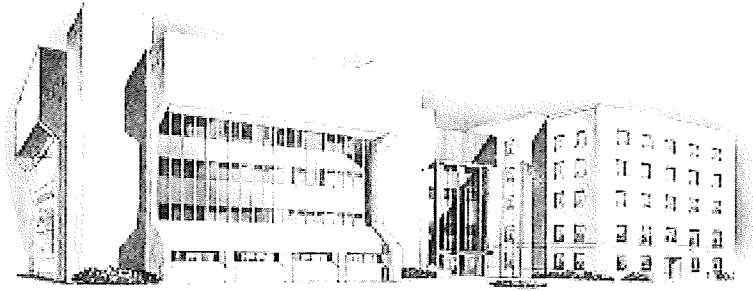


JOE K. RIPPLE
FLOODPLAIN ADMINISTRATOR, CFM
SOFIA GARCIA GIBSON
FLOODPLAIN / BUILDING PERMITS
OFFICE ASSISTANT SR.
BELINDA HOWELL
FLOODPLAIN / BUILDING PERMITS
PERMIT TECHNICIAN
VICKIE THOMAS
FLOODPLAIN/BUILDING PERMITS
FLOODPLAIN CONSULTANT



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

BRAZORIA COUNTY

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

November 20, 2024

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—206 San Luis Blvd (Treasure Island) Freeport TX

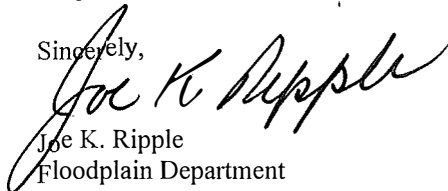
Dear Ms. Valdes,

This application is for a residential structure with 1616 square feet of living space with (4) four bedrooms and two/half (2.5) 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 relating 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
DEVELOPMENT/BUILDING PERMIT APPLICATION**

Angleton 979-864-1295

451 North Velasco, Suite 210, Angleton, TX 77515

Houston/Alvin 281-756-1295

OWNERSHIP INFORMATION:

Name: Renske & Melinda Mulhollen Phone: 979-236-5654
 Current/Mailing Address: 61 W. New Ct Lake Jackson 77566
Street or PO Box City/State Zip

Building Contractors Information: R Mulhollen Cont LLC Address: 61 W. New Ct Phone: 979-236-5654

LOCATION OF CONSTRUCTION:

Subdivision: <u>Treasure Island</u>		SITE ADDRESS (Where Structure Will Be Placed or Constructed)			
Section:		Street Address: <u>206 San Luis Boulevard</u>		City (required): <u>Freeport</u>	
Block: <u>22</u>	Lot: <u>3</u>	Abstract No.: <u>29</u>	Acreage:	PID #: <u>257300</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>250,000</u> Floor Area Sq. Ft. (including garage): <u>1616</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>2024-473</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: Renske Mulhollen Date: 11/19/24

DO NOT WRITE BELOW THIS LINE						
Approved By: <u>Vukic Shoman</u>		Highest Natural Ground is <u>4.30</u> ft.		Permit Fee	Inspection Fee	Date Of Permit
Certified By: <u>Terry Singletary</u>		RPLS # <u>4808</u> on <u>10/18/24</u>		\$ <u>75</u>	\$ <u>64.64</u>	
Electric	Mailbox Ltr	Setback Ltr	Thoroughfare	Total Fee: \$ <u>139.64</u>		Check #
<u>CP</u>	<u>Yes</u>	<u>25'</u>	<u>No</u>			<u>1911</u>
ETJ	Inspection Ltr	Ack Ltr	Mobile Home Information	FEMA Zone: <u>VE</u>	Panel No.:	Receipt No. <u>20367</u>
<u>Freeport</u>	<u>Yes</u>	<u>No</u>	<u>No</u>	<u>17+2</u> Elevation: <u>19</u> MSL	<u>67512</u>	
Special Provisions:				Map Date: <u>12/30/20</u>	Class <u>B</u>	

Mail Email To: Jam 8916 @ att.net Pick Up



Brazoria County Floodplain Receipt

(979) 864-1295

(281) 756-1295

111 East Locust Bldg. A-29
Angleton, Texas 77515

Floodplain Administrator

Receipt No 00020367 Receipt Date 11/19/2024 Receipt Time 04:12:27 PM
NO REFUND(S)

Received From: Renalde & Melinda Mulhollan

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: SQFTG Square Footage 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: \$64.64

Comments: 206 San Luis Boulevard Freeport CK# 1911

Payment Information

Payment Type: CHK Check# / MO#: 1911 Pay Amount: \$139.64

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

Office Use Only Posted: N

Total Amount Received: \$139.64

Rec. By: 16157

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

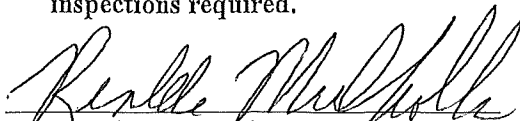
The undersigned holder of Development Permit No. _____ (whether acting individually or through a duly authorized agent or attorney) does hereby certify to Commissioners' Court of Brazoria County, Texas as follows.

