

**DEPARTMENT OF HOMELAND SECURITY - FEDERAL EMERGENCY MANAGEMENT AGENCY
ELEVATION FORM**

*O.M.B. NO. 1660-0015
Expires February 28, 2014*

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 1.25 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. This collection is required to obtain or retain benefits. 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 this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0015). **NOTE: Do not send your completed form to this address.**

This form must be completed for requests and must be completed and signed by a registered professional engineer or licensed land surveyor. **A DHS - FEMA National Flood Insurance Program (NFIP) Elevation Certificate may be submitted in lieu of this form for single structure requests.**

For requests to remove a structure on natural grade OR on engineered fill from the Special Flood Hazard Area (SFHA), submit the lowest adjacent grade (the lowest ground touching the structure), **including an attached deck or garage**. For requests to remove an entire parcel of land from the SFHA, provide the lowest lot elevation; or, if the request involves an area described by metes and bounds, provide the lowest elevation within the metes and bounds description. All measurements are to be rounded to nearest tenth of a foot. In order to process your request, all information on this form must be completed **in its entirety**. **Incomplete submissions will result in processing delays.**


- NFIP Community Number: **480483** Property Name or Address: **115 SENTINAL OAKS DR.**
- Are the elevations listed below based on ☒ existing or ☐ proposed conditions? (Check one)
- For the existing or proposed structures listed below, what are the types of construction? (check all that apply)
☐ crawl space ☐ slab on grade ☐ basement/enclosure ☒ other (explain) **PURPOSE TO REMOVE PORTIONS OF LOT 7 AND 8 OUTSIDE THE FLOODPLAIN ZONE AE**
- Has DHS - FEMA identified this area as subject to land subsidence or uplift? (see instructions) ☐ Yes ☒ No
 If yes, what is the date of the current re-leveling? / (month/year)
- What is the elevation datum? ☐ NGVD 29 ☒ NAVD 88 ☐ Other (explain) If any of the elevations listed below were computed using a datum different than the datum used for the effective Flood Insurance Rate Map (FIRM) (e.g., NGVD 29 or NAVD 88), what was the conversion factor?

Local Elevation +/- ft. = FIRM Datum

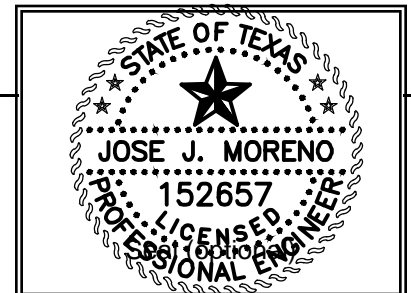
- Please provide the Latitude and Longitude of the most upstream edge of the **structure** (in decimal degrees to the nearest fifth decimal place):
 Indicate Datum: ☐ WGS84 ☒ NAD83 ☐ NAD27 Lat. **30.12212** Long. **-95.64843**
 Please provide the Latitude and Longitude of the most upstream edge of the **property** (in decimal degrees to the nearest fifth decimal place):
 Indicate Datum: ☐ WGS84 ☒ NAD83 ☐ NAD27 Lat. **30.12220** Long. **-95.64859**

Address	Lot Number	Block Number	Lowest Lot Elevation*	Lowest Adjacent Grade To Structure	Base Flood Elevation	BFE Source
115 SENTINAL OAKS DR.	7		162.06	162.77	162.00	FIRM MAP
115 SENTINAL OAKS DR.	8		162.06	N/A	162.00	FIRM MAP

This certification is to be signed and sealed by a licensed land surveyor, registered professional engineer, or architect authorized by law to certify elevation information. All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.


Certifier's Name: Jose J Moreno	License No.: 152657	Expiration Date: 03/31/2026
Company Name: Probt, LLC	Telephone No.: 281-797-2331	
Email: j.moreno1008@gmail.com	Fax No.	
Signature: 	Date: 12/29/2025	

*For requests involving a portion of property, include the lowest ground elevation within the metes and bounds description. Please note: If the Lowest Adjacent Grade to Structure is the only elevation provided, a determination will be issued for the structure only.



[illegible]

Certifier's Name:	License No.:	Expiration Date:
Company Name:	Telephone No.:	<div style="border: 3px double black; width: 100%; height: 100%;"></div>
Email:	Fax No.	
Signature:	Date	

A diagram of a rectangular box with a double-line border. Inside the box, at the bottom center, is the text "Seal (optional)".

Seal (optional)