

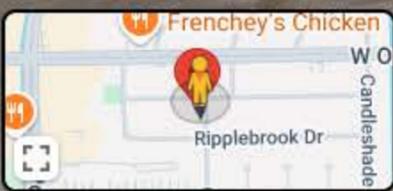
5303 Brookmeade Drive (77045)

Supporting Bid Documents

5303 Brookmeade Dr

Share

5303 Brookmeade Dr
 Houston, Texas
 Google Street View
 May 2013 See more dates



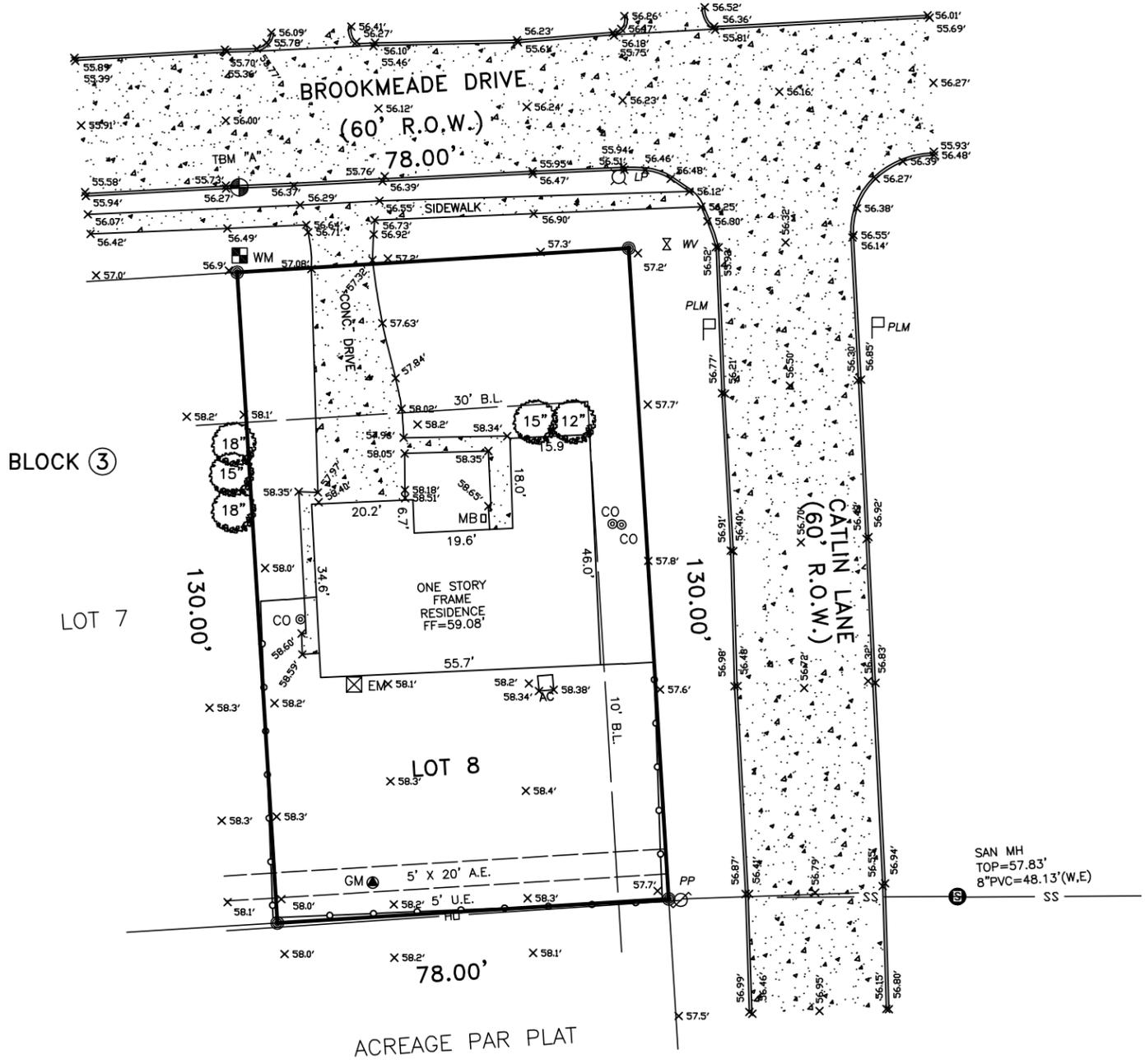
Google



SCALE: 1" = 30'

- LEGEND:
- U.E. — UTILITY EASEMENT
 - W.L.E. — WATERLINE EASEMENT
 - R.O.W. — RIGHT OF WAY
 - B.L. — BUILDING LINE
 - P.L. — PROPERTY LINE
 - ☉ — CONTROLLING MONUMENT
 - SAN MH — SANITARY MANHOLE
 - WV — WATER VALVE
 - MB — MAIL BOX
 - CO — CLEANOUT
 - FH — FIRE HYDRANT
 - WM — WATER METER
 - EM — ELECTRIC METER
 - GM — GAS METER
 - PP — POWER POLE
 - CP — CABLE PEDESTAL
 - PLM — PIPELINE MARKER
 - TP — TELEPHONE PEDESTAL

☒ WV
☉ FH



BENCHMARK INFORMATION:

TSARP MON
RM NO. 030120
ELEVATION = 62.03', NAVD 1988, 2001 ADJ.

TBM "A"
CUT BOX ON CURB
ELEVATION = 56.29' NAVD 1988, 2001 ADJ.

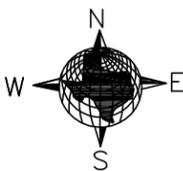
THIS SURVEY IS BEING PROVIDED SOLELY FOR THE USE OF THE CURRENT PARTIES AND THAT NO LICENSE HAS BEEN CREATED, EXPRESS OR IMPLIED, TO COPY THE SURVEY EXCEPT AS IS NECESSARY IN CONJUNCTION WITH THE ORIGINAL TRANSACTION.

TOPOGRAPHIC SURVEY
8,991 SQ.FT. (0.2064 ACRES)
LOT 8 IN BLOCK 3
OF POST OAK VILLAGE
SECTION ONE
VOLUME 55, PAGE 33, H.C.M.R.
HARRIS COUNTY, TX

F.I.R.M. NO.	48201C	PANEL	0865M
EFFECTIVE DATE	05/02/19	ZONE	"X"
FLOOD INFORMATION PROVIDED HEREON IS BASED ON SCALING THE LOCATION OF THE SUBJECT TRACT ON THE FLOOD INSURANCE RATE MAPS. THE INFORMATION SHOULD BE USED TO DETERMINE FLOOD INSURANCE RATES ONLY AND IS NOT INTENDED TO IDENTIFY SPECIFIC FLOODING CONDITIONS. WE ARE NOT RESPONSIBLE FOR THE F.I.R.M.'S ACCURACY.			
SURVEYED FOR: SSCI			
ADDRESS: 5303 BROOKMEADE DRIVE HOUSTON, TEXAS 77045			
FIELDWORK: 03/01/25			
TITLE COMPANY: N/A			
GF. NO.: N/A			
G.F. EFFECTIVE DATE: N/A			
JOB NO.: 109477			

CERTIFICATION

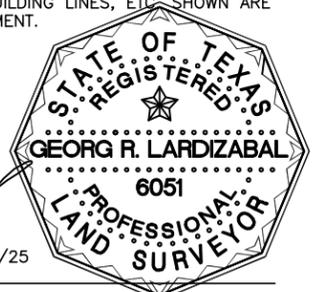
I HEREBY CERTIFY THAT THIS SURVEY WAS MADE ON THE GROUND AND THAT THIS PLAT CORRECTLY REPRESENTS THE FACTS FOUND AT THE TIME OF SURVEY SHOWING ANY IMPROVEMENTS, FROM LEGAL DESCRIPTIONS SUPPLIED BY CLIENT. THIS SURVEY IS ONLY CERTIFIED FOR BOUNDARY AND THIS TRANSACTION ONLY. SURVEYOR DID NOT ABSTRACT PROPERTY. EASEMENTS, BUILDING LINES, ETC. SHOWN ARE AS IDENTIFIED BY THE TITLE COMMITMENT.



GGC SURVEY
PROFESSIONAL LAND SURVEYING

Firm Number 10146000
8114 Golden Harbor Missouri City, TX 77459
TEL. (832)729-7256
ggcsurvey@gmail.com
www.ggcsurvey.com

[Signature]
03/04/25



GEORG R. LARDIZABAL, REGISTERED PROFESSIONAL LAND SURVEYOR NO. 6051

CITY OF HOUSTON
HOUSING AND
COMMUNITY DEVELOPMENT
SINGLE FAMILY HOME
REPAIR PROGRAM
601 SAWYER, 4TH FLOOR
HOUSTON, TX 77007