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
NOV 05 2024
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

2024-473
Permit Number
 \$250 Single Family
 \$450 Multi-Hookup
 \$450 Commercial
 New
 Replacement
 Alteration
Type Drip w/ Chlorine
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 Mulhollan Renalde
(NAME ON DEED) (LAST) (FIRST) (INT)

PHONE NUMBERS 979-236-5654 EMAIL jam8916@att.net

MAILING ADDRESS 61 Willow Ct., Lake Jackson, Texas 77566

SITE ADDRESS 206 San Luis Boulevard, Freeport, Texas 77541 Acres _____

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 Garry Gana, R.S. Reg# RS 3207 Phone# 281-235-4201

SITE EVALUATOR Garry Gana, R.S. Reg# OS10343 Phone# 281-235-4201

INSTALLER Anthony Smith Reg# 21347 Phone# 979-299-0156

MAINTENANCE PROVIDER Tony's Septic Reg# 1118758 Phone# 979-299-0156

Tank #	# of Compartments	Size	Manufacturer	Model
#1	4	500 gpd	Pro Flo	500 SLPT2
#2				
#3				
#4				

DISPOSAL TYPE (check one):
 Standard Gravelless Leaching Chamber Low Pressure Dosing Surface Irrigation Drip Emmitter
Disposal Area 1008 Disposal Length _____ Trench Depth 6 - 12 inches 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) Renalde Mulhollan Date 11/4/24

DEPARTMENT USE ONLY BELOW THIS LINE

APPLICATION: APPROVAL DISAPPROVAL DATE 11/7/24 INSPECTOR Renalde LIC# 31222

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 # 257300 ETJ Freeport Flood Plain Info: New Construction Upgrade

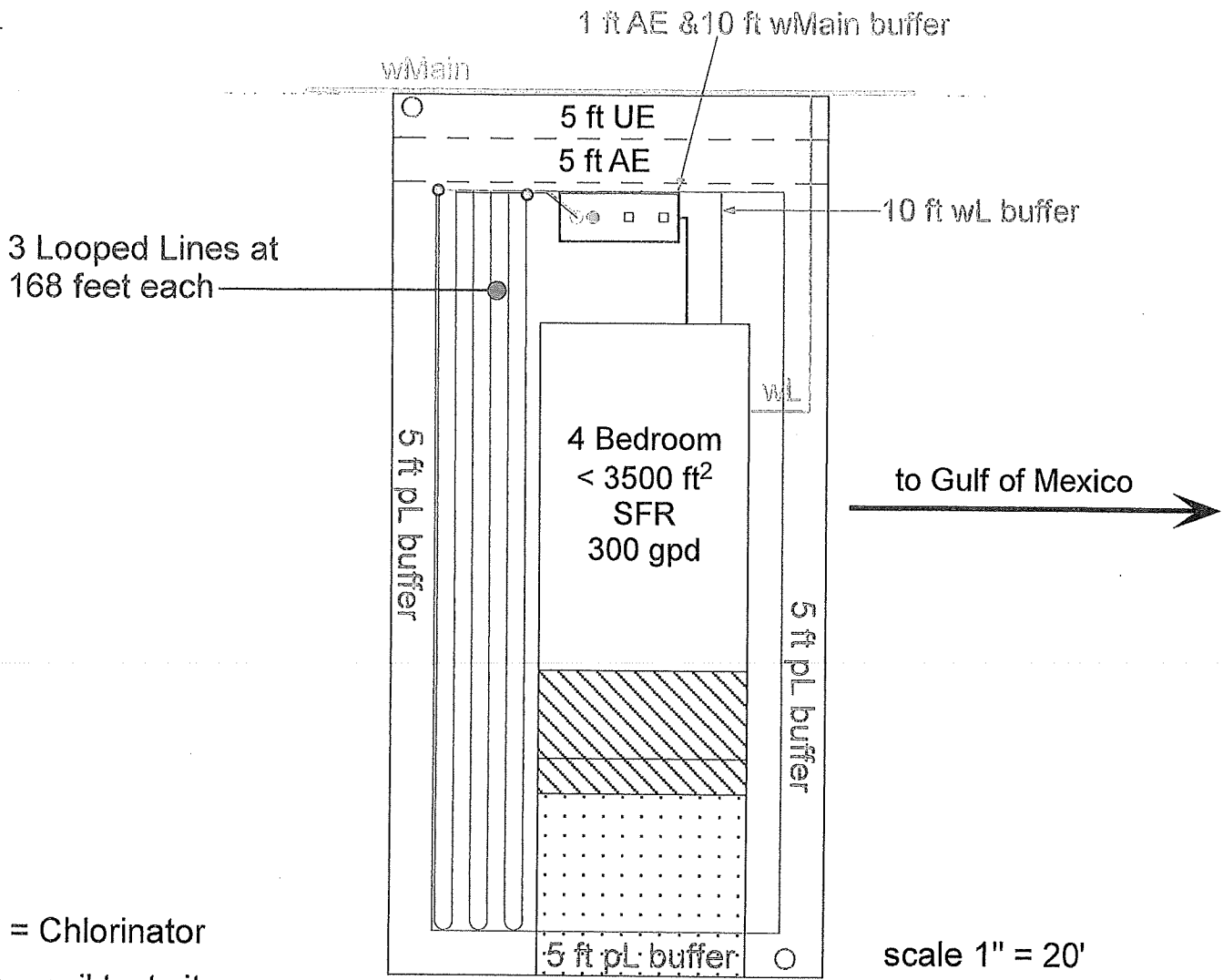
Legal Description: SUB Treasure Island Ab 29 Sec — Block 3 Lot 22 Precinct 1

