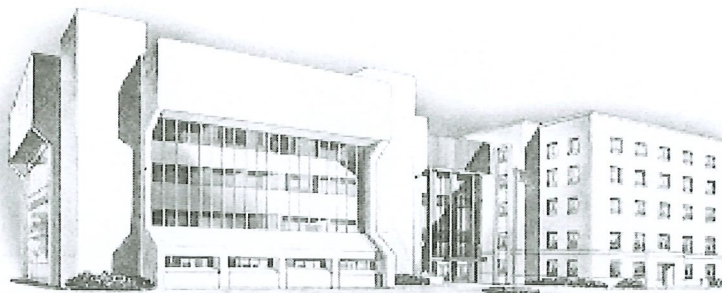


JOE K. RIPPLE
FLOODPLAIN ADMINISTRATOR, CFM
Mavel Olivarez
FLOODPLAIN / BUILDING PERMITS
OFFICE ASSISTANT SR.
Vickie Thomas
FLOODPLAIN / BUILDING PERMITS
PERMIT TECHNICIAN
Martha Elizondo
FLOODPLAIN/BUILDING PERMITS
FLOODPLAIN CONSULTANT



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

BRAZORIA COUNTY

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

July 29, 2025

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

Re: Beachfront Construction Permit—13031 Jolly Roger Freeport TX (Treasure Island)

Dear Ms. Valdes,

This application is for a residential structure with 2310 square feet of living space with (2.5) two and one/half bath and (4) bedrooms 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 relating to public beach ingress/egress, off beach parking and avoidance of reduction in the size of the public beach due to erosion.

Sincerely,

A handwritten signature in blue ink, appearing to read "Joe K. Ripple". The signature is fluid and cursive, with a large initial "J" and "R".

Joe K. Ripple
Floodplain Department

Enclosures



TEXAS GENERAL LAND OFFICE
COMMISSIONER DAWN BUCKINGHAM, M.D.

August 14, 2025

Via Electronic Mail

Joe Ripple, CFM
Floodplain Administrator
Brazoria County
451 N Velasco, Suite #210
Angleton, Texas 77515

Beachfront Construction Certificate and Dune Protection Permit in Brazoria County

Site Address: 13031 Jolly Roger Dr, Freeport
Legal Description: Treasure Island (A0029 S F Austin) Blk 10 Lot 10
Lot Applicant: Raymond Roman c/o Second Wind, Inv LLC – Mike Baker
GLO ID No.: BDBC-25-0146

Dear Mr. Ripple:

The General Land Office (GLO) has reviewed the application materials for a beachfront construction certificate and dune protection permit for the above-referenced location. The applicant proposes to construct a single-family residence with unreinforced fibercrete paving beneath the habitable structure, a crushed concrete driveway, and a septic system. The proposed construction is located both within and more than 200 feet landward of the line of vegetation, which is the seaward side of the rock revetment in this area. According to the Bureau of Economic Geology, the area is eroding at a rate of seven to ten feet per year.

Based on the materials forwarded to our office for review, we have the following comments:

- The applicant proposes to construct the habitable structure seaward of the Building Setback Line, which is prohibited without an exemption from Brazoria County.¹ To qualify for an exemption, the applicant must demonstrate to the satisfaction of the County that no practicable alternatives to construction seaward of the Building Setback Line exist.² In this instance, practicable means available and capable of being done after taking into consideration existing building practices, site alternatives, and the footprint of the structure in relation to the area of the buildable portion of the lot, and considering the overall development scheme for the property.³
- Since the proposed construction is located in an eroding area where no dunes exist, fibercrete may only be located at least 100 feet landward of the line of vegetation.⁴ In the area 100 feet landward of the line of vegetation, permittees may use unreinforced fibercrete in 4-foot by 4-foot

¹ Brazoria County Erosion Response Plan § 5.

² Brazoria County Erosion Response Plan § 5.1.

³ Brazoria County Erosion Response Plan § 5.1.

⁴ Brazoria County Dune Protection and Beach Access Plan § 5(IV)(B)(4) & 31 Tex. Admin. Code § 15.6(f)(5).

Mr. Ripple
August 14, 2025
Page 2 of 2

sections, 4-inches thick, separated by expansion joints beneath the footprint of the habitable structure, not including the area under decks, only if the fibercrete is not structurally attached to the pilings.⁵ Areas beneath uncovered stairs is not within the footprint and must not be paved.

In the event of a material change to the site conditions or the proposed construction, a new or amended beachfront construction certificate and dune protection permit is required.⁶ If you have any questions, please contact me at (512) 463-5720 or at meiling.valdes@glo.texas.gov.

Sincerely,



Mei Ling Valdes
Beach Access & Dune Protection Program
Coastal Resources Division
Texas General Land Office

cc: Vickie Thomas, Brazoria County

⁵ Brazoria County Dune Protection and Beach Access Plan § 5(IV)(B)(4) & 31 Tex. Admin. Code § 15.6(f)(5).

⁶ 31 Tex. Admin. Code § 15.3(t)(5).

**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: Mike Baker

Phone: 979-248-5429

Current/Mailing Address:

Street or PO Box

City/State

Zip Code

Building Contractors Information: <u>Roman Legacies - Raymond Roman</u>	Address: <u>809 Azaka St. LT 77546</u>	Phone: <u>979-709-2684</u>
--	---	-------------------------------

LOCATION OF CONSTRUCTION:

Subdivision: <u>Treasure Island '1'</u>		SITE ADDRESS (Where Structure Will Be Placed or Constructed)			
Street Address: <u>13031 Jolly Roger Dr</u>		City (required): <u>Freeport</u>			
Section:	Block:	Lot:	Abstract No.:	Acreage:	PID #:
<u>1</u>	<u>10</u>	<u>10</u>	<u>29</u>		<u>663 069</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>4</u> Number of Bathrooms: Full <u>2</u> Partial <u>1</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>330,000</u> Floor Area Sq. Ft. (including garage): <u>2310</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>2025-336</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: Raymond Roman Date: 8-17-2025

