

# ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

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				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4861 Rippy Road				Company NAIC Number:	
City Flower Mound		State Texas		ZIP Code 75028	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Jesse Watkins Survey, Abstract No. 1324 (Inst. No. 2014-67692)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>33.0516</u> Long. <u>-97.0784</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>8</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>4,106</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>38</u>					
c) Total net area of flood openings in A8.b <u>4,472</u> sq in					
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>984</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>5</u>					
c) Total net area of flood openings in A9.b <u>1,000</u> sq in					
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Town of Flower Mound 480777			B2. County Name Denton		B3. State Texas
B4. Map/Panel Number 48121C0540	B5. Suffix G	B6. FIRM Index Date 04/18/2011	B7. FIRM Panel Effective/ Revised Date 04/18/2011	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 586.00
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
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>2001 Adjustment</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					



# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4861 Rippy Road			Policy Number:
City Flower Mound	State Texas	ZIP Code 75028	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, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: 586.43

Vertical Datum: 2001 Adjustment

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☐ NAVD 1988 ☒ Other/Source: 2001 Adjustment

Datum used for building elevations must be the same as that used for the BFE.


Check the measurement used.

a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>586.33</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>590.23</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>587.90</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>585.73</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>585.68</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>585.85</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>N/A</u>	<input checked="" 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 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.

Certifier's Name Thomas William Mauk	License Number 5119
Title RPLS	
Company Name CBG Surveying, Inc.	
Address 12025 Shiloh Road Ste. 230	
City Dallas	State Texas
ZIP Code 75228	
Signature 	Date 08/05/2016
Telephone (214) 349-9485	



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

C2(e) Propane Tank, Propane tank is anchored to resist flotation. All other equipment elevated at 590.23

Benchmark is on site Benchmark Mag-nail at the Northeast corner of the property

Job No. 1504370-08EC

Date revised 08/09/2016 & 08/10/2016



**ELEVATION CERTIFICATE**OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4861 Rippy Road			Policy Number:
City Flower Mound	State Texas	ZIP Code 75028	Company NAIC Number

**SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)  
FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

- E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (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 (elevation C2.b in the diagrams) 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 REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments.

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2018

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4861 Rippy Road			Policy Number:
City Flower Mound	State Texas	ZIP Code 75028	Company NAIC Number

## SECTION G – COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.

- 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 law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
-------------------	------------------------	---

- G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_ ☐ feet ☐ meters Datum \_\_\_\_\_
- G9. BFE or (in Zone AO) depth of flooding at the building site: \_\_\_\_\_ ☐ feet ☐ meters Datum \_\_\_\_\_
- G10. Community's design flood elevation: \_\_\_\_\_ ☐ feet ☐ meters Datum \_\_\_\_\_

Local Official's Name	Title
Community Name	Telephone
Signature	Date

Comments (including type of equipment and location, per C2(e), if applicable)

☐ Check here if attachments.



**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

**ELEVATION CERTIFICATE****IMPORTANT:** In these spaces, copy the corresponding information from Section A.**FOR INSURANCE COMPANY USE**Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
4861 Rippy Road

Policy Number:

City  
Flower MoundState  
TexasZIP Code  
75028

Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Date Taken 08/04/2016



Photo Two

Photo Two Caption Date Taken 08/04/2016



# MASTER REVISION INDEX

REVISION #	DESCRIPTION	DATE	DESIGNER	ENGINEERING REQUIRED	FRAMING REQUIRED	ELEC./ MECH. REQUIRED
1	REFER TO CHANGE ORDER ADDENDUM # 2 AND SIGNED PRELIMINARY PLANS	9/25/2014	BFM	NO	YES	YES
2	REFER TO CHANGE ORDER ADDENDUM # 4 ( CONVERT GAS COOK TOP TO ELECTRIC COOK TOP )	9/26/2014	BFM	NO	NO	YES
3	REFER TO NEW SALES WORKSHEET	12/31/2014	BFM	YES	YES	YES
4	REFER CHANGE ORDER ADDENDUM #6 ( STONE COLUMNS ON BACK PATIO )	2/13/2015	BFM	YES	YES	NO
5	ADDED NOTATION FOR MATERIAL TO BE USED AT GARAGE	3/4/2015	BFM	NO	NO	NO
6	REVISED SITE PLAN PER CITY REQUEST	3/10/2015	BFM	NO	NO	NO
7						
8						
9						
10						

## FINAL PLANS ACKNOWLEDGEMENT

3/10/15

I / WE HAVE REVIEWED THESE PLANS WITH OUR OUR COUNTRY HOMES SALES REPRESENTATIVE AND CONSTRUCTION SUPERINTENDENT PRESENT AND I / WE APPROVE THESE PLANS TO BE USED AS THE FINAL MASTER PLAN FOR CONSTRUCTION PURPOSES. I / WE AGREE THE HOME WILL BE CONSTRUCTED IN ACCORDANCE WITH THESE PLANS AND SPECIFICATIONS AND CHANGES REQUESTED AT A LATER STAGE WILL BE SUBJECT TO ADDITIONAL CHARGES.