Authorization to Construct Provided to Installer: Anthony Smith Date: 11/7/24 In person Fax Mail By: CM

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



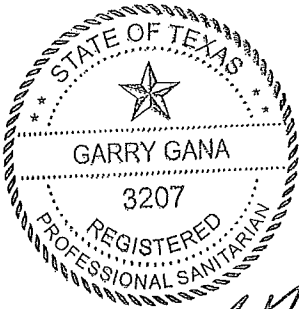
- = Chlorinator
- = soil test site by Site Evaluator
- = vacuum breaker

This property does lie within the 100 year floodplain

This property exhibits less than 4% slope across its entire area

Note:
The OSSF drainfield is to be completely sodded by the property owner prior to operation of the system

206 SAN LUIS BOULEVARD



YRK
10-20-24

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>Renalde & Melinda Mulhollan</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>206 San Luis Boulevard</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>Treasure Island, Section 1, Block 3, Lot 22, in the Stephen F. Austin League, Abstract 29, Brazoria County, TX</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>29° 4'33.23"N</u> Long. <u>95° 7'32.27"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: _____		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): _____ 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: _____ Engineered flood openings: _____		
d) Total net open area of non-engineered flood openings in A8.c: _____ sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): _____ sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): _____ sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: _____ 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: _____ Engineered flood openings: _____		
d) Total net open area of non-engineered flood openings in A9.c: _____ sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.		
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1.a. NFIP Community Name: <u>Unincorporated Area 485458</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 0675</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'</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.: 206 San Luis Boulevard	FOR INSURANCE COMPANY USE
City: <u>Freeport</u> State: <u>TX</u> ZIP Code: <u>77541</u>	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: RT C,-REF 2521 Vertical Datum: NGVD 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? 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 _____ 4.00 feet meters
- g) Highest Adjacent Grade (HAG) next to building: Natural Finished _____ 4.30 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: Terry Singletary License Number: TX RPLS 4808

Title: Registered Professional Land Surveyor

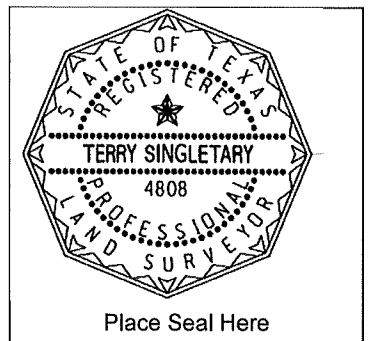
Company Name: Doyle & Wachtstetter, Inc.

Address: 131 Commerce Street

City: Clute State: TX ZIP Code: 77531

Signature: Terry Singletary Date: 10/18/2024

Telephone: (979) 265-3622 Ext.: 1042 Email: t.singletary@dw-surveyor.com



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):

TBM- Set Bridge Spike in the southeast side of power pole on subject property.

TBM= 8.00 feet.