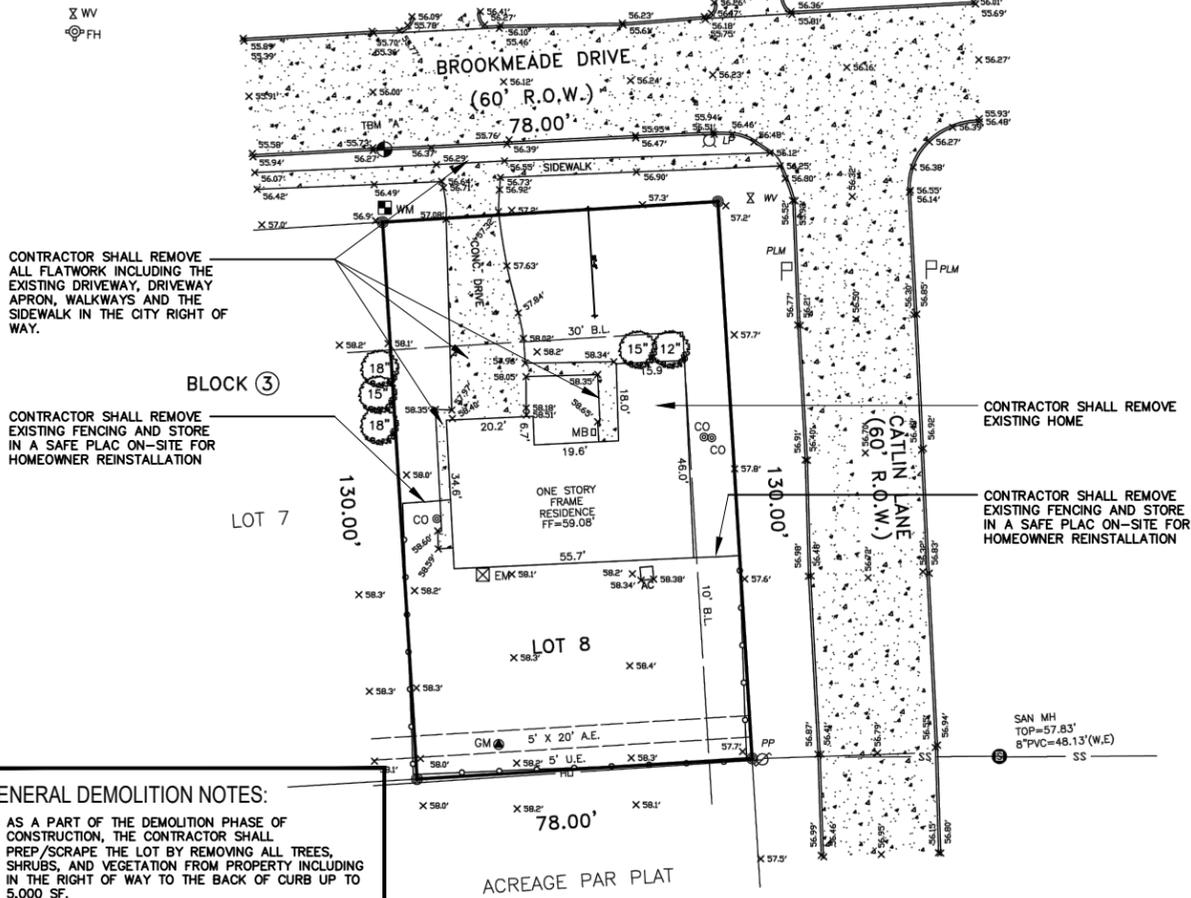


**NEW SINGLE FAMILY RESIDENCE
5303 BROOKMEADE DRIVE
HOUSTON, TEXAS 77045
DEMOLITION PLAN**

PROPOSED
DEMO PLAN
A1.0

SCALE: 1" = 30'

- LEGEND:
- U.E. — UTILITY EASEMENT
 - W.L.E. — WATERLINE EASEMENT
 - R.O.W. — RIGHT OF WAY
 - B.L. — BUILDING LINE
 - P.L. — PROPERTY LINE
 - CM — CONTROLLING MONUMENT
 - SAN MH — SANITARY MANHOLE
 - WV — WATER VALVE
 - MB — MAIL BOX
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 - FH — FIRE HYDRANT
 - WM — WATER METER
 - EM — ELECTRIC METER
 - GM — GAS METER
 - PP — POWER POLE
 - CP — CABLE PEDESTAL
 - PLM — PIPELINE MARKER
 - TP — TELEPHONE PEDESTAL



CONTRACTOR SHALL REMOVE ALL FLATWORK INCLUDING THE EXISTING DRIVEWAY, DRIVEWAY APRON, WALKWAYS AND THE SIDEWALK IN THE CITY RIGHT OF WAY.

CONTRACTOR SHALL REMOVE EXISTING FENCING AND STORE IN A SAFE PLAC ON-SITE FOR HOMEOWNER REINSTALLATION

CONTRACTOR SHALL REMOVE EXISTING HOME

CONTRACTOR SHALL REMOVE EXISTING FENCING AND STORE IN A SAFE PLAC ON-SITE FOR HOMEOWNER REINSTALLATION

GENERAL DEMOLITION NOTES:

1. AS A PART OF THE DEMOLITION PHASE OF CONSTRUCTION, THE CONTRACTOR SHALL PREP/SCRAPE THE LOT BY REMOVING ALL TREES, SHRUBS, AND VEGETATION FROM PROPERTY INCLUDING IN THE RIGHT OF WAY TO THE BACK OF CURB UP TO 5,000 SF.
2. UPON COMPLETION OF THE DEMOLITION, THE CONTRACTOR SHALL PROVIDE GRADE AND FILL TO RECEIVE NEW FOUNDATION
3. CONTRACTOR SHALL REMOVE ALL EXISTING TREES AND SHRUBS AROUND THE PERIMETER OF THE EXISTING BUILDING DURING DEMOLITION
4. ALL TREES AND FENCING SHALL REMAIN AND PROTECTED THROUGHOUT THE COURSE OF CONSTRUCTION, UNLESS DIRECTED OR OTHERWISE NOTED

BENCHMARK INFORMATION:
TSARP MON
RM NO. 030120
ELEVATION = 62.03', NAVD 1988, 2001 ADJ.
TBM "A"
CUT BOX ON CURB
ELEVATION = 56.29' NAVD 1988, 2001 ADJ.

PROPOSED DEMOLITION PLAN

NO SCALE

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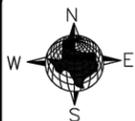
TOPOGRAPHIC SURVEY
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LOT 8 IN BLOCK 3
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VOLUME 55, PAGE 33, H.C.M.R.
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JOB NO.: 109477			

CERTIFICATION
I HEREBY CERTIFY THAT THIS SURVEY WAS MADE ON THE GROUND AND THAT THIS PLAN CORRECTLY REPRESENTS THE FACTS FOUND AT THE TIME OF SURVEY SHOWING ANY IMPROVEMENTS, FROM LEGAL DESCRIPTIONS SUPPLIED BY CLIENT. THIS SURVEY IS ONLY CERTIFIED FOR BOUNDARY AND THIS TRANSACTION ONLY. SURVEYOR DID NOT ABSTRACT PROPERTY, EASEMENTS, BUILDING LINES, ETC. SHOWN ARE AS IDENTIFIED BY THE TITLE COMMITMENT.

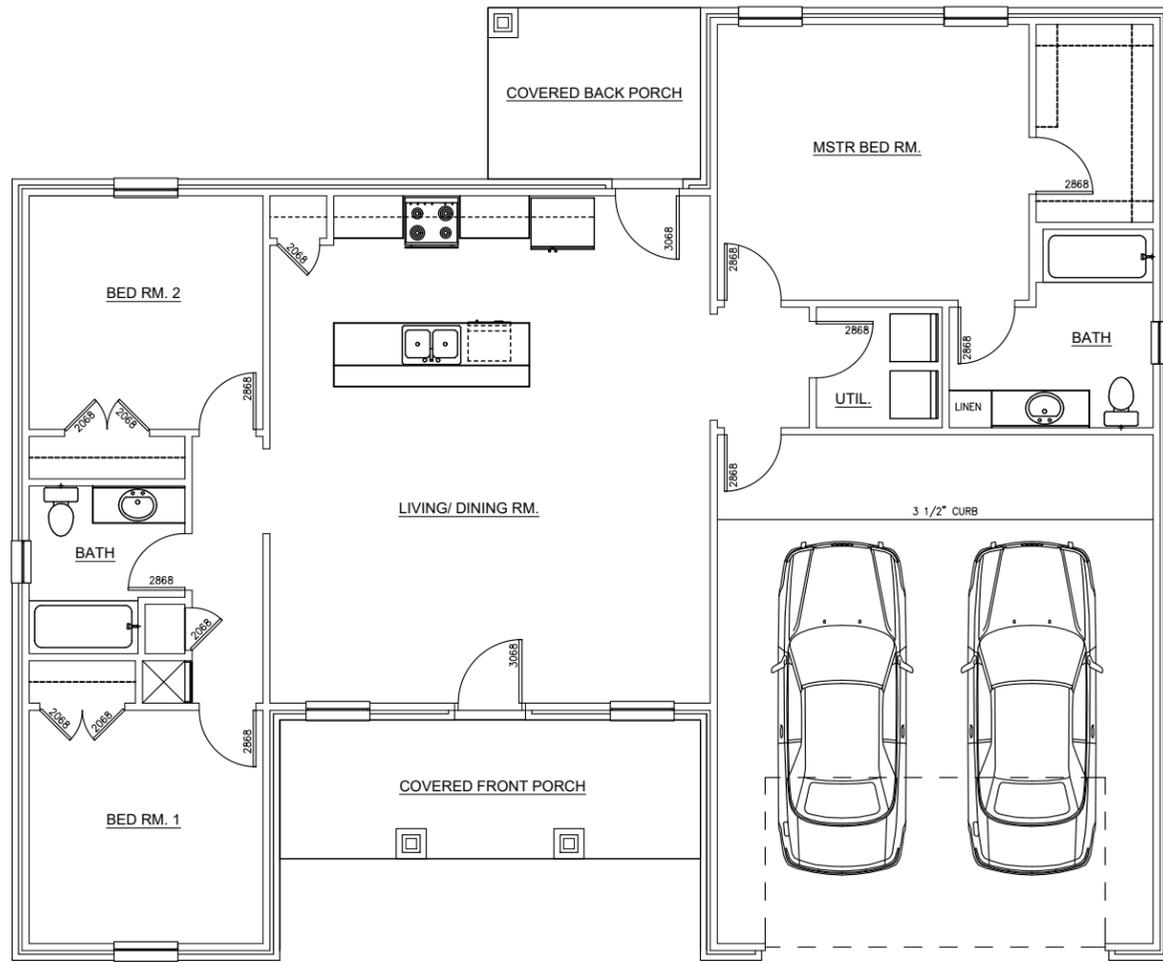


GEORG R. LARDIZABAL, REGISTERED PROFESSIONAL LAND SURVEYOR NO. 6051



GGC SURVEY
PROFESSIONAL LAND SURVEYING
Firm Number 10146000
8114 Golden Harbor Missouri City, TX 77459
TEL. (832)729-7256 ggcsurvey@gmail.com
www.ggcsurvey.com





**3 BR/ 2 BATH/ TWO CAR
"RANCH STYLE HOME"
FOR REFERENCE ONLY**

2801-A

W. D. Miller, Clerk, County Court
Harris County, Texas
By: *W. D. Miller* Deputy

1779541
JUL 19 1957
12:40 P

STATE OF TEXAS:
I, W. D. Miller, Clerk of the County Court of Harris County, Texas, do hereby certify that the within instrument with its certificate of authentication was filed for registration in my office on July 19, 1957 at 12:40 o'clock P. M. and duly recorded on Sept. 5, 1957 at 12:40 o'clock P. M. and duly recorded on Sept. 5, 1957 at 12:40 o'clock P. M. Vol. 99 Page 39 of record of Maps & Plats for said county.