DO NOT WRITE BELOW THIS LINE						
Approved By: <u>Vicki Shuman</u>		Highest Natural Ground is <u>4.5</u> ft.		Permit Fee	Inspection Fee	Date Of Permit
Certified By: <u>Curtis C. Hampton</u>		RPLS # <u>107370</u> on <u>7/18/25</u>		\$ <u>75</u>	\$ <u>92.40</u>	
Electric	Mailbox Ltr	Setback Ltr	Thoroughfare	Total Fee: \$ <u>167.40</u>		Check #
<u>CP</u>	<u>Yes</u>	<u>25'</u>	<u>No</u>			<u>5450</u>
ETJ	Inspection Ltr	Ack Ltr	Mobile Home Information	FEMA Zone: <u>VE</u>	Panel No.:	Class
<u>Freeport</u>	<u>Yes</u>	<u>No</u>	<u>No</u>	<u>142</u>	<u>700K</u>	
				Elevation: <u>18</u> MSL	Map Date:	
					<u>12/30/20</u>	<u>B</u>
Special Provisions: <u>roman.azalea@gmail.com</u>						
Mail <input type="checkbox"/>	Email <input type="checkbox"/>	To:	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	00021190	Receipt Date	7/29/2025	Receipt Time	03:46:54 PM
NO REFUND(S)					

Received From: Raymond Roman

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

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

Contractor:

Owner:

Amount Owed: \$92.40

Comments: 13031 Jolly Roger Dr Freeport CK #5450

Payment Information

Payment Type: CASH Check# / MO#: 5450 Pay Amount: \$167.40

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

Office Use Only Posted: N

Total Amount Received: \$167.40

Rec. By: 14554

Void: N Void By

Void Date:

Void Reason: Void Time:

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 Certificated.
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

RECEIVED
JUN 20 2025
ENVIRONMENTAL
HEALTH DEPT.

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

2025-350
Permit Number
☒ \$250 Single Family
☐ \$450 Multi-Hookup
☐ \$450 Commercial
☒ New
☐ Replacement
☐ Alteration
Type DE w/chlo
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 (NAME ON DEED) Second Wind, INV LLC (LAST) (FIRST) (INT)

PHONE NUMBERS 919-248-5429 EMAIL mbaker21@infrastructure.com

MAILING ADDRESS 111 Treasure Lane Freeport, Tx 77541

SITE ADDRESS 13031 Jolly Roger Dr Freeport Tx Acres .2

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

SINGLE FAMILY RESIDENCE: # of Bedrooms 4 Living Area(Sq Ft) 3500 Daily Wastewater Usage Rate 300

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

DESIGNER Stephine Sturman Reg# 3164 Phone# 832-876-2061

SITE EVALUATOR Stephine Sturman Reg# 28789 Phone# 832-876-2061

INSTALLER Anthony Smith Reg# 21347 Phone# 919-299-0156

MAINTENANCE PROVIDER Tony's Septic Reg# 1118-758 Phone# 919-299-0156

TREATMENT TANK(S):			
Tank	# of Compartments	Size	Manufacturer
#1	<u>4</u>	<u>500</u>	<u>Oro 610</u>
#2			
#3			
#4			

DISPOSAL TYPE (check one):
☐ Standard ☐ Gravelless ☐ Leaching Chamber ☐ Low Pressure Dosing ☐ Surface Irrigation ☒ Drip Emitter
Disposal Area 1232 Disposal Length — Trench Depth — 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) Second Wind INV LLC Date 6/9/25

DEPARTMENT USE ONLY BELOW THIS LINE
APPLICATION: ☒ APPROVAL ☐ DISAPPROVAL DATE 7.17.25 INSPECTOR 816 LIC# 33419

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 # 66630609 ETJ Freeport Flood Plain Info: ☒ New Construction ☐ Upgrade

Legal Description: SUB Treasure Island Ab 0029 Sec — Block 10 Lot 10 Precinct 1

Authorization to Construct
Provided to Installer: Anthony Smith (rep) Date: 07/17/25 ☒ In person ☐ Fax ☒ Mail By: AGC

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: —
Revised 3/22/24 jcs

JOLLY ROGER DR
 FREEPORT, TX 77541
 TREASURE ISLAND
 (A0029 S F AUSTIN)
 BLK 10 LOT 10
 ACREAGE: .2
 BRAZORIA COUNTY
 PROPERTY ID: 663069

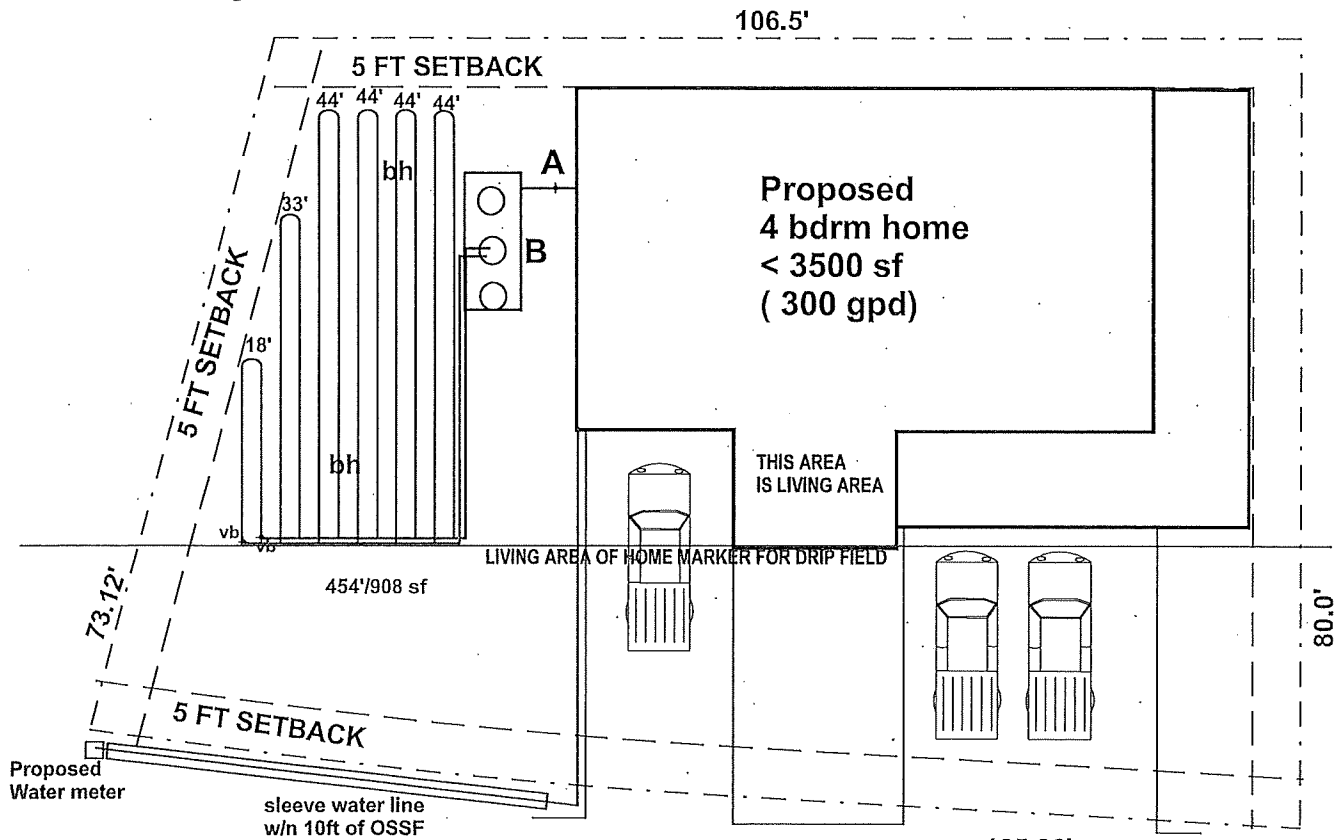
Calculations:
 Proposed 4 bedroom home w/ ULF
 fixtures & less than 3500 sf
 Q: 300 gallons per day
 Loading rate of soil: .38
 Drip area required: 789 sf
 Drip area shown: 908 sf