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.: 206 San Luis Boulevard	FOR INSURANCE COMPANY USE
City: <u>Freeport</u> State: <u>TX</u> ZIP Code: <u>77541</u>	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.: 206 San Luis Boulevard	FOR INSURANCE COMPANY USE
City: <u>Freeport</u> State: <u>TX</u> ZIP Code: <u>77541</u>	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.: 206 San Luis Boulevard	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.: <u>206 San Luis Boulevard</u>	FOR INSURANCE COMPANY USE
City: <u>Freeport</u> State: <u>TX</u> ZIP Code: <u>77541</u>	Policy Number: _____ Company NAIC Number: _____
<p>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.</p>	
Photo One	
Photo One Caption:	<input type="button" value="Clear Photo One"/>
Photo Two	
Photo Two Caption:	<input type="button" value="Clear Photo Two"/>

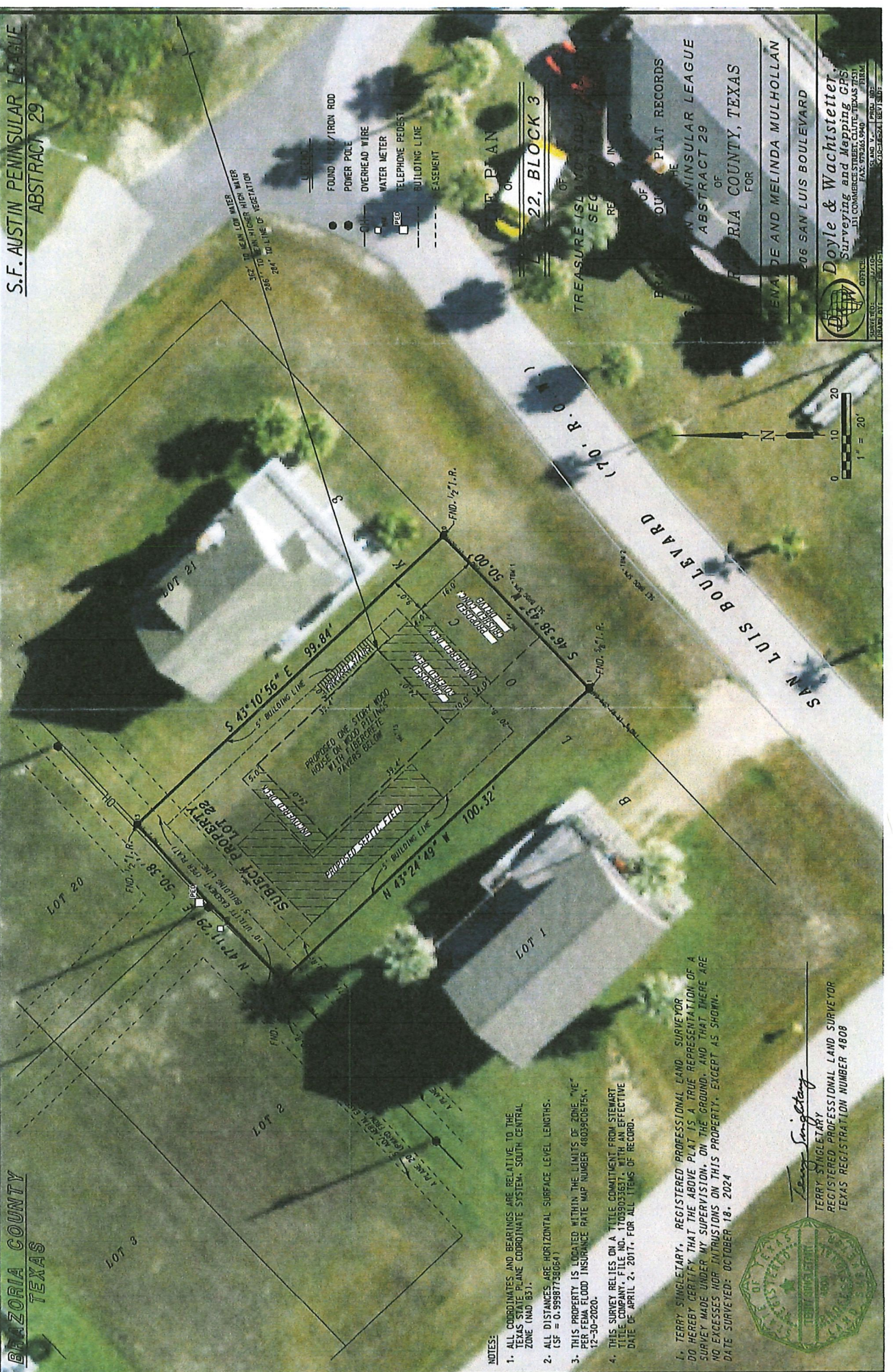
ELEVATION CERTIFICATE
IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19
BUILDING PHOTOGRAPHS