I / WE UNDERSTAND THAT DUE TO UNFORESEEN VARIABLES ENCOUNTERED DURING THE CONSTRUCTION PROCESS, THE BUILDER MAY NEED TO RELOCATE AN ITEM TO A DIFFERENT LOCATION OR A STRUCTURAL CHANGE MAY NEED TO BE MADE WHICH DEVIATES FROM THIS SET OF CONSTRUCTION PLANS. COMMON EXAMPLES OF THIS INCLUDE, BUT ARE NOT LIMITED TO: WATER HEATER LOCATIONS, LIGHT SWITCHES, AND CABLE/PHONE OPENINGS, ETC.

DATE: \_\_\_\_\_

PURCHASER / OWNER: \_\_\_\_\_

PURCHASER / OWNER: \_\_\_\_\_

SALES CONSULTANT: \_\_\_\_\_

CONSTRUCTION SUPERINTENDENT: \_\_\_\_\_

## DESIGN NOTES

GOLD SERIES

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# WOOD ROAD

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WELTNER RESIDENCE  
4861 RIPPY ROAD  
INS SURVEY, ABSTRACT  
FLOWER MOUND, TEXAS

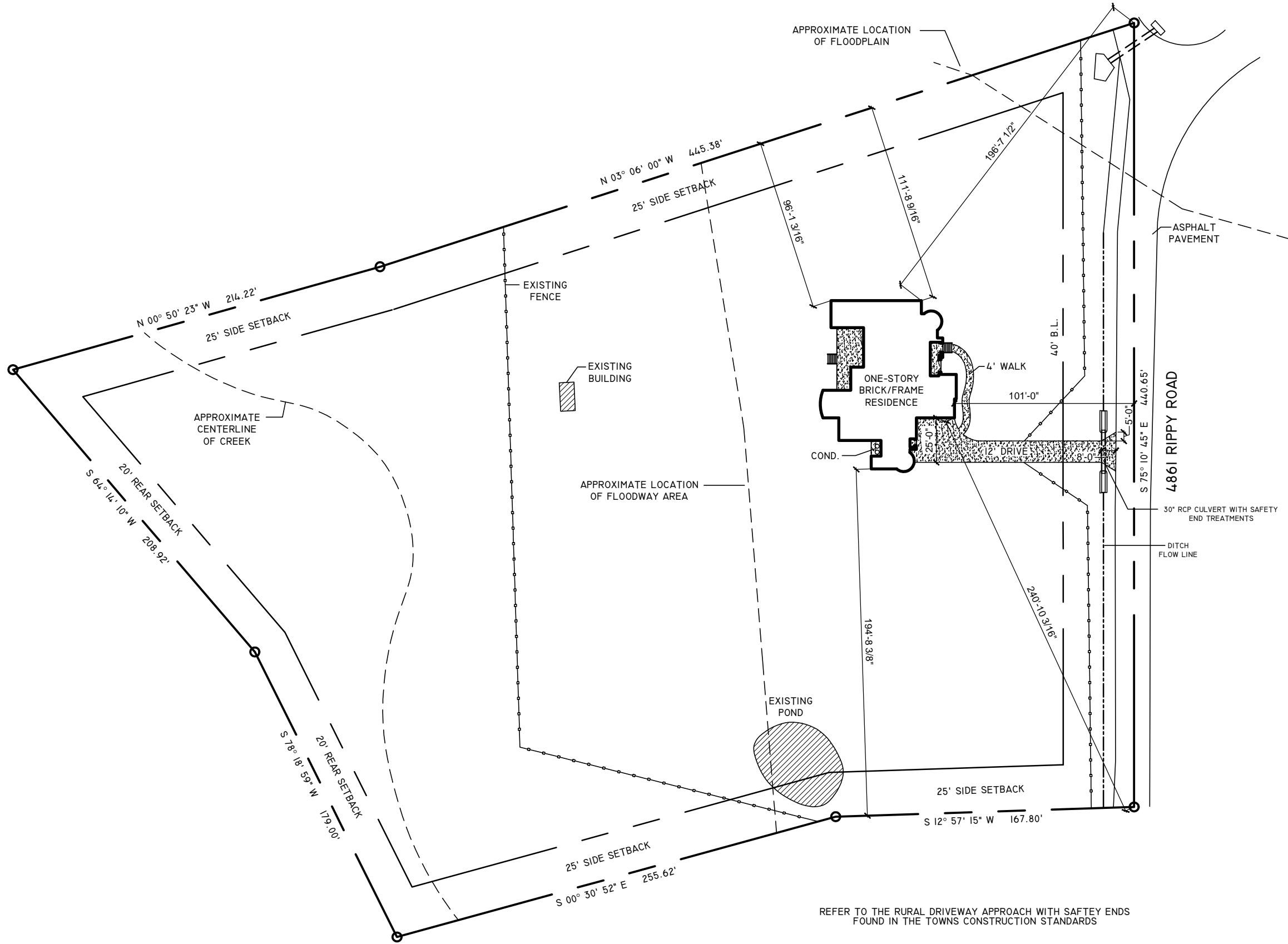
***Date:***  
1-6-15

**Designer:**  
BFM

***SHEET***

C

PLOT PLAN  
FLATWORK 1,938 SQ. FT.



REFER TO THE RURAL DRIVEWAY APPROACH WITH SAFETY ENDS  