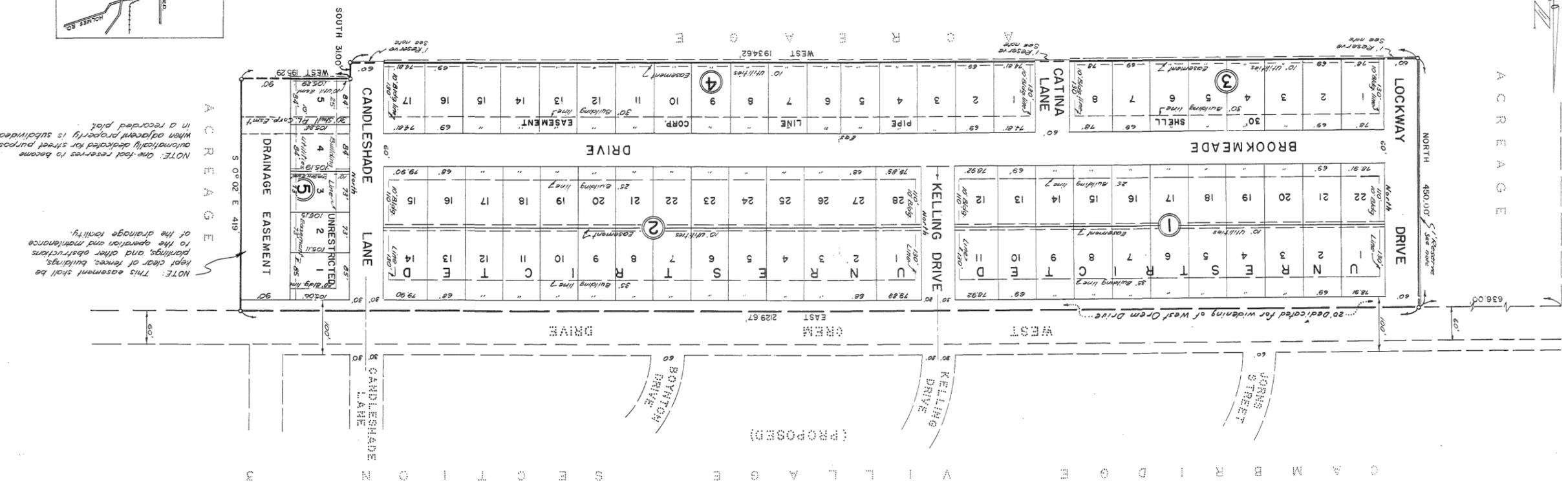
W. D. Miller Special Chairman
Boys S. Seak Secretary - Engineer

This is to certify that the City Planning Commission of the City of Houston, Texas, has approved this plat and subdivision of Post Oak Village, Sec. 1, as shown hereon.
In testimony whereof, with the official signature of the Chairman and Secretary of the City Planning Commission of the City of Houston, Texas, this 27th day of May, 1957.

This is to certify that I, T. C. Edminster, Jr., a registered engineer of the State of Texas, have plotted the above subdivision from an actual survey on the ground, and that all block corners, angle points, and points of curve are properly marked with iron pipes 3/16" and 1/2" in diameter, and that this plat correctly represents that survey made by me.
T. C. Edminster, Jr.
Engineer
Texas Registration # 9943



POST OAK VILLAGE
SECTION-1
BEING 218.6 ACRES OUT OF H. SACHSELDER SURVEY A-147
HARRIS COUNTY, TEXAS
SCALE: 1"=100' DATE: MAY 1957
5 BLOCKS 80 LOTS
EDMINSTER ENGINEERING COMPANY



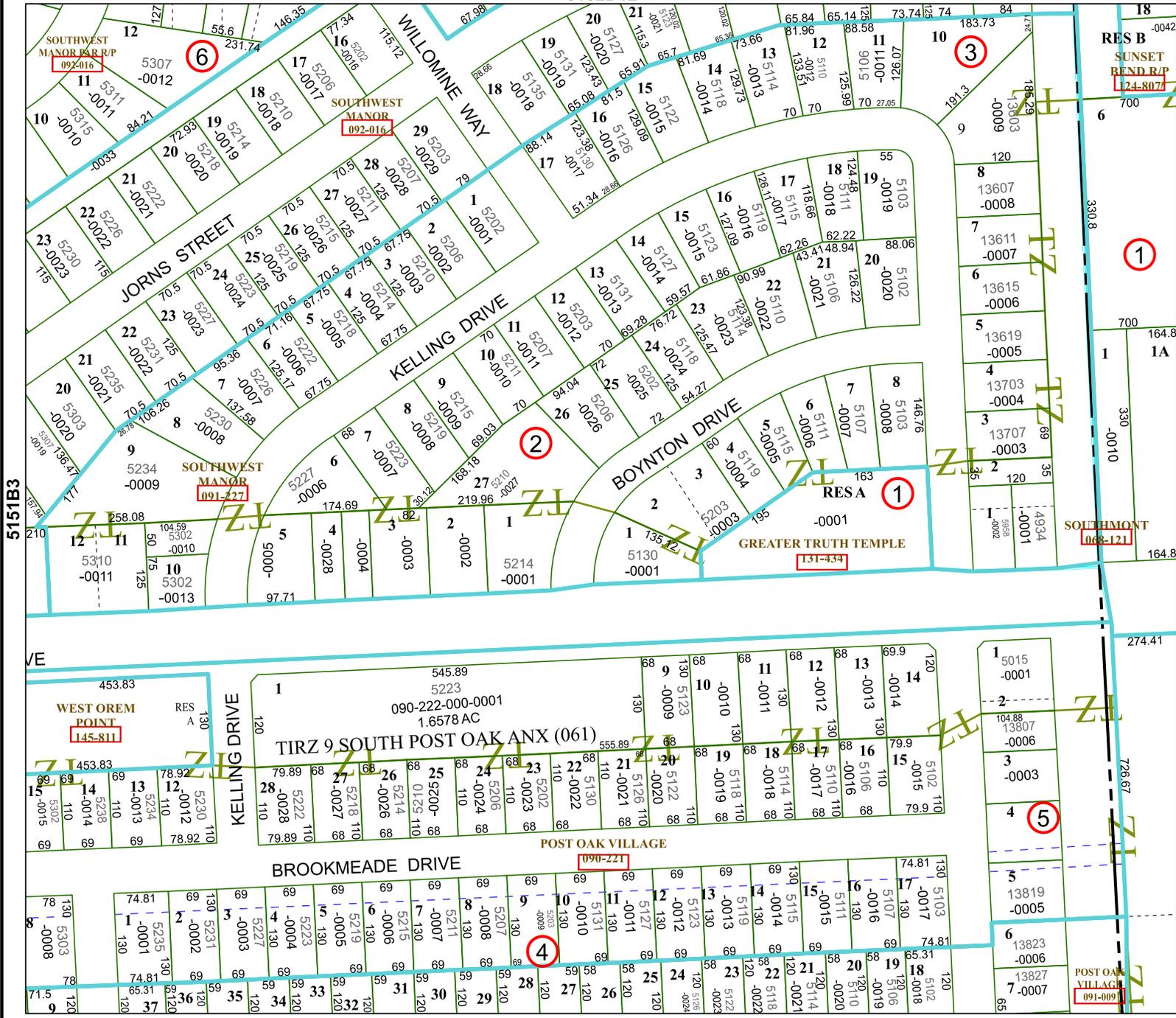
STATE OF TEXAS:
COUNTY OF HARRIS:
Before me, the undersigned authority, on this day, personally appeared W. W. Moore, President and H. in Tullin, Secretary of the Bankers Mortgage Co. known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they executed said instrument, and the act and deed of said corporation.
Given under my hand and seal of office, this 9th day of May, 1957.
Elizabeth O. Babin
Notary Public, and for
Harris County, Texas

STATE OF TEXAS:
COUNTY OF HARRIS:
Before me, the undersigned authority, on this day, personally appeared W. W. McMillan, President, and C. Sanchez, Secretary of the Cambridge Corp. known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed, and in the capacity therein and herein set out, and as the act and deed of said corporation.
Given under my hand and seal of office, this 9th day of May, 1957.
James B. Babin
Notary Public, and for
Harris County, Texas

STATE OF TEXAS:
COUNTY OF HARRIS:
Before me, the undersigned authority, on this day, personally appeared W. W. McMillan, President, and C. Sanchez, Secretary of the Cambridge Corp. known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed, and in the capacity therein and herein set out, and as the act and deed of said corporation.
Given under my hand and seal of office, this 9th day of May, 1957.
BY: *W. W. McMillan* President
C. Sanchez Secretary
CAMBRIDGE CORP.