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>206 San Luis Boulevard</u>	FOR INSURANCE COMPANY USE
City: <u>Freeport</u> State: <u>TX</u> ZIP Code: <u>77541</u>	Policy Number: _____ Company NAIC Number: _____
<p>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.</p>	
Photo Three	
Photo Three Caption:	<input type="button" value="Clear Photo Three"/>
Photo Four	
Photo Four Caption:	<input type="button" value="Clear Photo Four"/>

BEAZORIA COUNTY
TEXAS

S.F. AUSTIN PENINSULAR LEAGUE
ABSTRACT 29



- NOTES:
1. ALL COORDINATES AND BEARINGS ARE RELATIVE TO THE TEXAS STATE PLANE COORDINATE SYSTEM, SOUTH CENTRAL ZONE (NAD 83).
 2. ALL DISTANCES ARE HORIZONTAL SURFACE LEVEL LENGTHS. (SF = 0.9998773064)
 3. THIS PROPERTY IS LOCATED WITHIN THE LIMITS OF ZONE "4E" PER FEMA FLOOD INSURANCE RATE MAP NUMBER 4809340675K, 12-30-2020.
 4. THIS SURVEY RELIES ON A TITLE COMMITMENT FROM STEWART TITLE COMPANY, FILE NO. 11039033637, WITH AN EFFECTIVE DATE OF APRIL 2, 2017, FOR ALL ITEMS OF RECORD.

1. TERRY SINGLETARY, REGISTERED PROFESSIONAL LAND SURVEYOR DO HEREBY CERTIFY THAT THE ABOVE PLAT IS A TRUE REPRESENTATION OF A SURVEY MADE UNDER MY SUPERVISION, ON THE GROUND, AND THAT THERE ARE NO EXCESSES NOR INTRUSIONS ON THIS PROPERTY, EXCEPT AS SHOWN.
DATE SURVEYED: OCTOBER 18, 2024



Terry Singletary
TERRY SINGLETARY
REGISTERED PROFESSIONAL LAND SURVEYOR
TEXAS REGISTRATION NUMBER 4808

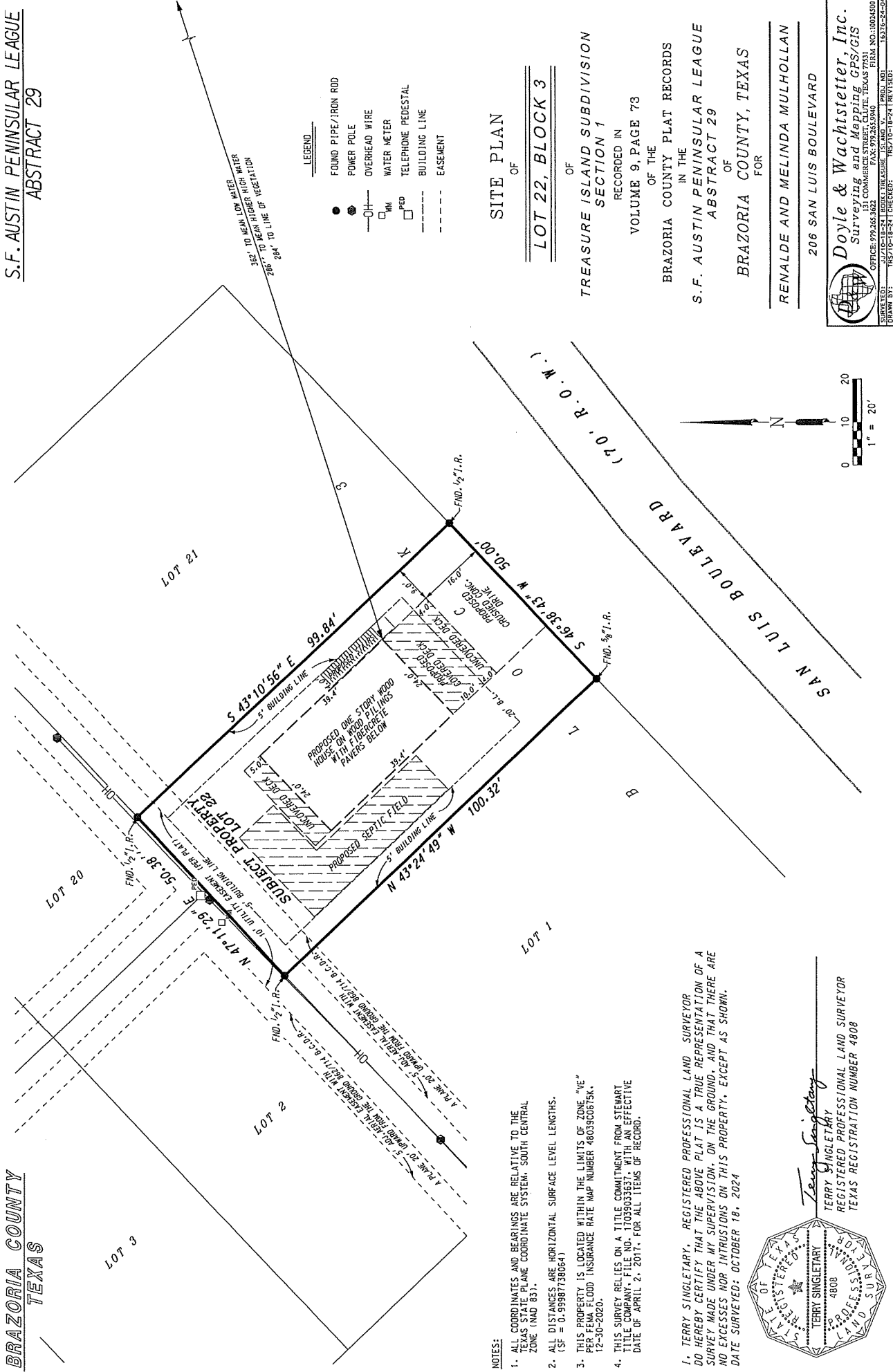
- LEGEND
- FOUND ROAD
 - POWER POLE
 - OVERHEAD WIRE
 - WATER METER
 - TELEPHONE PEDDESTAL
 - BUILDING LINE
 - - - EASEMENT