Legend:
 A: 4" SCH 40 PVC sewer pipe
 & 4" SCH 40 PVC 2-way clean out
 B: Proposed septic tank battery
 -500 Gallon Pretreatment Tank
 -500 Gallon Aerobic Treatment Unit
 -750 Gallon Pump Tank
 --equipped with a continous flush
 100 micron filter
 Supply & Return Line: 1" SCH 40 PVC
 Emitter Tubing: Netafim .92 gph or equiv.
 vb: Vacuum Breaker
 bh: Bore Hole
 Drip Field Dosing Schedule:
 Using Netafim .92 gph tubing,
 set timer to dose drip field
 for 15 miutes "ON" and 3 hours "OFF"

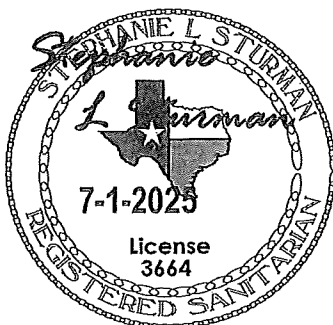
Notes:

1. Crown drip field to shed stormwater
2. Keep field vegetated throughout the year
3. Avoid driving heavy equipment on field
4. No building or parking on top of drip field
5. Avoid " Laundry Day". Spread Laundry throughout the week.
6. Sod grass is recommended
7. Any imported soils must must be tilled into native soil to create a good soil interface

**SYSTEM DOES REQUIRE CHLORINATION
 PER BRAZORIA COUNTY ENV. HEALTH DEPT.**

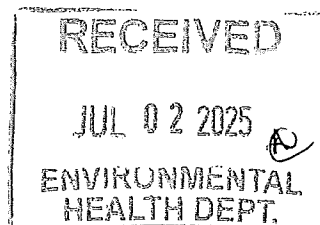


REVISED



SCALE: 1" = 20'

SLOPE: LESS THAN 2%



Flood Plain Determination:
 Site lies within the 100 YR flood plain. Installer shall elevate all NON buried electrical components to a minimum of 24" above Base Flood Elevation. Seal all risers & ports to prevent stormwater entry. Bury tank according to manufacturers specifications to prevent flotation.

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: <u>SECOND WIND INV LLC</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>13031 JOLLY ROGER DR</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 10, BLOCK 10, TREASURE ISLAND (PROP ID: 663069)</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. <u>95° 07' 28.73" N</u> Long. <u>29° 04' 26.28" W</u> Horizontal 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 photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number: <u>5</u>		
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>BRAZORIA COUNTY</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>48039C 0700</u> B5. Suffix: <u>K</u>
B6. FIRM Index Date: <u>12/30/2020</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>16.0 FEET</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
13031 JOLLY ROGER DR

City: FREEPORT State: TX ZIP Code: 77541

FOR INSURANCE COMPANY USE

Policy Number: _____

Company NAIC Number: _____

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: TOPNET LIVE - RTK+ SOUTHEAST Vertical Datum: NAVD 1988 W/2001 ADJ

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): 20.0 ☒ feet ☐ meters

b) Top of the next higher floor (see Instructions): N/A ☐ feet ☐ meters

c) Bottom of the lowest horizontal structural member (see Instructions): 18.0 ☒ 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): 20.0 ☒ feet ☐ meters

f) Lowest Adjacent Grade (LAG) next to building: ☒ Natural ☐ Finished 3.9 ☒ feet ☐ meters

g) Highest Adjacent Grade (HAG) next to building: ☒ Natural ☐ Finished 4.5 ☒ feet ☐ meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 4.5 ☒ 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: CURTIS C HAMPTON License Number: 107370

Title: CIVIL ENGINEER

Company Name: COBALT ENGINEERING & INSPECTIONS

Address: 12005 DELANY ROAD

City: LA MARQUE State: TX ZIP Code: 77568

Signature: _____ Date: 07/18/2025

Telephone: (409) 354-5925 Ext.: _____ Email: PROJECTS@COBALT-ENGINEERING.COM



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):

1. TBM EL = 4.42 FEET; SET PK NAIL IN CENTER OF OCEAN BLVD IN FRONT OF PROPERTY
2. CENTERLINE STREET EL = 4.42 FEET (OCEAN BLVD); 4.53 FEET (JOLLY ROGER DR)
3. SECTION C2a & C2e ARE BASED ON 4 FEET ABOVE BFE(100-YR); SECTION C2e IS USED FOR THE A/C PAD
4. NO EXISTING STRUCTURE ON PROPERTY (VACANT LOT)

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
13031 JOLLY ROGER DR

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: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
13031 JOLLY ROGER DR

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 PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 13031 JOLLY ROGER DR	FOR INSURANCE COMPANY USE
City: <u>FREEPORT</u> State: <u>TX</u> ZIP Code: <u>77541</u>	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 5–9.** Top of bottom _____ ☐ feet ☐ meters ☐ above the LAG
floor (include above-grade floors only for buildings with
subgrade 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: _____

Signature: _____ Date: _____

Telephone: _____ Ext.: _____ Email: _____

Comments: _____

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
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.:
13031 JOLLY ROGER DR

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

Photo One Caption: **FRONT (07/15/2025)**

Clear Photo One



Photo Two

Photo Two Caption: **RIGHT (07/15/2025)**

Clear Photo Two

ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS
Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:
13031 JOLLY ROGER DR