FOUND IN THE TOWNS CONSTRUCTION STANDARDS

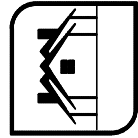
NORTH  
SCALE: 1"= 60'-0"

FINAL PLANS 3/10/15

DATE:  
PURCHASER / OWNER:  
PURCHASER / OWNER:  
SALES CONSULTANT:  
CONSTRUCTION SUPERINTENDENT:

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Date:  
1-6-15  
Designer:  
BFM

SHEET  
SITE

WELTNER RESIDENCE  
4861 RIPPY ROAD  
J. WATKINS SURVEY, ABSTRACT NO. 1324  
FLOWER MOUND, TEXAS





AREA TABULATION

LIVING	3,493 SQ. FT
ENTRY / PATIO	634 SQ. FT
GARAGE	984 SQ. FT
TOTAL FRAME	5,111 SQ. FT

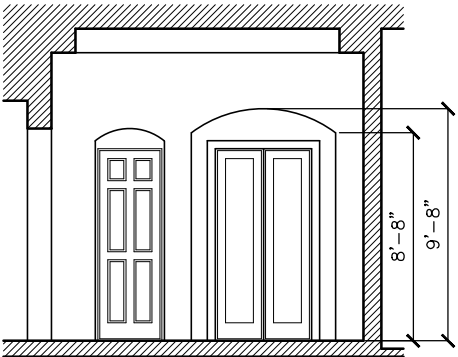
COUNTERTOP TAKEOFF	
KITCHEN	87 SQ. FT
MASTER BATH	30 SQ. FT
BATH #2	16 SQ. FT
BATH #3	8 SQ. FT
POWDER	8 SQ. FT
UTILITY	13 SQ. FT

BRICK WATER TABLE TAKEOFF	
106 L.F.	

STONE TAKEOFF	
563 SQ. FT	

FINAL PLANS 3/10/15

DATE: \_\_\_\_\_  
PURCHASER / OWNER: \_\_\_\_\_  
PURCHASER / OWNER: \_\_\_\_\_  
SALES CONSULTANT: \_\_\_\_\_  
CONSTRUCTION SUPERINTENDENT: \_\_\_\_\_