STATE OF TEXAS:
COUNTY OF HARRIS:
We, W. W. McMillan and C. Sanchez, President and Secretary respectively of Cambridge Corp. owner of the property subdivided in the above and foregoing map of Post Oak Village, Sec. 1, do hereby make subdivisions of said property for and on behalf of said Cambridge Corp. according to the lines, lots, streets, alleys, parks and easements therein shown, and designate said subdivision as Post Oak Village, Sec. 1, located in the H. S. Sachselder Survey in Harris County, Texas, and on behalf of said Cambridge Corp. dedicate to the public use, as such, all of the streets, alleys, parks and easements shown thereon forever and do hereby waive any claims for damages occasioned by the establishing of grades as approved for the streets and alleys dedicated, or occasioned by the alteration of the grades, and do hereby bind ourselves, our successors and assigns to warrant and defend the title to the land so dedicated.
We, W. W. Moore and H. in Tullin, President and Secretary respectively of Bankers Mortgage Co. owners and holders of a lien upon said property, do hereby ratify and confirm said subdivision and dedication, and do hereby in all things subordinate to said dedication the lien against said land owned and held by us.
There is also dedicated for utility easements on the property shown hereon the boundaries of this subdivision for residential purposes unless otherwise noted. We hereby covenant and agree that all lots within the boundaries of this subdivision are for residential purposes unless otherwise noted.
In testimony whereof, the Cambridge Corp. has caused these presents to be signed by W. W. McMillan, its President, hereunto authorized, and attested by its Secretary, C. Sanchez, and its common seal hereunto affixed this 9th day of May, 1957.

5152D12



Harris Central Appraisal District



0 45 90 180 Feet

PUBLICATION DATE: 1/10/2025

Geospatial or map data maintained by the Harris Central Appraisal District is for informational purposes and may not have been prepared for or be suitable for legal, engineering, or surveying purposes. It does not represent an on-the-ground survey and only represents the approximate location of property boundaries.

MAP LOCATION



FACET 5151B4

10	11	12	9	10
2	3	4	1	2
6	7	8	5	6

5151B8

HARRIS CENTRAL APPRAISAL DISTRICT
REAL PROPERTY ACCOUNT INFORMATION
0902230000008

Tax Year: 2025



Owner and Property Information								
Owner Name & Mailing Address: 5303 BROOKMEADE DR HOUSTON TX 77045-5132				Legal Description: LT 8 BLK 3 POST OAK VILLAGE SEC 1 Property Address: 5303 BROOKMEADE DR HOUSTON TX 77045				
State Class Code	Land Use Code	Land Area	Total Living Area	Neighborhood	Neighborhood Group	Market Area	Map Facet	Key Map ^A
A1 -- Real, Residential, Single-Family	1001 -- Residential Improved	10,140 SF	1,536 SF	7511	1270	121 -- 1B South of US 90, West of SH 288	5151B	571L

Value Status Information

Value Status	Shared CAD
All Values Pending	No

Exemptions and Jurisdictions

Exemption Type	Districts	Jurisdictions	Exemption Value	ARB Status	2024 Rate	2025 Rate
Residential Homestead (Multiple)	001	HOUSTON ISD	Pending	Pending	0.868300	
	040	HARRIS COUNTY	Pending	Pending	0.385290	
	041	HARRIS CO FLOOD CNTRL	Pending	Pending	0.048970	
	042	PORT OF HOUSTON AUTHY	Pending	Pending	0.006150	
	043	HARRIS CO HOSP DIST	Pending	Pending	0.163480	
	044	HARRIS CO EDUC DEPT	Pending	Pending	0.004799	
	048	HOU COMMUNITY COLLEGE	Pending	Pending	0.096183	
	061	CITY OF HOUSTON	Pending	Pending	0.519190	
	934	FIVE CORNERS IMPR DISTRICT	Pending	Pending		

Texas law prohibits us from displaying residential photographs, sketches, floor plans, or information indicating the age of a property owner on our website. You can inspect this information or get a copy at [HCAD's information center at 13013 NW Freeway.](#)

Valuations

Value as of January 1, 2024			Value as of January 1, 2025		
	Market	Appraised		Market	Appraised
Land	49,127		Land		
Improvement	120,396		Improvement		
Total	169,523	153,154	Total	Pending	Pending

Land

Market Value Land

Line	Description	Site Code	Unit Type	Units	Size Factor	Site Factor	Appr O/R Factor	Appr O/R Reason	Total Adj	Unit Price	Adj Unit Price	Value
1	1001 -- Res Improved Table Value	SF1	SF	6,960	1.00	1.00	1.00	--	1.00	Pending	Pending	Pending
2	1001 -- Res Improved Table Value	SF3	SF	3,180	1.00	0.10	1.00	--	0.10	Pending	Pending	Pending

Building

Building	Year Built	Type	Style	Quality	Impr Sq Ft	Building Details
1	1960	Residential Single Family	Residential 1 Family	Average	1,536 *	Displayed

* All HCAD residential building measurements are done from the exterior, with individual measurements rounded to the closest foot. This measurement includes all closet space, hallways, and interior staircases. Attached garages are not included in the square footage of living area, but valued separately. Living area above *attached* garages is included in the square footage living area of the dwelling. Living area above *detached* garages is not included in the square footage living area of the dwelling but is valued separately. This method is used on all residential properties in Harris County to ensure the uniformity of square footage of living area measurements district-wide. There can be a reasonable variance between the HCAD square footage and your square footage measurement, especially if your square footage measurement was an interior measurement or an exterior measurement to the inch.

Building Details (1)

Building Data	
Element	Detail
Cond / Desir / Util	Average
Foundation Type	Slab
Grade Adjustment	C
Heating / AC	Central Heat/AC
Physical Condition	Average
Exterior Wall	Shake Shingle
Exterior Wall	Brick / Veneer
Element	Units
Room: Total	6
Room: Rec	1
Room: Full Bath	2
Room: Bedroom	3

Building Areas	
Description	Area
BASE AREA PRI	1,536
FRAME GARAGE PRI	440

5/17/17 X. YOV

SINGLE-FAMILY HOME REPAIR ELIGIBILITY PROGRAMS (SFHREP)

VERIFICATION OF DISABILITY / SPECIAL NEED



Program Home Repair

Application # EHR-635

Applicant Name: [REDACTED]		Co-Applicant Name:	
Is this form being completed for a listed household member:		Yes	No
Home Address		City	State
5303 Brookemeade	Houston	TX	Zip Code 77045

To the medical professional whose certification of disability is requested below

The Applicant has asserted that he/she, or the member of his/her household named above, has a disability which prioritizes the household for program assistance. Disability-based program priority must be documented by the opinion of a medical professional. An authorized individual has lawfully consented to release to the City of Houston the medical opinion below regarding the claimed disability. All information provided by a medical professional will be used solely to establish disability status. The City of Houston may not ask about the nature of an individual's disability, and medical professionals should not disclose specific details or diagnoses. For purposes of program priority, an applicant must have a disability as defined under one or more of the statutes whose relevant provisions appear in the attached Appendix to this form.

To the applicant and/or person claiming disability

The undersigned medical professional has knowledge of whether the claimed disability meets the definition applicable to this Verification so that you or your household may qualify for housing assistance priority under the Program. YOU ARE NOT OBLIGATED TO CONSENT TO THE RELEASE OF THIS INFORMATION. However, the City of Houston must receive the information requested from the medical professional to determine any applicable priority status. The City of Houston may request from the medical professional only the minimum information necessary to determine whether the applicable definition of disability has been met.

hereby authorize release of the requested information to the City of Houston before the stated expiration date.

Signature of Authorized Person: *[Signature]* Date: 11/15/2017 Date Authorization Expires: 11/15/2019

CERTIFICATION OF DISABILITY

I hereby certify that, in my medical opinion, the disability claimed by the above-named Applicant or person claiming disability.

Does Does Not meet the definition of disability set forth in this verification.

Medical Professional Signature: *[Signature]* Medical Professional Printed Name: Rene Darveaux, MD Title: MD Phone Number: 713 850-7272 Date: 11/15/2017

SINGLE-FAMILY HOME REPAIR ELIGIBILITY PROGRAMS (SFHREP)

VERIFICATION OF DISABILITY / SPECIAL NEED

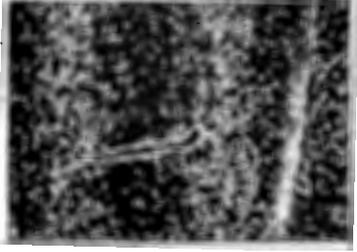
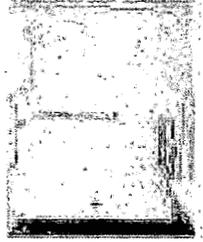
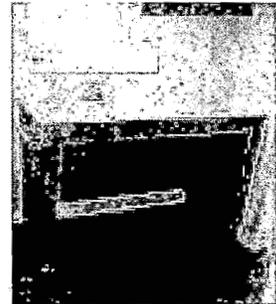