City: FREEPORT State: TX ZIP Code: 77541

FOR INSURANCE COMPANY USE

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: **REAR (07/15/2025)**

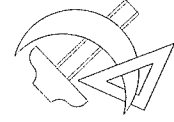
Clear Photo Three



Photo Four

Photo Four Caption: **LEFT (07/15/2025)**

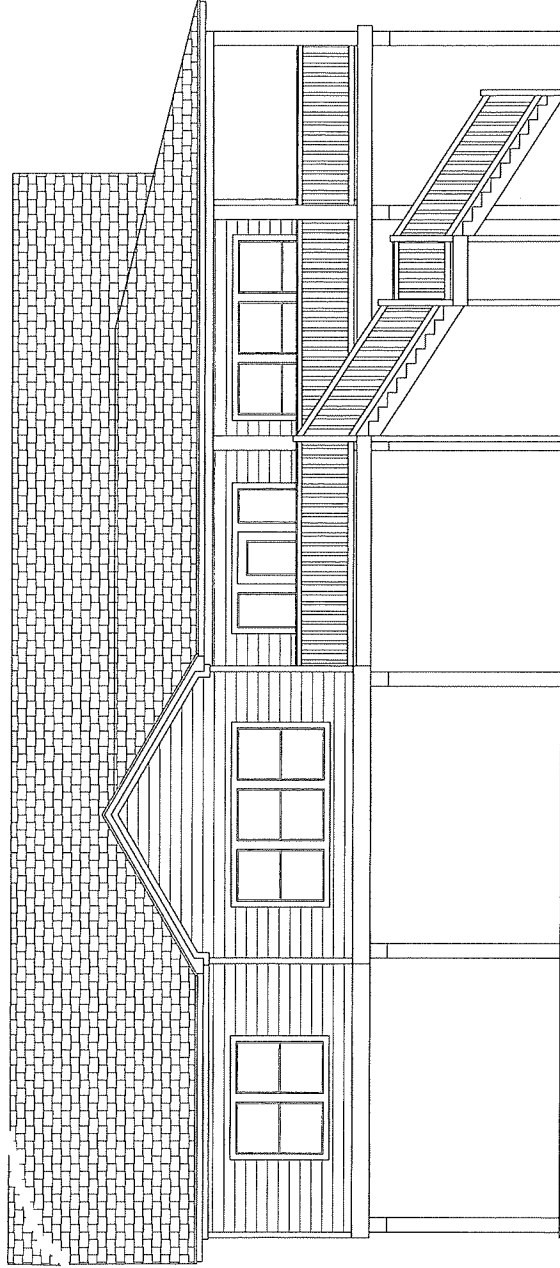
Clear Photo Four



MOONLIGHT HOUSE PLANS

PO BOX 177, LAKE JACKSON, TX. 77566

979-482-1967



MIKE BAKER

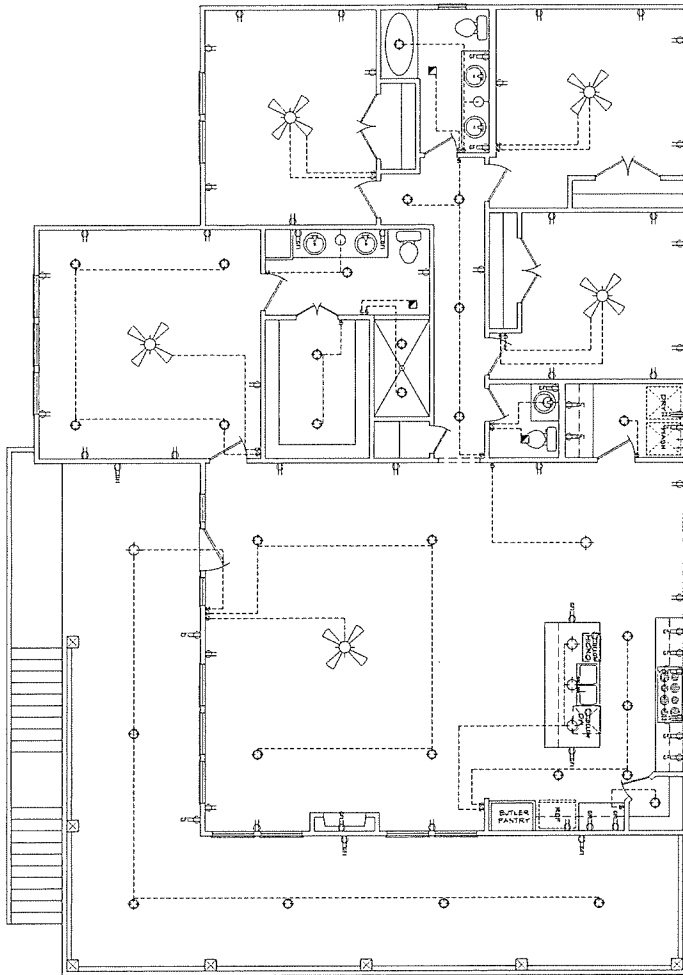
JOLLY ROGER DRIVE - SURFSIDE BEACH, TEXAS

PLAN#: 20254971
LIVING: 2310 SQ.FT.
PORCH: 720 SQ.FT.
TOTAL: 3030 SQ.FT.

MOONLIGHT HOUSE PLANS IS A DRAFTING FIRM, NOT AN ENGINEERING OR ARCHITECTURAL FIRM. THESE PRINTS ARE TO BE APPROVED BY A LOCAL ENGINEER FOR ALL RESIDENTIAL USES. THE ENGINEER IS RESPONSIBLE FOR ANY STRUCTURAL OR DESIGN MISTAKES. ALL SUBCONTRACTORS SHALL VERIFY ANY & ALL DIMENSIONS, DETAILS & SPECIFICATIONS. DESIGNER WILL NOT BE LIABLE FOR HUMAN ERROR AFTER CONSTRUCTION IS STARTED. THESE DRAWINGS, SPECIFICATIONS AND IDEAS ARE THE PROPERTY OF MOONLIGHT HOUSE PLANS. THEY SHALL NOT BE REPRODUCED, REPRODUCED, OR ALTERED IN ANY WAY.