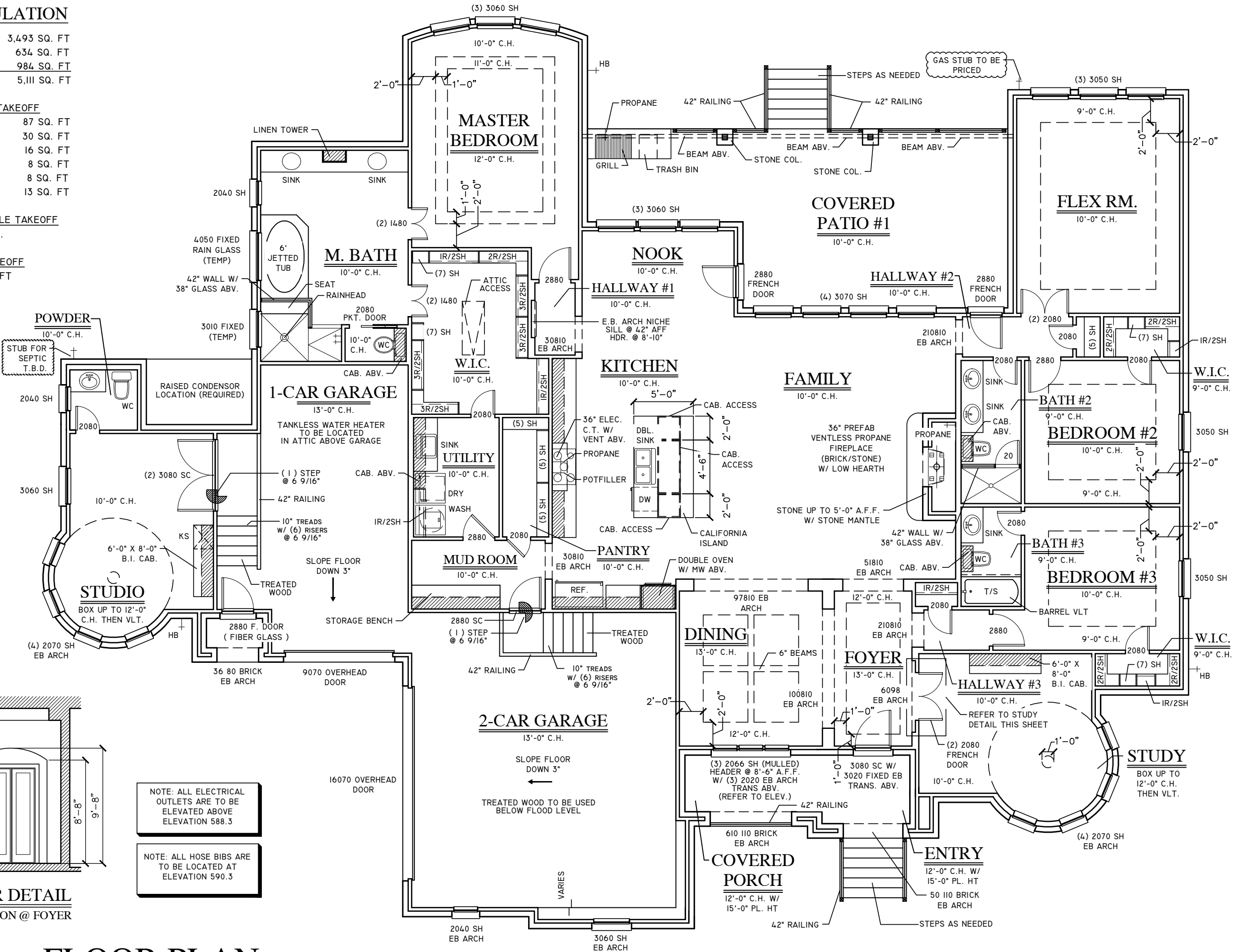


STUDY DOOR DETAIL  
INTERIOR ELEVATION @ FOYER

NOTE: ALL ELECTRICAL  
OUTLETS ARE TO BE  
ELEVATED ABOVE  
ELEVATION 588.3

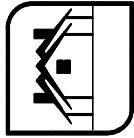
NOTE: ALL HOSE BIBS ARE  
TO BE LOCATED AT  
ELEVATION 590.3

FLOOR PLAN



SCALE: 1/8"=1'-0"