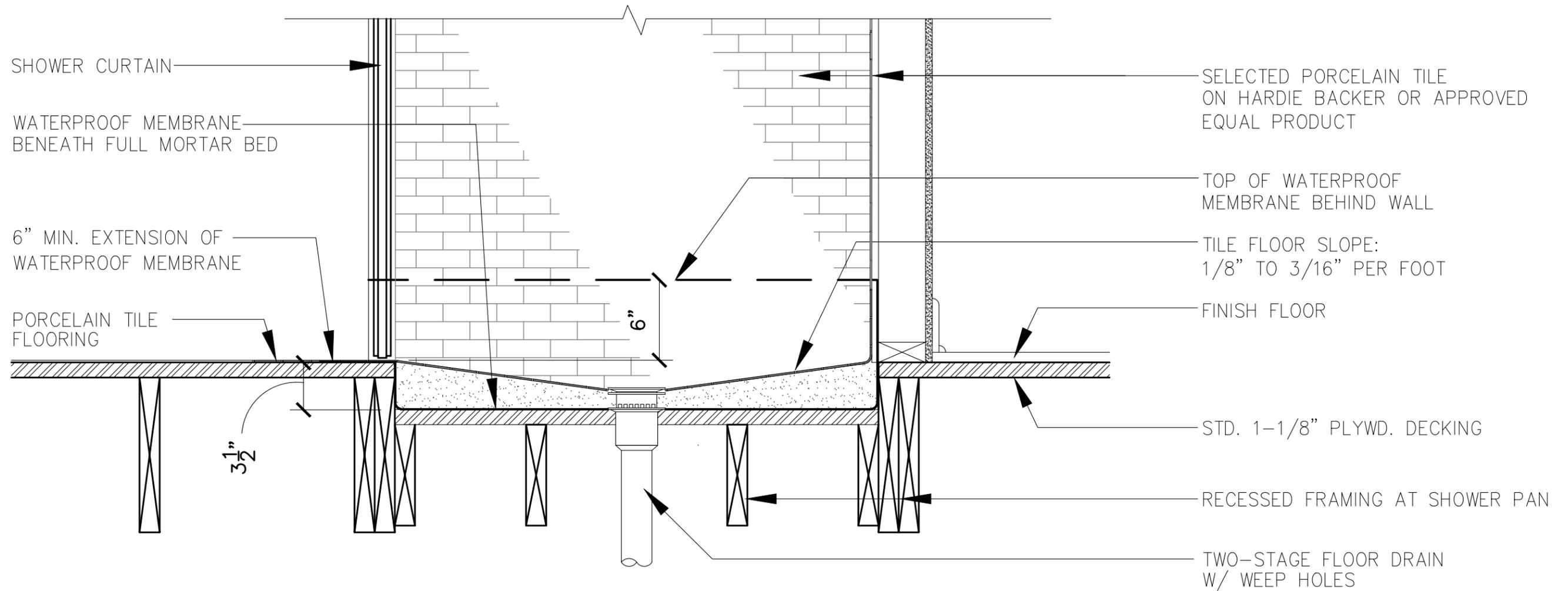
This page is used in certain applications to specify construction accommodations necessary to provide for the disabled individual's long-term needs. The Applicant is requested to return this form to the office of the City of Houston or its representatives during consultation to determine eligibility and level of housing benefits.

[Handwritten signature]
[Redacted]

Name of Person Claiming Disability

Information Requested	Please read below and place an "X" in the applicable box that accurately describes the person listed above and his/her accessibility needs.
By default, Applicant will receive Standard Tub/Shower without grab bars unless this sheet specifies otherwise. So please review the ADA Bath Style Options and mark the single best option that assists the disabled person.	
<input type="checkbox"/> HC-1 Standard Tub/Shower <input checked="" type="checkbox"/> HC-2 ADA TAS Tub/Shower <input type="checkbox"/> HC-3 ADA TAD Roll-In Shower <input type="checkbox"/> N/A-Standard Tub/Shower	
By default, the HC selection marked above will be installed in the Master Bathroom. If Applicant needs the HC selection installed in a different bathroom, please mark the box to the right.	<input type="checkbox"/> HC Selection to be installed in the following bathroom
Additional Accommodations (Mark only the options that apply)	
<input type="checkbox"/> Vinyl Flooring (No Carpet) <input checked="" type="checkbox"/> Dishwashing Machine <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Hearing Impaired	
Notes: All standard and HC selected bathrooms will have toilet seats that are elevated to ADA standards. All dwellings will have no-step access meaning either a ramp or lift will be installed if elevated.	
Justification:	

ADA Bath Style Options*	*Final design, color, or layout of amenities may vary from those shown below. HC designates "Handicap" options.	
HC-1 Standard Tub/Shower with Blocking and Grab Bars 	HC-3 ADA TAS Roll-In Shower with Grab Bars, fold-up seat, and shower wand 	
HC-2 ADA TAS Tub/Shower with Grab Bars, fold-up seat, shower wand 	FYI: HC-2 and HC-3 Include accessible vanity 	



SHOWER DETAIL AT RECESSED FARMING ON ELEVATED FOUNDATION

1 1/2"=1'-0"

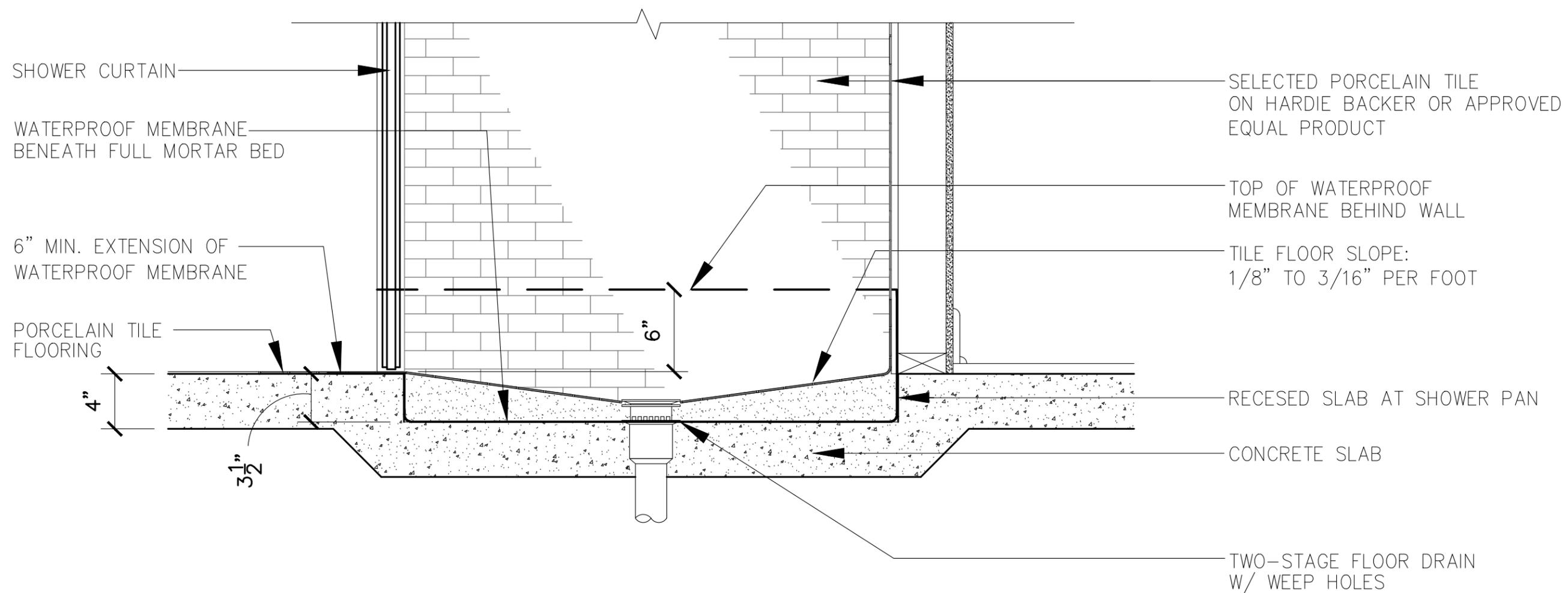
TYP. SHOWER DETAIL ON ELEVATED FOUNDATION

HCDD MINIMUM CONSTRUCTION STANDARDS

DIAGRAM 2024-01B

HOUSING AND COMMUNITY DEVELOPMENT





SHOWER DETAIL AT RECESSED CONCRETE SLAB ON GRADE FOUNDATION

1 1/2"=1'-0"



TYPICAL SHOWER DETAIL AT SLAB ON GRADE FOUNDATION

HCDD MINIMUM CONSTRUCTION STANDARDS

DIAGRAM 2024-01A

HOUSING AND COMMUNITY DEVELOPMENT



(1 of 2)

5303 BROOKMEADE DR

HOUSTON

5303 BROOKMEADE DR
HOUSTON, TX 77045

ADDRES ID #
276071

FULL Police Service
FULL EMS Service
FULL Fire Suppression
FULL Firework Entirely Banned

FULL Health Inspection
FULL Street Lighting
FULL Building Code
FULL Firework ROW Sales Banning

COUNCIL DISTRICT
K

Super Neighborhood
CENTRAL SOUTHWEST

Management District
Five Corners HCID #10B

Historic District

Airport Boundary

Airport Tier

Airport Hazard Zone

KeyMap
571L

HPW GIMS Tile
5151b

UM Quad
SW

Garbage Day
FRIDAY
Garbage QUAD
SW

Recycling Day
FRIDAY-B
Recycling QUAD
SW

Heavy Trash Day
4th Tuesday
Heavy Trash QUAD
SW

HPC Flood Zone
N

Flood Zone Type
X-AREA OF MINIMAL FLOOD HAZARD

TOD Street / Walkable Area
/

Park Sector
8

Other Information (For reference only)

Tax ID
090223000008

Census Tract 2010
330400

Stacked Flag
0

Stacked Parcel Count
1

HCFC Row

POST OAK VILLAGE

[Zoom to](#)

PD Addressing team of Planning & Development

- Hurricane Evacuation Zones
- HCFC Watersheds
- Waterway

40ft
-95.462 29.627 Degrees

National Flood Insurance Program

Elevation Certificate

and Instructions

2023 EDITION



FEMA

U. S. DEPARTMENT OF HOMELAND SECURITY
 Federal Emergency Management Agency
 National Flood Insurance Program

ELEVATION CERTIFICATE AND INSTRUCTIONS

PAPERWORK REDUCTION ACT NOTICE

Public reporting burden for this data collection is estimated to average 3.75 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20742, Paperwork Reduction Project (1660-0008). **NOTE: Do not send your completed form to this address.**

PRIVACY ACT STATEMENT

Authority: Title 44 CFR § 61.7 and 61.8.

