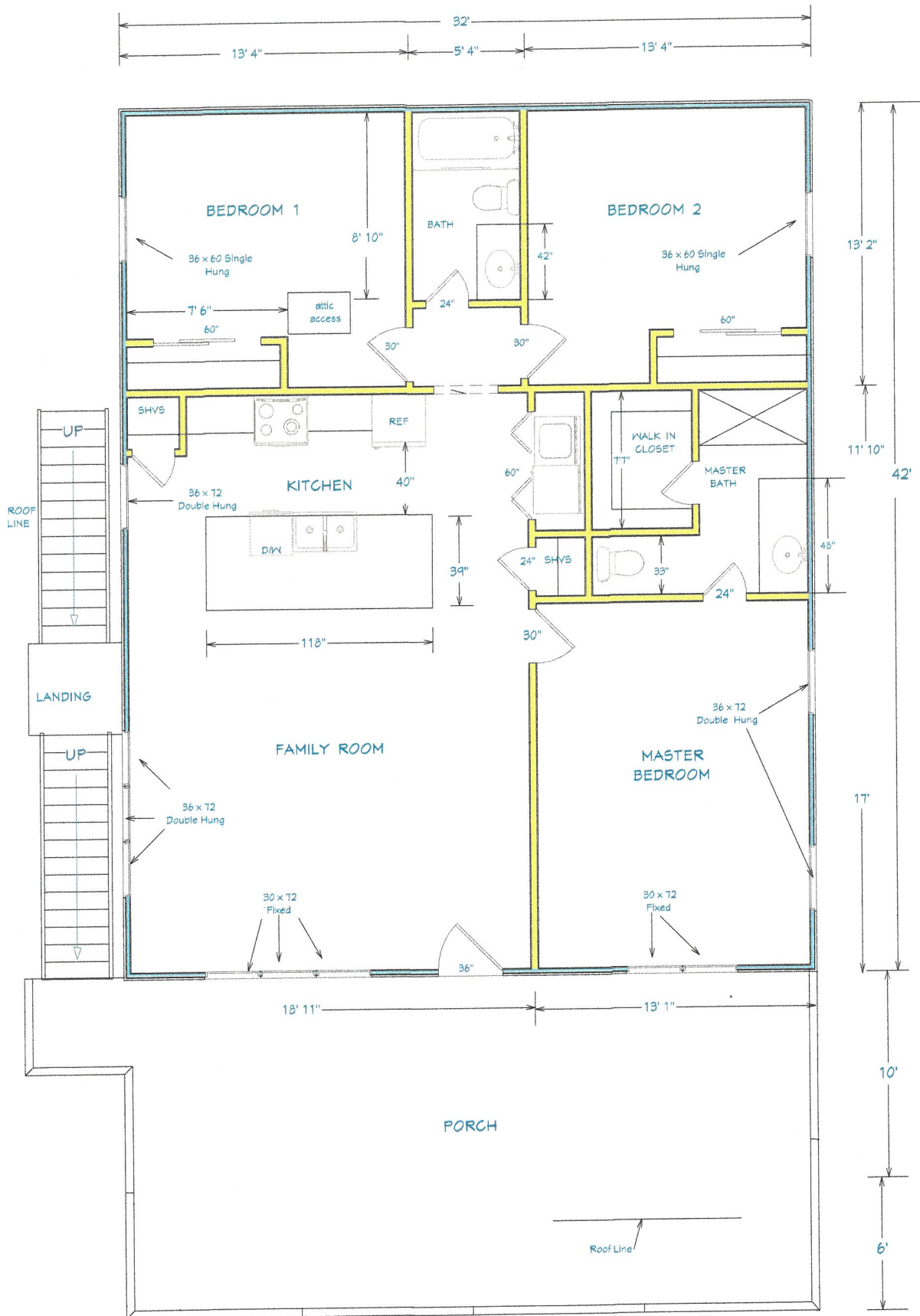
Address: _____

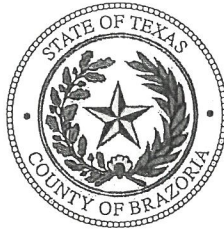
City: _____ State: _____ ZIP Code: _____

Telephone: _____ Ext.: _____ Email: _____

Signature: _____ Date: _____

Comments: _____





BRAZORIA COUNTY

**NOTICE OF RESIDENTIAL CONSTRUCTION
INSPECTION COMPLIANCE
IN UNINCORPORATED AREA
(TO BE SUBMITTED BY BUILDER)**

Received

Related OSSF
Application#

Permit#

119

IRC#

BUILDERS NAME: Steven Jones

PROJECT INFORMATION

TYPE OF CONSTRUCTION: (Check One)

- 1) New Residential Construction on a vacant lot ☒
- 2) Addition to an Existing Residential Unit ☐

NOTE: *If a property lies in an ETJ it is required to contact the city hall/or appropriate building codes.*

LOCATION:

Address: 12935 Gulf Beach Dr.

Lot and Block #: 15 - 16 Subdivision: Treasure Island

Survey: _____ Tract/Acreage: _____

Deed Reference: _____ Property ID (MCAD)#: _____

RESIDENTIAL CODE USED IN CONSTRUCTION:

- 1) INTERNATIONAL RESIDENTIAL CODE- published 2015 ☐
Date