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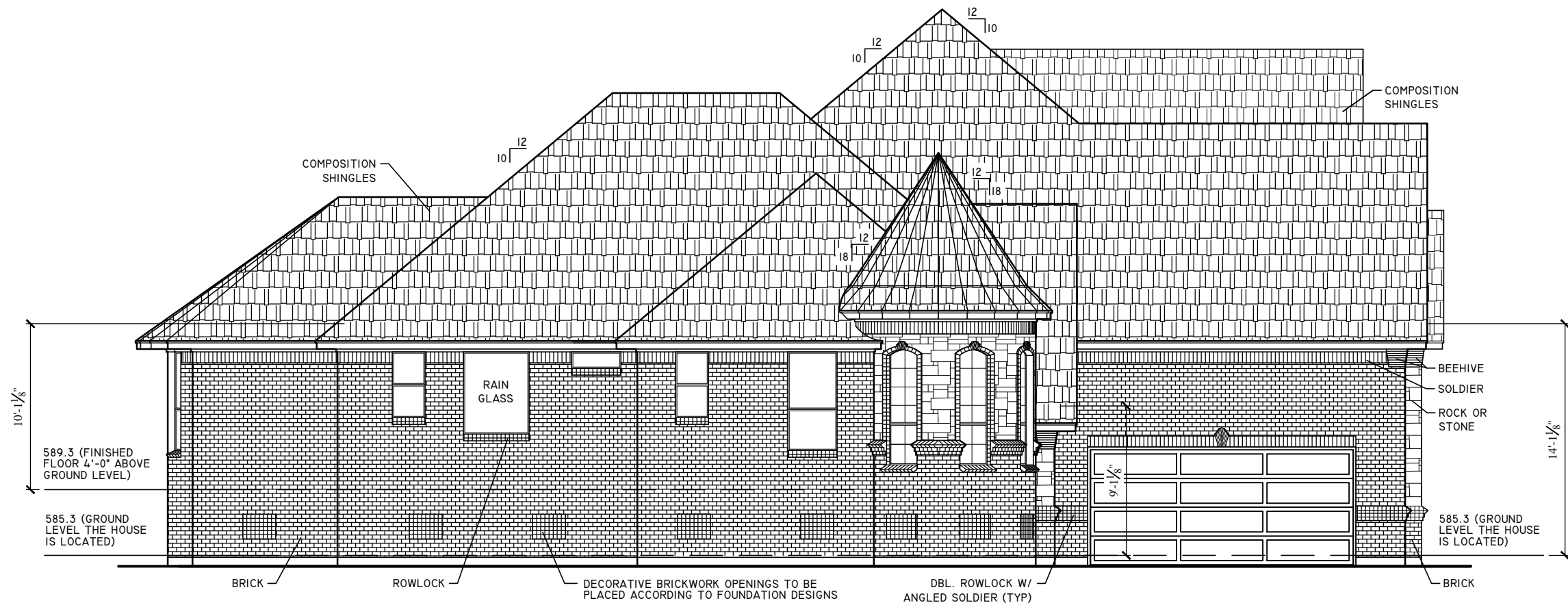
Date:  
1-6-15  
Designer:  
BFM

SHEET  
2

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WELTNER RESIDENCE  
4861 RIPPY ROAD  
J. WATKINS SURVEY, ABSTRACT NO. 1324  
FLOWER MOUND, TEXAS