PLAN
OF
LOT 22, BLOCK 3
OF
TREASURE ISLAND ROAD
SECTION 10, T12S, R10E, N20W
OF
THE
S.F. AUSTIN PENINSULAR LEAGUE
ABSTRACT 29
OF
BEAZORIA COUNTY, TEXAS
FOR

FOR THE
PLAT RECORDS
OF THE
S.F. AUSTIN PENINSULAR LEAGUE
ABSTRACT 29
OF
BEAZORIA COUNTY, TEXAS
FOR
MENA DE AND MELINDA MULHOLLAN

Doyle & Wachtstetter
Surveying and Mapping GPS
3111 COMMERCE STREET, SUITE 100
DALLAS, TEXAS 75226
PHONE: 972.355.9940
FAX: 972.355.9940
WWW.DWGPSURVEYING.COM





- LEGEND**
- FOUND PIPE/IRON ROD
 - POWER POLE
 - OH— OVERHEAD WIRE
 - WM WATER METER
 - TELEPHONE PESTAL
 - BUILDING LINE
 - EASEMENT

SITE PLAN
 OF
LOT 22, BLOCK 3

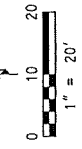
OF
TREASURE ISLAND SUBDIVISION
 SECTION 1
 RECORDED IN
 VOLUME 9, PAGE 73
 OF THE
 BRAZORIA COUNTY PLAT RECORDS
 IN THE
S.F. AUSTIN PENINSULAR LEAGUE
 ABSTRACT 29
 OF
BRAZORIA COUNTY, TEXAS
 FOR
RENALDE AND MELINDA MULHOLLAN
 206 SAN LUIS BOULEVARD