Principal Purpose(s): This information is being collected for the primary purpose of documenting compliance with National Flood Insurance Program (NFIP) floodplain management ordinances for new or substantially improved structures in designated Special Flood Hazard Areas. This form may also be used as an optional tool for a Letter of Map Amendment (LOMA), Conditional LOMA (CLOMA), Letter of Map Revision Based on Fill (LOMR-F), or Conditional LOMR-F (CLOMR-F), or for flood insurance rating purposes in any flood zone.

Routine Use(s): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/ FEMA-003 – *National Flood Insurance Program File System of Records Notice 79* Fed. Reg. 28747 (May 19, 2014) and upon written request, written consent, by agreement, or as required by law.

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may impact the flood insurance premium through the NFIP. Information will only be released as permitted by law.

PURPOSE OF THE ELEVATION CERTIFICATE

The Elevation Certificate is an important administrative tool of the NFIP. It can be used to provide elevation information necessary to ensure compliance with community floodplain management ordinances, to inform the proper insurance premium, and to support a request for a LOMA, CLOMA, LOMR-F, or CLOMR-F.

The Elevation Certificate is used to document floodplain management compliance for Post-Flood Insurance Rate Map (FIRM) buildings, which are buildings constructed after publication of the FIRM, located in flood Zones A1–A30, AE, AH, AO, A (with Base Flood Elevation (BFE)), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, and A99. It may also be used to provide elevation information for Pre-FIRM buildings or buildings in any flood zone.

As part of the agreement for making flood insurance available in a community, the NFIP requires the community to adopt floodplain management regulations that specify minimum requirements for reducing flood losses. One such requirement is for the community to obtain the elevation of the lowest floor (including basement) of all new and substantially improved buildings, and maintain a record of such information. The Elevation Certificate provides a way for a community to document compliance with the community's floodplain management ordinance.

Use of this certificate does not provide a waiver of the flood insurance purchase requirement. Only a LOMA or LOMR-F from the Federal Emergency Management Agency (FEMA) can amend the FIRM and remove the federal mandate for a lending institution to require the purchase of flood insurance. However, the lending institution has the option of requiring flood insurance even if a LOMA/LOMR-F has been issued by FEMA. The Elevation Certificate may be used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request. Lowest Adjacent Grade (LAG) elevations certified by a land surveyor, engineer, or architect, as authorized by state law, will be required if the certificate is used to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request. A LOMA, CLOMA, LOMR-F, or CLOMR-F request must be submitted with either a completed FEMA MT-EZ or MT-1 application package, whichever is appropriate. If the certificate will only be completed to support a LOMA, CLOMA, LOMR-F, or CLOMR-F request, there is an option to document the certified LAG elevation on the Elevation Form included in the MT-EZ and MT-1 application.

This certificate is used only to certify building elevations. A separate certificate is required for floodproofing. Under the NFIP, non-residential buildings can be floodproofed up to or above the BFE. A floodproofed building is a building that has been designed and constructed to be watertight (substantially impermeable to floodwaters) below the BFE. Floodproofing of residential buildings is not permitted under the NFIP unless FEMA has granted the community an exception for residential floodproofed basements. The community must adopt standards for design and construction of floodproofed basements before FEMA will grant a basement exception. For both floodproofed non-residential buildings and residential floodproofed basements in communities that have been granted an exception by FEMA, a floodproofing certificate is required.

The expiration date on the form herein does not apply to certified and completed Elevation Certificates, as a completed Elevation Certificate does not expire, unless there is a physical change to the building that invalidates information in Section A Items A8 or A9, Section C, Section E, or Section H. In addition, this form is intended for the specific building referenced in Section A and is not invalidated by the transfer of building ownership.

Additional guidance can be found in FEMA Publication 467-1, *Floodplain Management Bulletin: Elevation Certificate*.

U. S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

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: [REDACTED]	Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. : 5303 Brookemeade Drive	Company NAIC Number: _____
City: <u>Houston</u> State: <u>TX</u> ZIP Code: <u>77045</u>	
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: Lot 8 Block 3 Post Oak Village Section 1 HCAD No.	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>	
A5. Latitude/Longitude: Lat. <u>N 29° 37' 34.147"</u> Long. <u>W 95° 27' 40.291"</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: <u>1A</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>440</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>City of Houston</u>	B1.b. NFIP Community Identification Number: <u>480296</u>
B2. County Name: <u>Harris</u>	B3. State: <u>TX</u>
B4. Map/Panel No. : <u>48201C0865</u>	B5. Suffix: <u>M</u>
B6. FIRM Index Date: <u>05/02/2019</u>	B7. FIRM Panel Effective/Revised Date: <u>05/02/2019</u>
B8. Flood Zone(s): <u>X</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>N/A</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 type="checkbox"/> NAVD 1988 <input checked="" type="checkbox"/> Other/Source: <u>NAVD 1988, 2001 ADJ</u>	
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 INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 5303 Brookemeade Drive	FOR INSURANCE COMPANY USE
City: <u>Houston</u> State: <u>TX</u> ZIP Code: <u>77045</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: HCFRM 030120 ELEV=62.03' Vertical Datum: NAVD 1988, 2001 Adjusted

Indicate elevation datum used for the elevations in items a) through h) below.
 NGVD 1929 NAVD 1988 Other: NAVD 1988, 2001 Adjusted

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): | 59.08 | <input checked="" type="checkbox"/> | feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions): | N/A | <input type="checkbox"/> | feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions): | N/A | <input type="checkbox"/> | feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab): | 58.5 | <input checked="" type="checkbox"/> | feet <input type="checkbox"/> 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): | 58.3 | <input checked="" type="checkbox"/> | feet <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | 58.1 | <input checked="" type="checkbox"/> | feet <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished | 58.2 | <input checked="" type="checkbox"/> | feet <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: | N/A | <input type="checkbox"/> | feet <input type="checkbox"/> 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: Georg R. Lardizabal License Number: 6051

Title: RPLS

Company Name: GGC Survey, Professional Land Surveying Firm No. 10146000

Address: 8114 Golden Harbor

City: Missouri City State: TX ZIP Code: 77459

Telephone: (832) 729-7256 Ext.: _____ Email: ggcsurvey@gmail.com

Signature: Date: 03/04/2025



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):
 Item C2(e) is an AC Pad.

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.: 5303 Brookemeade Drive	FOR INSURANCE COMPANY USE
City: <u>Houston</u> State: <u>TX</u> ZIP Code: <u>77045</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: _____

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.: 5303 Brookemeade Drive	FOR INSURANCE COMPANY USE
City: <u>Houston</u> State: <u>TX</u> ZIP Code: <u>77045</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 INSTRUCTION PAGES 1-11

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 5303 Brookemeade Drive	FOR INSURANCE COMPANY USE
City: <u>Houston</u> State: <u>TX</u> ZIP Code: <u>77045</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 5–8.** 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 higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: _____ feet meters above the LAG

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:

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.:
5303 Brookemeade Drive

City: Houston State: TX ZIP Code: 77045

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

Clear Photo One



Photo Two

Photo Two Caption: Rear w/ AC Pad

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.:
5303 Brookemeade Drive

City: Houston State: TX ZIP Code: 77045

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: Left

Clear Photo Three



Photo Four

Photo Four Caption: Right

Clear Photo Four

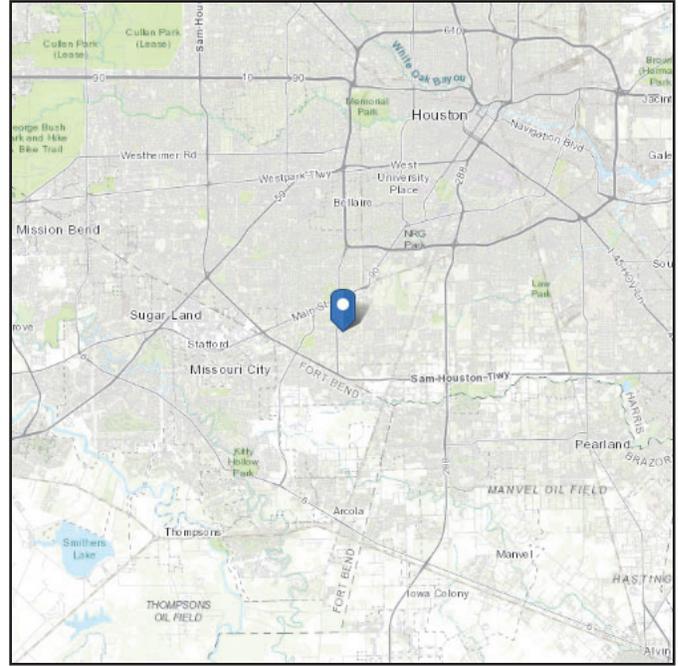
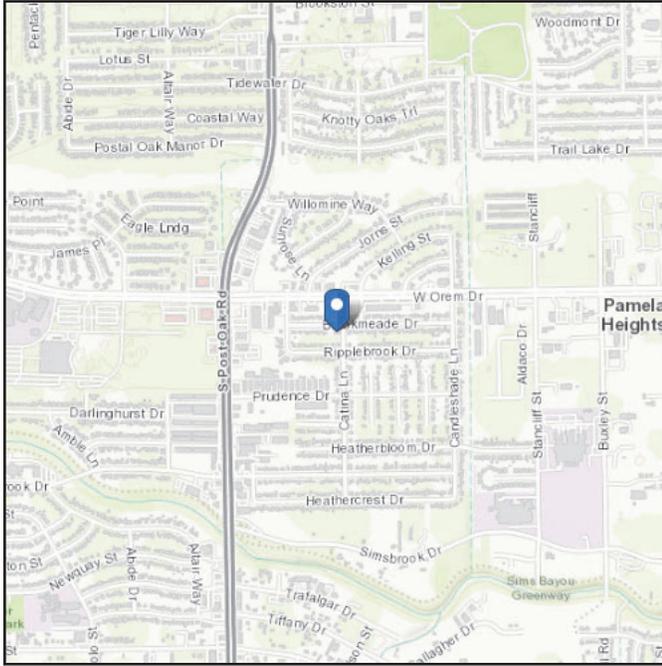