SYMBOL	DESCRIPTION
○	RECESSED LIGHT FIXTURE
⊕	CEILING MOUNTED LIGHT FIXTURE
○	WALL MOUNT LIGHT FIXTURE
▽	VENT
⊙	SMOKE DETECTOR
⊙	220 V. DUPLEX RECEPT OUTLET
⊙	110 V. DUPLEX RECEPT OUTLET
⊙	110 V. FLOOR OUTLET
⊙	GROUND FLOOR INTERFERER
⊙	WATER RECEPT OUTLET
⊙	WATER PROOF OUTLET
⊙	SINGLE POLE SWITCH
⊙	2 WAY SWITCH
⊙	DINNER SWITCH
⊙	2 WAY SWITCH WITH DIMMER
⊙	PUSH BUTTON GARAGE DOOR
⊙	DOOR BELL
⊙	CHIME
⊙	TELEVISION JACK
⊙	PHONE JACK
⊙	6AS LINE CONNECTION
⊙	GARAGE DOOR OPENER
⊙	JUNCTION BOX
⊙	FLOOD LIGHTS
⊙	FLUORESCENT LIGHTS
⊙	CEILING FAN

ELECTRICAL NOTES:
 -SMOKE DETECTORS IN ALL BED ROOMS. REQUIRE 110V TO HOUSE
 -PROVIDE BATTERY BACKUP INTERCONNECT
 -PROVIDE GFI PROTECTION ON BATH PLUGS
 -PROVIDE LIGHT FIXTURE & SMOKE DETECTORS AT WATER HEATER & A/C UNIT
 -PROVIDE ELECTRIC DISCONNECT AT A/C UNIT



1 ELECTRICAL
 M1 SCALE 1/4" = 1'

M1

04-24-25

ELECTRICAL
 MIKE BAKER

JOLLY ROGER DRIVE - SURFSIDE BEACH, TEXAS

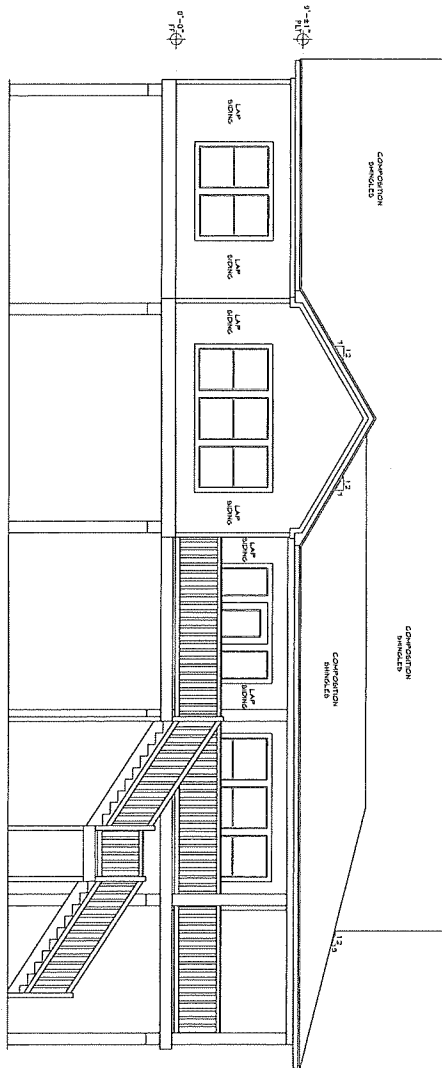
JOB #: 20254971

DWG. SCALE:
 1/4" = 1'-0"

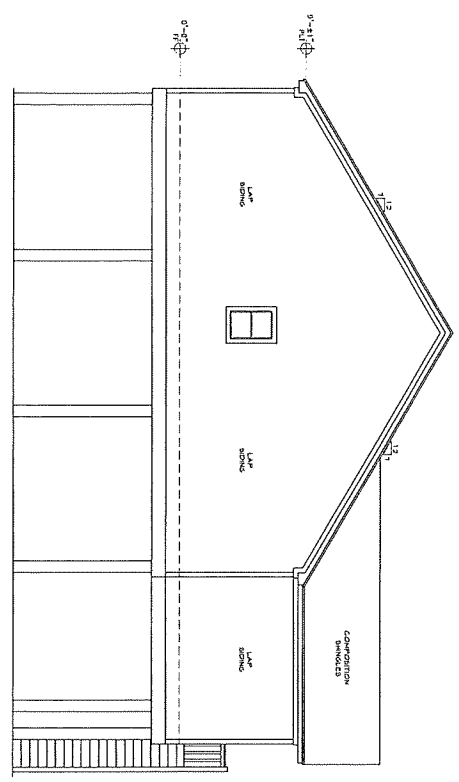
REVISION HISTORY	
NUMBER	DATE

Moonlight House
 Plans
 979-482-1967

MOONLIGHT HOUSE PLANS IS A DRAFTING FIRM, NOT AN ENGINEERING OR ARCHITECTURAL FIRM. THEIR PLANS ARE TO BE APPROVED BY A LOCAL ENGINEER FOR ALL ELECTRICAL, MECHANICAL, WOODWORK, ROOF, AND NOT RESPONSIBLE FOR ANY STRUCTURAL OR REGION MISTAKES. ALL SUBCONTRACTORS SHALL VERIFY AND ALL DIMENSIONS, DETAILS & SPECIFICATIONS. DESIGNER WILL NOT BE LIABLE FOR HUMAN ERROR AFTER CONSTRUCTION IS STARTED. THESE DIMENSIONS, SPECIFICATIONS AND DEETS ARE THE PROPERTY OF MOONLIGHT HOUSE PLANS, AND SHALL NOT BE REPRODUCED, REPRODUCED, OR ALTERED IN ANY WAY.