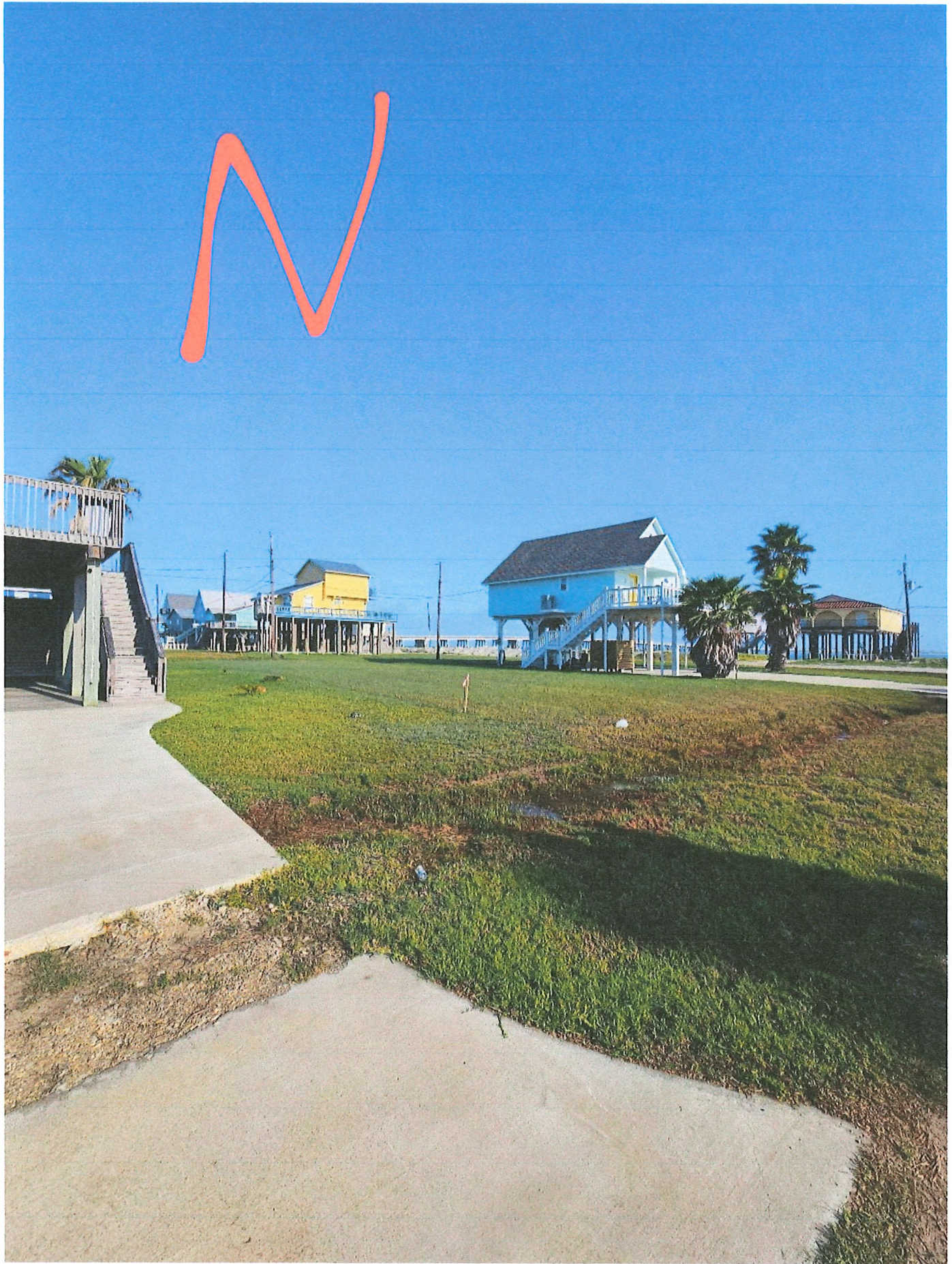
Doyle & Wachtstetter, Inc.
 Surveying and Mapping GPS/GIS
 OFFICE: 999 2463 131 COMMERCE STREET, CLUTE, TEXAS 77531
 PHONE: 409-335-1111 FAX: 409-335-1112
 SURVEYED BY: CLYDE L. BROWN, LICENSE NO. 10342
 DRAWN BY: NICKI L. BROWN, LICENSE NO. 10342