ASCE Hazards Report

Address:
5303 Brookmeade Dr
Houston, Texas
77045

Standard: ASCE/SEI 7-22
Risk Category: IV
Soil Class: Default

Latitude: 29.626172
Longitude: -95.461206
Elevation: 58.506212830204 ft (NAVD 88)



Wind

Results:

Wind Speed	148 Vmph
10-year MRI	77 Vmph
25-year MRI	92 Vmph
50-year MRI	106 Vmph
100-year MRI	115 Vmph
300-year MRI	128 Vmph
700-year MRI	136 Vmph
1,700-year MRI	142 Vmph
3,000-year MRI	148 Vmph
10,000-year MRI	157 Vmph
100,000-year MRI	172 Vmph
1,000,000-year MRI	184 Vmph

Data Source: ASCE/SEI 7-22, Fig. 26.5-1D and Figs. CC.2-1–CC.2-4, and Section 26.5.2
Date Accessed: Mon Mar 17 2025



Value provided is 3-second gust wind speeds at 33 ft above ground for Exposure C Category, based on linear interpolation between contours. Wind speeds are interpolated in accordance with the 7-22 Standard. Wind speeds correspond to approximately a 1.6% probability of exceedance in 50 years (annual exceedance probability = 0.00033, MRI = 3,000 years). Values for 10-year MRI, 25-year MRI, 50-year MRI and 100-year MRI are Service Level wind speeds, all other wind speeds are Ultimate wind speeds.

Site is in a hurricane-prone region as defined in ASCE/SEI 7-22 Section 26.2. Glazed openings shall be protected against wind-borne debris as specified in Section 26.12.3.



The ASCE Hazard Tool is provided for your convenience, for informational purposes only, and is provided "as is" and without warranties of any kind. The location data included herein has been obtained from information developed, produced, and maintained by third party providers; or has been extrapolated from maps incorporated in the ASCE standard. While ASCE has made every effort to use data obtained from reliable sources or methodologies, ASCE does not make any representations or warranties as to the accuracy, completeness, reliability, currency, or quality of any data provided herein. Any third-party links provided by this Tool should not be construed as an endorsement, affiliation, relationship, or sponsorship of such third-party content by or from ASCE.

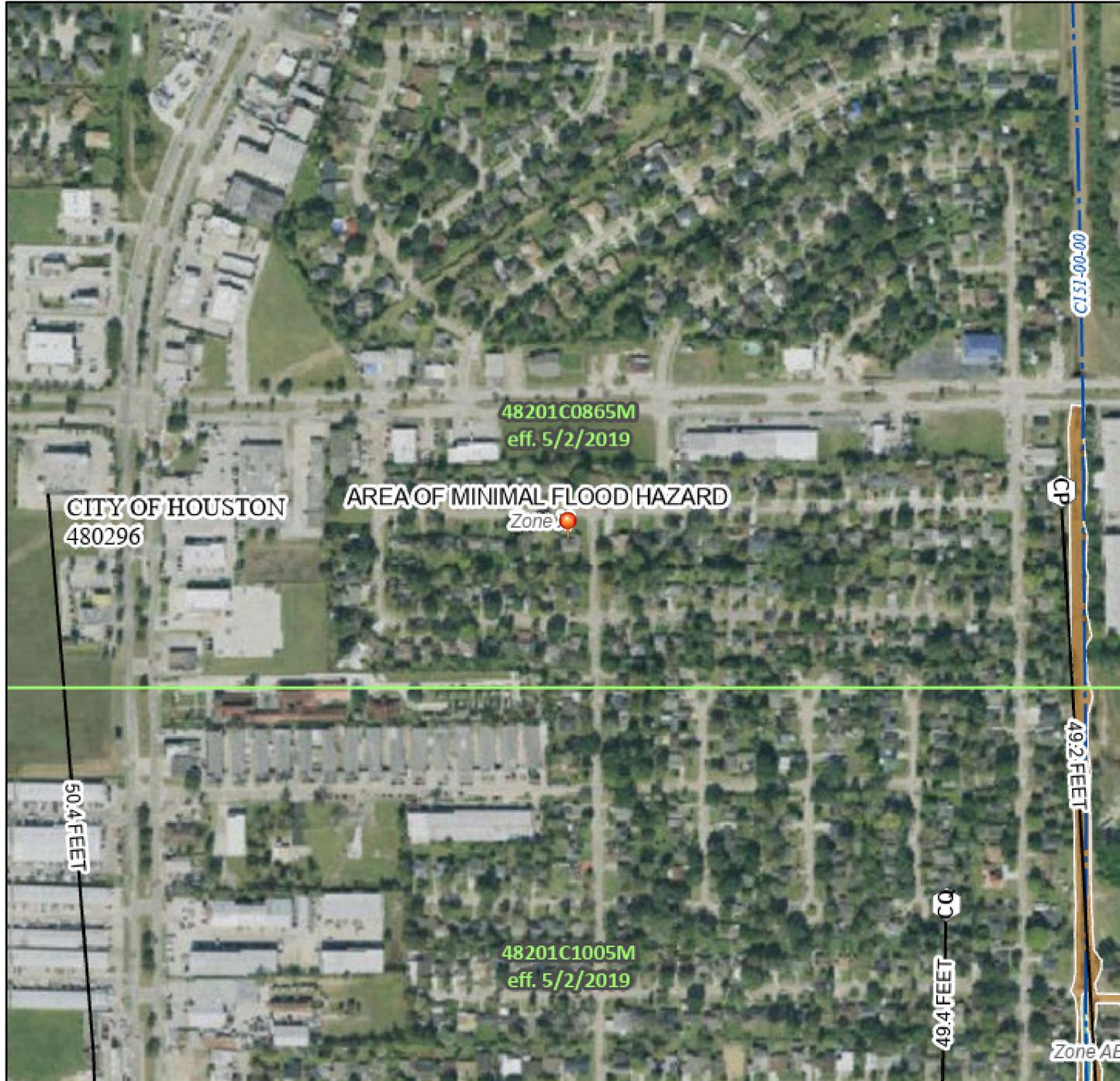
ASCE does not intend, nor should anyone interpret, the results provided by this Tool to replace the sound judgment of a competent professional, having knowledge and experience in the appropriate field(s) of practice, nor to substitute for the standard of care required of such professionals in interpreting and applying the contents of this Tool or the ASCE standard.

In using this Tool, you expressly assume all risks associated with your use. Under no circumstances shall ASCE or its officers, directors, employees, members, affiliates, or agents be liable to you or any other person for any direct, indirect, special, incidental, or consequential damages arising from or related to your use of, or reliance on, the Tool or any information obtained therein. To the fullest extent permitted by law, you agree to release and hold harmless ASCE from any and all liability of any nature arising out of or resulting from any use of data provided by the ASCE Hazard Tool.

National Flood Hazard Layer FIRMMette



95°27'59"W 29°37'50"N



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- SPECIAL FLOOD HAZARD AREAS**
 - Without Base Flood Elevation (BFE) Zone A, V, A99
 - With BFE or Depth Zone AE, AO, AH, VE, AR
 - Regulatory Floodway
- OTHER AREAS OF FLOOD HAZARD**
 - 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
 - Future Conditions 1% Annual Chance Flood Hazard Zone X
 - Area with Reduced Flood Risk due to Levee. See Notes. Zone X
 - Area with Flood Risk due to Levee Zone D
- OTHER AREAS**
 - NO SCREEN Area of Minimal Flood Hazard Zone X
 - Effective LOMRs
 - Area of Undetermined Flood Hazard Zone D
- GENERAL STRUCTURES**
 - Channel, Culvert, or Storm Sewer
 - Levee, Dike, or Floodwall
- OTHER FEATURES**
 - Cross Sections with 1% Annual Chance Water Surface Elevation: 20.2, 17.5
 - Coastal Transect
 - Base Flood Elevation Line (BFE)
 - Limit of Study
 - Jurisdiction Boundary
 - Coastal Transect Baseline
 - Profile Baseline
 - Hydrographic Feature
- MAP PANELS**
 - Digital Data Available
 - No Digital Data Available
 - Unmapped



The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 1/28/2025 at 9:27 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.



1:6,000

95°27'22"W 29°37'19"N



January 27, 2025

Bennie Ford
5303 Brookmeade Drive
Houston, Texas 77045

ILMS Project Number: 25006241 **WCR File Number:**
Legal Description: 0.2328 acre of land being Lot 8, Block 3, Post Oak Village, Section 1, located at 5303 Brookmeade Drive
Proposed Development: Construction of a single-family residence

Wastewater:

Impact Fee: \$0.00
Service Unit Credits: 1.0 service unit credit for the removal of a single-family residence from this site
Admin Fee: \$0.00
Connection Point(s): 8-inch sewer in the easement
Proposed Service Units: 1.0000
Treatment Plant: Almeda Sims
Pumping Station: Gallagher (WCID 51)

Water:

Impact Fee: \$0.00
Service Unit Credits: 1.0 service unit credit for the removal of a single-family residence from this site
Admin Fee: \$0.00
Connection Point(s): 12-inch water main in Brookmeade Drive
Proposed Service Units: 1.0000
Service Area: Sims Bayou

Christian Churchill
For Deidre VanLangen
Deputy Assistant Director
Infrastructure and Development Services
RVM:DV:CC (Council District K)

For Randall V. Macchi
Director
Houston Public Works

This approval is subject to the standard City of Houston requirements and supplemental requirement(s) listed below.