1 FRONT VIEW
A1 SCALE 1/4" = 1'



2 LEFT SIDE VIEW
A1 SCALE 1/4" = 1'

A1

04-29-25

ELEVATIONS

MIKE BAKER

JOLLY ROGER DRIVE - SURFSIDE BEACH, TEXAS

JOB #: 20254911

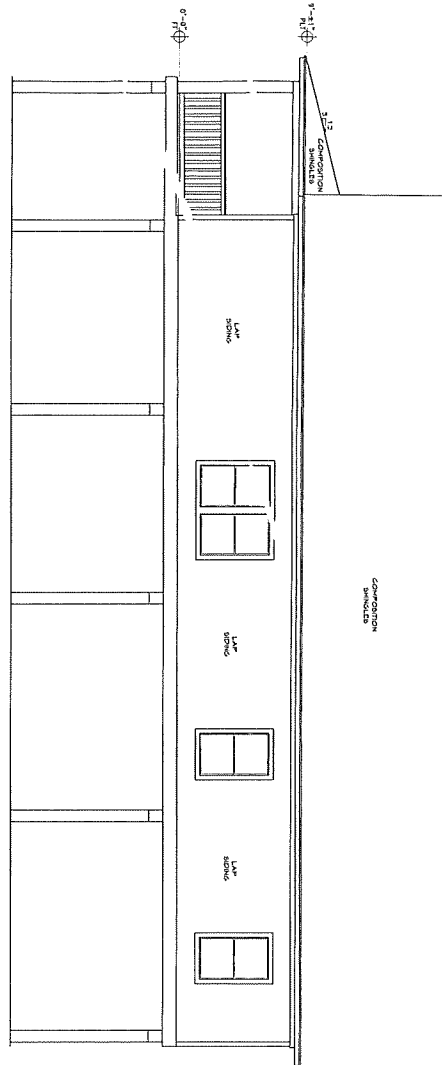
REVISION HISTORY	
NUMBER	DATE

Moontlight House

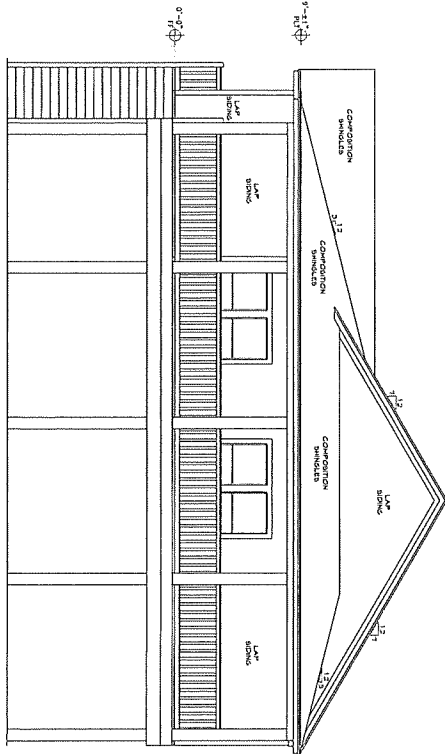
Plans

979-482-1967

MOONLIGHT HOUSE PLANS IS A DRAFTING FIRM, NOT AN ARCHITECTURAL OR ARCHITECTURAL FIRM. THESE PLANS ARE TO BE APPROVED BY A LOCAL ENGINEER FOR ALL STRUCTURAL DETAILS. MOONLIGHT HOUSE PLANS IS NOT RESPONSIBLE FOR ANY STRUCTURAL OR DESIGN MISTAKES. ALL SUBCONTRACTORS SHALL VERIFY ALL DIMENSIONS, DETAILS & SPECIFICATIONS. DESIGNER WILL NOT BE LIABLE FOR HUMAN ERROR AFTER CONSTRUCTION IS STARTED. THESE EXPLANATIONS, SPECIFICATIONS AND DETAILS ARE THE PROPERTY OF MOONLIGHT HOUSE PLANS AND SHALL NOT BE REPRODUCED, REPRODUCED, OR ALTERED IN ANY WAY.



1
A2 REAR VIEW
SCALE 1/4" = 1'



2
A2 RIGHT SIDE VIEW
SCALE 1/4" = 1'

A2

04-24-25

ELEVATIONS
MIKE BAKER
JOLLY ROGER DRIVE - SURFSIDE BEACH, TEXAS
JOB #: 20254971

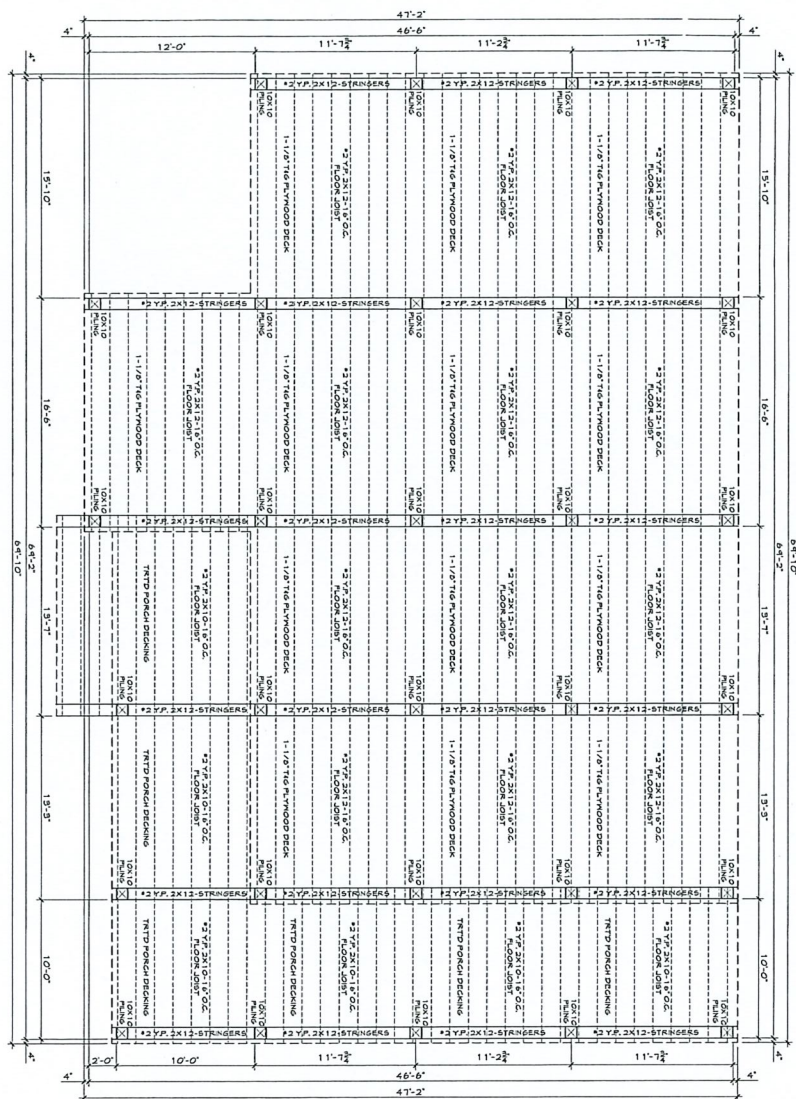
DWG. SCALE:
1/4" = 1'-0"

REVISION HISTORY	
NUMBER	DATE

Moonlight House
Plans
979-482-1987

MOONLIGHT HOUSE PLANS IS A CRAFTING FIRM, NOT AN ENGINEERING OR ARCHITECTURAL FIRM. THESE PLANS ARE TO BE APPROVED BY A LOCAL ENGINEER FOR ALL STRUCTURAL REASON. MOONLIGHT HOUSE PLANS IS NOT RESPONSIBLE FOR ANY STRUCTURAL OR DESIGN DEFECTS. ALL SUBCONTRACTORS SHALL VERIFY THAT ALL DIMENSIONS, DETAILS & SPECIFICATIONS. DESIGNER WILL NOT BE LIABLE FOR HUMAN ERROR AFTER CONSTRUCTION IS STARTED. THESE DRAWINGS, SPECIFICATIONS AND IDEAS ARE THE PROPERTY OF MOONLIGHT HOUSE PLANS, AND SHALL NOT BE REPRODUCED, REPRODUCED, OR ADAPTED IN ANY WAY.