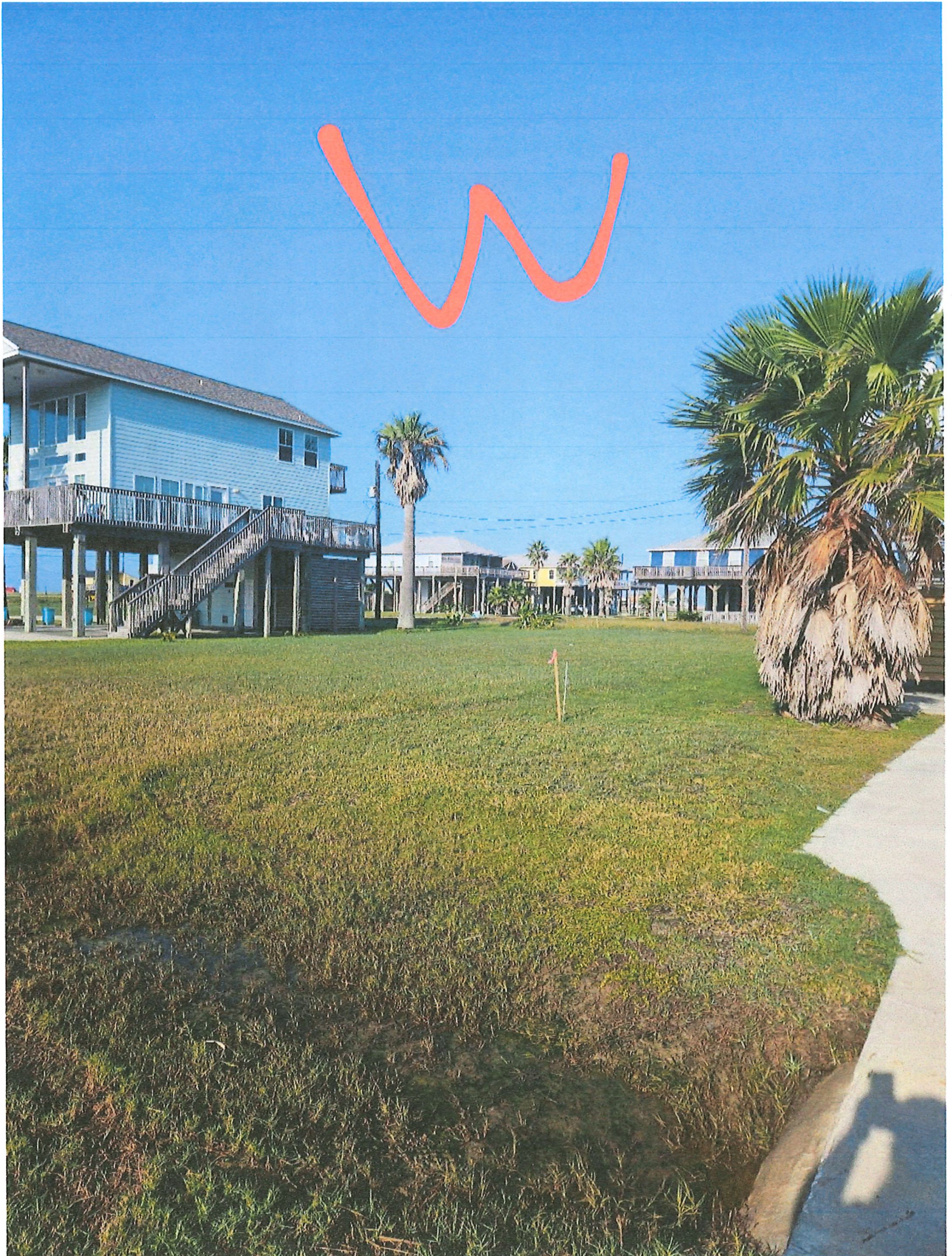
- NOTES:**
1. ALL COORDINATES AND BEARINGS ARE RELATIVE TO THE TEXAS STATE PLANE COORDINATE SYSTEM, SOUTH CENTRAL ZONE (NAD 83).
 2. ALL DISTANCES ARE HORIZONTAL SURFACE LEVEL LENGTHS. (SF = 0.99987738664)
 3. THIS PROPERTY IS LOCATED WITHIN THE LIMITS OF ZONE "VE" PER FEMA FLOOD INSURANCE RATE MAP NUMBER 48039C0675K, 12-30-2020.
 4. THIS SURVEY RELIES ON A TITLE COMMITMENT FROM STEWART TITLE COMPANY FILE NO. 17039033637, WITH AN EFFECTIVE DATE OF APRIL 2, 2017, FOR ALL ITEMS OF RECORD.

I, TERRY SINGLETARY, REGISTERED PROFESSIONAL LAND SURVEYOR DO HEREBY CERTIFY THAT THE ABOVE PLAT IS A TRUE REPRESENTATION OF A SURVEY MADE UNDER MY SUPERVISION, ON THE GROUND, AND THAT THERE ARE NO EXCESSES NOR INTRUSIONS ON THIS PROPERTY, EXCEPT AS SHOWN.
 DATE SURVEYED: OCTOBER 18, 2024

Terry Singletary
TERRY SINGLETARY
 REGISTERED PROFESSIONAL LAND SURVEYOR
 TEXAS REGISTRATION NUMBER 4808













BRAZORIA COUNTY

NOTICE OF RESIDENTIAL CONSTRUCTION
INSPECTION COMPLIANCE
IN UNINCORPORATED AREA

(TO BE SUBMITTED BY BUILDER)

Received

2024-473
Related OSSF
Application #

Permit #

12
IRC #

BUILDERS NAME: R. Mulholland Contrs. LLC

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 for appropriate building codes.

LOCATION:

Address 206 San Luis Boulevard

Lot and Block # Lot 22 Block 3 Subdivision Treasure Island

or

Survey _____ Tract/Acreage _____

or

Deed Reference _____ Property ID (MCAD)# 259300

RESIDENTIAL CODE USED IN CONSTRUCTION:

- 1) INTERNATIONAL RESIDENTIAL CODE – published 2021
date