Standard Requirements:

The City Engineer may, from time to time, revise the Houston Public Works Infrastructure Design Manual, resulting in changes to the design criteria and parameters that must be followed in the development of this site.

Wastewater discharges from non-domestic sources must be reviewed for organic loading capacity and industrial wastewater permit requirements. Contact the Industrial Wastewater Service at 832-395-5800 if the sanitary sewer discharge contains non-domestic waste. Failure to comply with industrial wastewater permit requirements may result in termination of service or other enforcement remedies according to Chapter 47 Article V of the City of Houston Code of Ordinances.



Bennie Ford
ILMS Project No 25006241
January 27, 2025

Please note, if the sanitary sewer line to which connection will be made is deeper than twenty feet (20'), or is larger than thirty-six inches (36") in pipe diameter, then the connection must be made to the nearest existing manhole of the sanitary sewer line. Please contact Ms. Helen Hou in the City Engineer's Office at (832) 394-9125 prior to engineering the plans for connection.

Failure to pay the Impact Fees within six (6) months from the date of this letter will result in the expiration of this reservation and a new application must be submitted. If this project is not under construction within two (2) years from the date of this letter and a new application must be submitted. All fees must be paid prior to issuance of a building permit and may be paid online, by mail, or at 1002 Washington Avenue. A copy of the Impact Fee receipts and copy of this letter must be submitted with your construction plans when applying for a building permit. Plans must be approved by the Code Enforcement Branch of the Building and Development Services Division prior to the issuance of a permit.

Please note, the Wastewater and Water Impact Fees quoted above are not refundable for any reason including failure to obtain a building permit or failure to complete the project for any reason.

This information is based on the City of Houston Geographic Information Management System Maps. These maps are prepared utilizing the best information available to the City and the City cannot warrant their accuracy or completeness. The exact size and location of all utility lines should be field verified.

For direct inquiries, please contact Utility Analysis at (832) 394-8888 or email wcrtechs@houstontx.gov. Be sure to reference the ILMS project number listed in this letter.

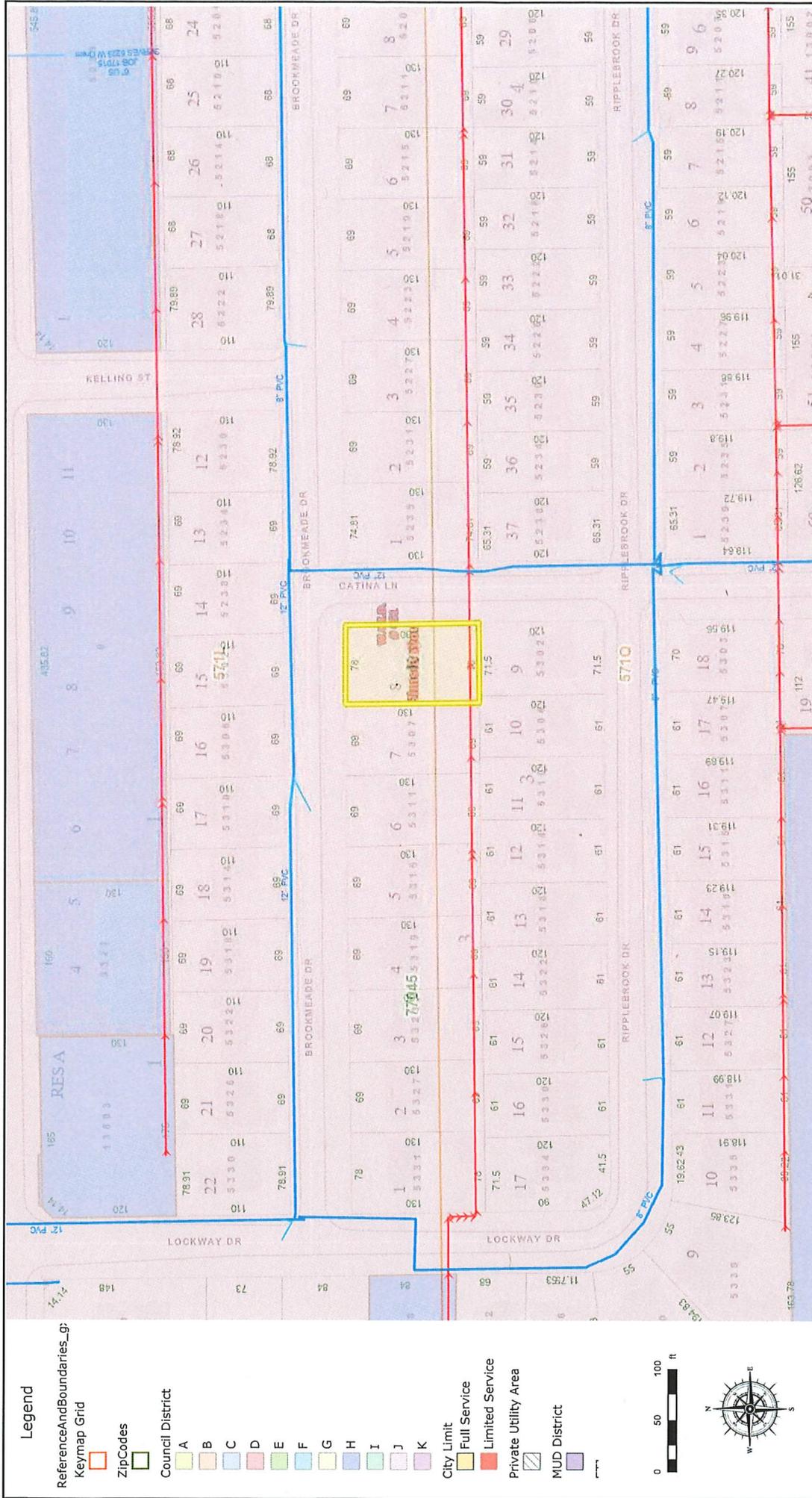
Supplemental Requirement(s):

- It will be necessary to validate this reservation within six (6) months from the date of this letter and prior to the issuance of a building permit by emailing the attached Wastewater Capacity Reservation Validation Form and a copy of this letter to the Impact Fee Administration Section at wcrtechs@houstontx.gov.

FAILURE TO COMPLETE THE VALIDATION PROCESS INDICATED ABOVE WITHIN SIX (6) MONTHS FROM THE DATE OF THIS LETTER WILL RESULT IN THE EXPIRATION OF THIS RESERVATION AND A NEW APPLICATION MUST BE SUBMITTED.

- NO CONSTRUCTION (SLAB OR STRUCTURE) WILL BE PERMITTED WITHIN FIVE (5') FEET OF THE WASTEWATER AND/OR WATER LINE.

Map Title



Legend

ReferenceAndBoundaries.g_

Keymap Grid

ZipCodes

Council District

A B C D E F G H I J K

City Limit

Full Service

Limited Service

Private Utility Area

MUD District

0 50 100 ft

N E S W



The following data sets were generated by and for the Houston Public Works Department. The asset information within this map are continually being updated, refined and are being provided to your organization for official use only and remains the property of the Houston Public Works Department. Providing this document to you does not constitute a release under the Freedom of Information Act (5 U.S.C. [section] 552), and due to the sensitivity of the information, this document must be appropriately safeguarded. PLEASE NOTE that these data sets are NOT intended to be used as an authoritative public record for any geographic location or as a legal document or for determining the accuracy, completeness, currency, or suitability of these datasets themselves. The Department makes no representation, guarantee, or warranty as to the accuracy, completeness, currency, or suitability of these datasets, currently or in the future. AS IS

1/27/2025 9:23:06 AM



INFRASTRUCTURE AND DEVELOPMENT SERVICES
VALIDATION FORM

AS FEE SIMPLE OWNER OF THE PROPERTY REFERENCED IN ILMS PROJECT NUMBER 25006241. I HEARBY REQUEST THAT THE CITY OF HOUSTON PERMANENTLY RESERVE THE WASTEWATER CAPACITY ALLOCATED BY THAT REFERENCED RESERVATION. I UNDERSTAND THAT THIS FORM MUST BE RETURNED TO THE CITY OF HOUSTON FOR VALIDATION WITHIN SIX (6) MONTHS OF THE DATE OF THE RESERVATION LETTER, OR PRIOR TO OBTAINING A BUILDING PERMIT. IF THIS FORM IS NOT VALIDATED WITHIN THE SPECIFIED TIME, THE RESERVATION WILL EXPIRE AND I WILL BE REQUIRED TO RE-APPLY FOR WASTEWATER CAPACITY.

[Handwritten Signature]

(SIGNATURE OF FEE SIMPLE TITLE OWNER)

1/27/2025

(DATE)

Jalan Butler

(SIGNATURE OF CITY OF HOUSTON TECHNICIAN)

1/27/2025

(DATE)

BUILDING ADDRESS
IMPACT FEE ADMINISTRATION
1002 WASHINGTON AVENUE
HOUSTON, TEXAS 77002

CONTACT INFORMATION
(832)-394-8888
WCRTECHS@HOUSTONTX.GOV

MAILING ADDRESS
INFRASTRUCTURE & DEVELOPMENT
SERVICES SECTION
P.O. BOX 2688
HOUSTON, TEXAS 77252-2688

V- 17995