1 FOUNDATION
S1 SCALE: 1/4" = 1'



04-29-25

MIKE BAKER
JOLLY ROGER DRIVE - SURESIDE BEACH TEXAS

JOB #: 20254971

DWG. SCALE
1/4" = 1'-0"

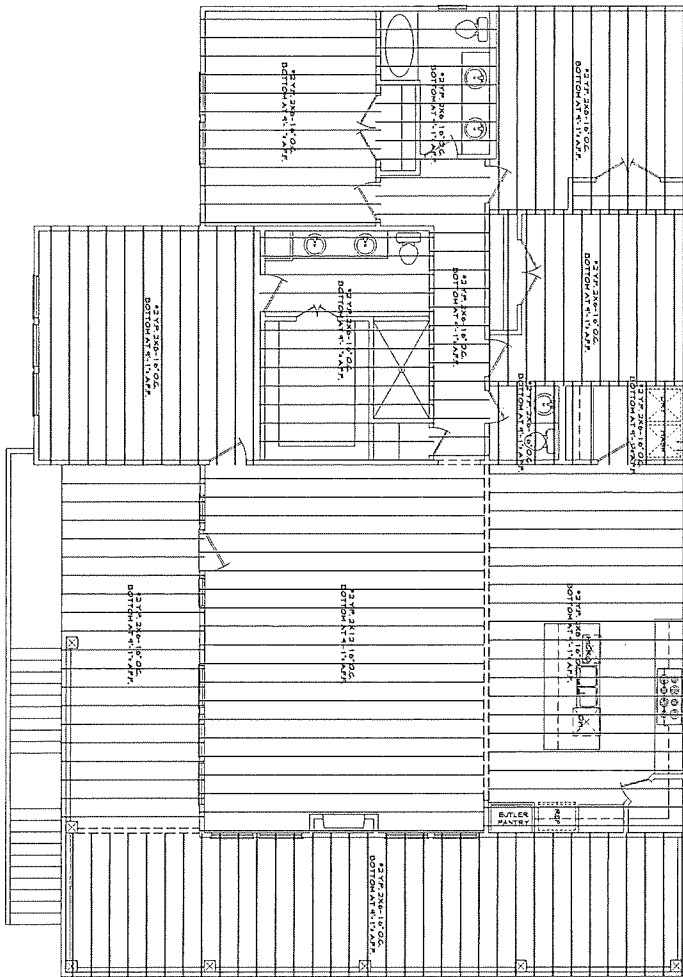
REVISION HISTORY	
NUMBER	DATE

Moonlight House
Plans
979-482-1967

MOONLIGHT HOUSE PLANS IS A DRAFTING FIRM, NOT AN ENGINEERING OR ARCHITECTURAL FIRM. THESE PRINTS ARE TO BE APPROVED BY A LEGAL ENGINEER FOR ALL STRUCTURAL BEINGS. MOONLIGHT HOUSE PLANS IS NOT RESPONSIBLE FOR ANY STRUCTURAL OR DESIGN MISTAKES. ALL SUBCONTRACTORS SHALL VERIFY ANY & ALL DIMENSIONS, DETAILS & SPECIFICATIONS.

DESIGNER WILL NOT BE LIABLE FOR HUMAN ERROR AFTER CONSTRUCTION IS STARTED.

THESE DRAWINGS, SPECIFICATIONS AND IDEAS ARE THE PROPERTY OF MOONLIGHT HOUSE PLANS, AND SHALL NOT BE REPRODUCED OR USED FOR ANY OTHER PROJECT.



1 CEILING JOIST
52 SCALE 1/4" = 1'

52

04-2-25

CEILING JOIST
MIKE BAKER

JOLLY ROGER DRIVE - SURFSIDE BEACH, TEXAS

JOB #: 20254471

DWG SCALE
1/4" = 1'

REVISION HISTORY	
NUMBER	DATE

Moontight House
Plans
979-482-1957

MOONTIGHT HOUSE PLANS IS A DRAFTING FIRM, NOT AN ENGINEERING OR ARCHITECTURAL FIRM. THESE PLANS ARE TO BE APPROVED BY A LOCAL ENGINEER FOR ALL STRUCTURAL, MECHANICAL, ELECTRICAL, AND PLUMBING. MOONTIGHT HOUSE PLANS IS NOT RESPONSIBLE FOR ANY STRUCTURAL OR DESIGN VIOLATIONS. ALL SUBCONTRACTORS SHALL VERIFY AND FOLLOW ALL DIMENSIONS, DETAILS & SPECIFICATIONS. OWNER WILL NOT BE LIABLE FOR HUMAN ERROR AFTER CONSTRUCTION IS STARTED. THESE DIMENSIONS, SPECIFICATIONS AND DEAS ARE THE PROPERTY OF MOONTIGHT HOUSE PLANS, AND SHALL NOT BE REUSED, REPRODUCED, OR ALTERED IN ANY WAY.

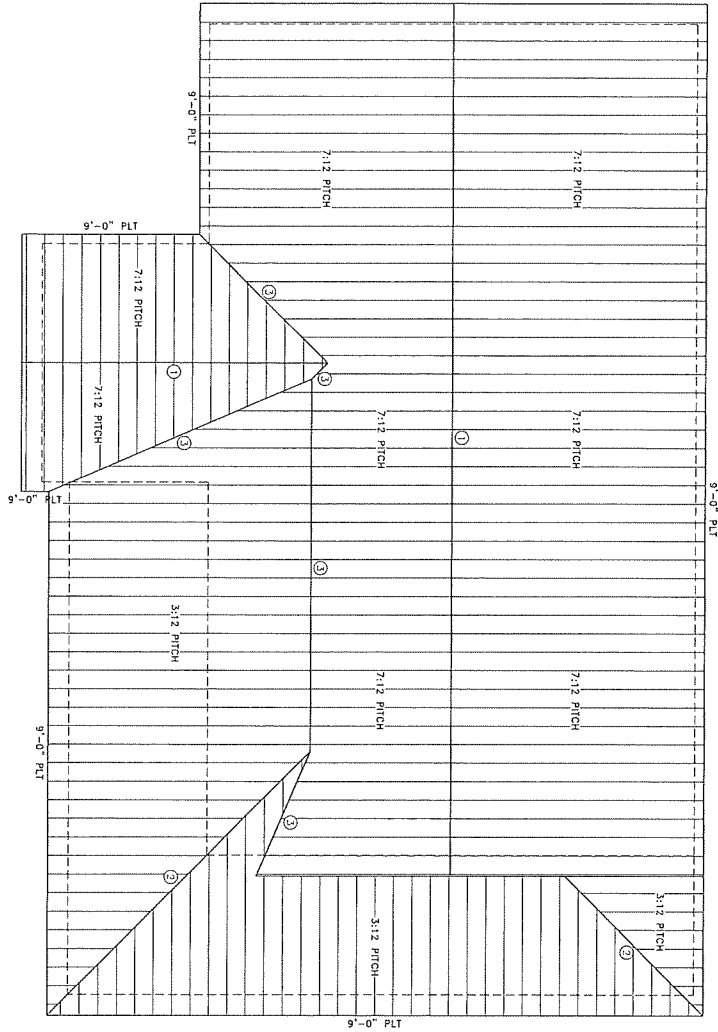
LEGEND

- | | |
|--------------|------------|
| ① RIDGE | ③ KICKOUTS |
| ② HIP | ④ CRICKET |
| ③ VALLEY | ⑤ PURLINS |
| ④ OUTLOOKERS | |

NOTES

- UNLESS NOTED OTHERWISE (U.N.O.)
01. 3:12, 7:12 PITCH
02. 8'-4" PLT. HTS.
03. COMPOSITION SHINGLES

1 ROOF LAYOUT
59 SCALE 1/4" = 1'



ROOF LAYOUT

MIKE BAKER
JOLLY ROGER DRIVE - SURFSIDE BEACH, TEXAS

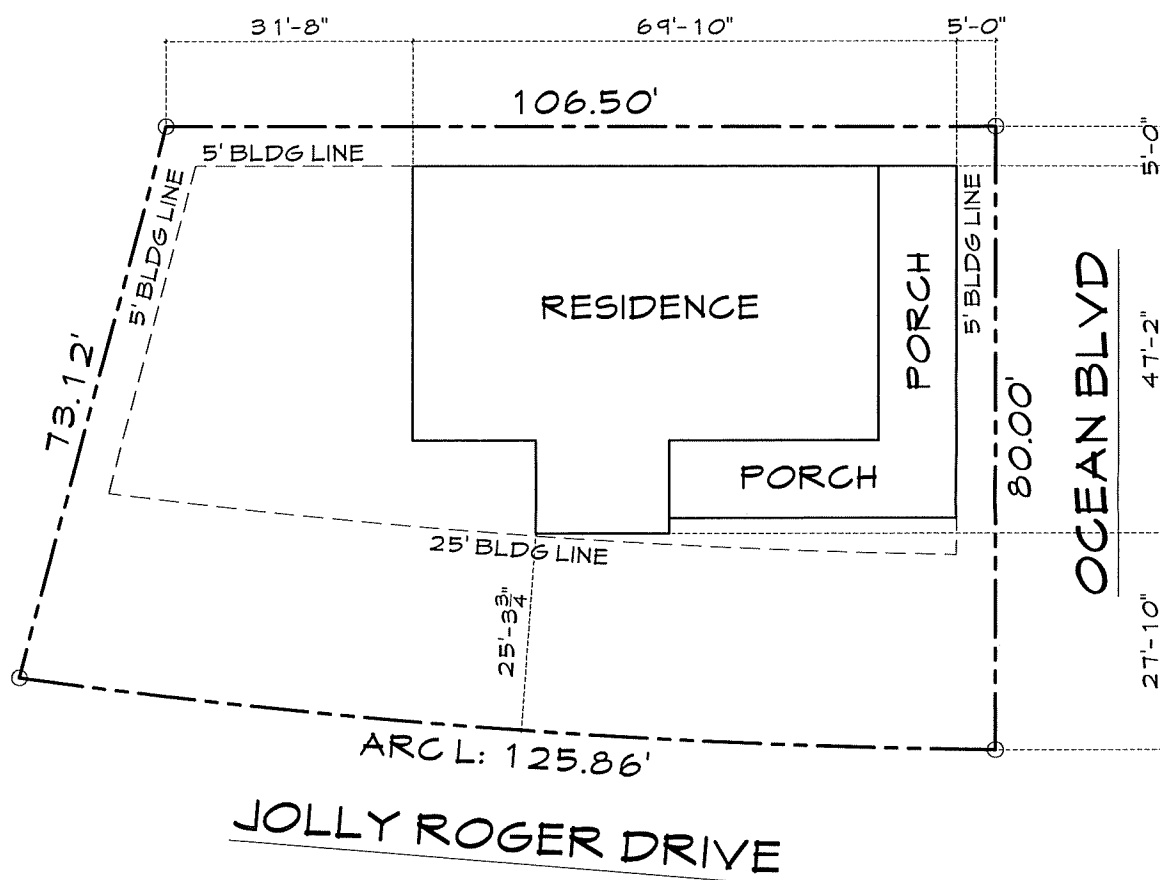
JOB #: 20254971

DWG. SCALE:
1/4" = 1'-0"

REVISION HISTORY	
NUMBER	DATE

Moonlight House
Plans
979-482-1967

MOONLIGHT HOUSE PLANS IS A CRAFTED FPM. NOT
AN ENGINEERING OR ARCHITECTURAL FPM. THESE PLANS
ARE TO BE APPROVED BY A LOCAL ENGINEER FOR ALL
APPLICABLE BUILDING CODES. MOONLIGHT HOUSE PLANS IS NOT
RESPONSIBLE FOR ANY STRUCTURAL OR DESIGN MATERIALS
AND SUBCONTRACTORS SHALL VERIFY ALL & ALL
DIMENSIONS, DETAILS & SPECIFICATIONS.
DESIGNER WILL NOT BE LIABLE FOR DAMAGE AFTER
CONSTRUCTION IS STARTED.
THESE SPANS, SPECIFICATIONS AND IDEAS ARE THE
PROPERTY OF MOONLIGHT HOUSE PLANS, AND SHALL NOT
BE REPRODUCED, REPRODUCED, OR ALTERED IN ANY WAY.



PP



BRAZORIA COUNTY

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

Received

9025-336

Related OSSF
Application#

Permit#

517

IRC#

BUILDERS NAME:

Raymond Roman

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: 13031 Jolly Roger Dr. Freeport Tx. 77541

Lot and Block #: 10-10 Subdivision: Treasure Island

Survey: _____ Tract/Acreage: _____

Deed Reference: _____ Property ID (MCAD)#: 663069

RESIDENTIAL CODE USED IN CONSTRUCTION:

- 1) INTERNATIONAL RESIDENTIAL CODE- published 2018 ☐
Date