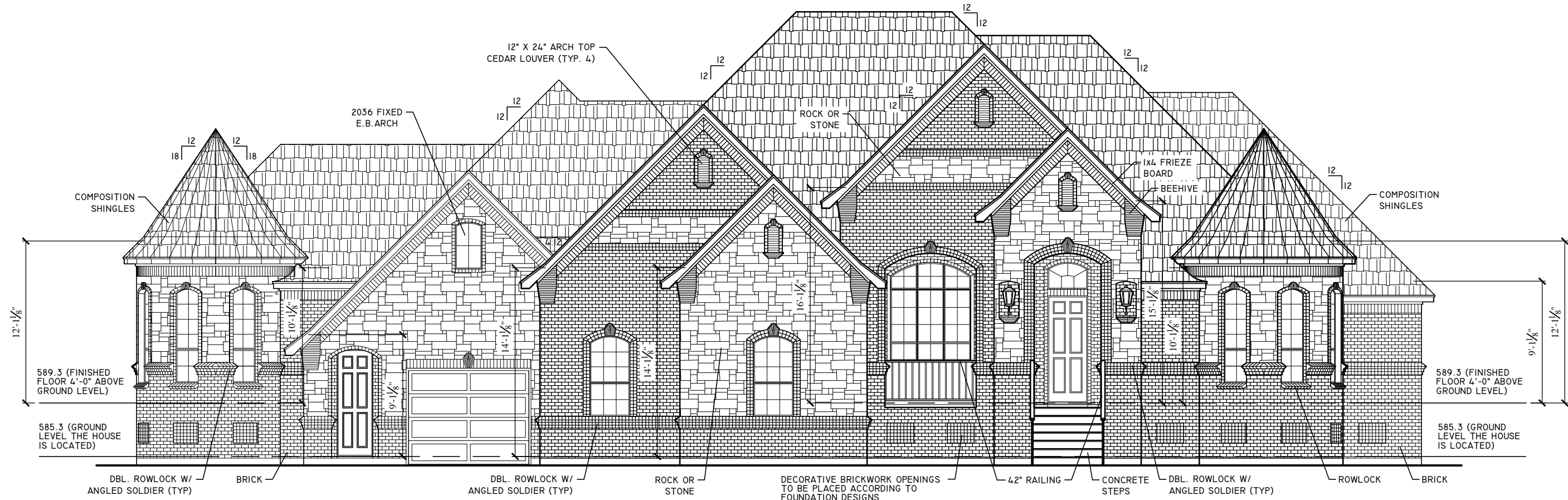


FINAL PLANS 3/10/15

DATE: \_\_\_\_\_  
PURCHASER / OWNER: \_\_\_\_\_  
PURCHASER / OWNER: \_\_\_\_\_  
SALES CONSULTANT: \_\_\_\_\_  
CONSTRUCTION SUPERINTENDENT: \_\_\_\_\_

## LEFT ELEVATION

SCALE: 1/8"=1'-0"



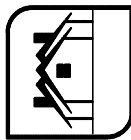
## FRONT ELEVATION

SCALE: 1/8"=1'-0"

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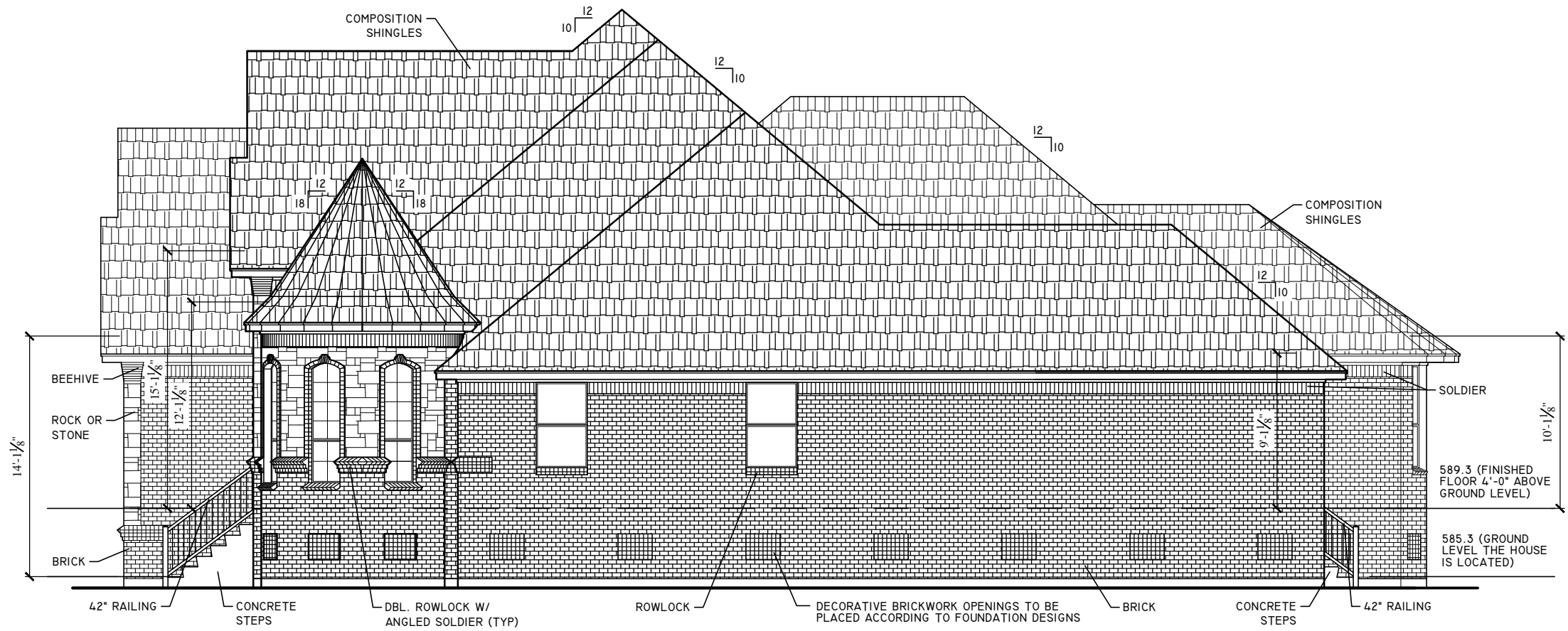
Date: 1-6-15  
Designer: BFM

SHEET  
3

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WELTNER RESIDENCE  
4861 RIPPY ROAD  
J. WATKINS SURVEY, ABSTRACT NO. 1324  
FLOWER MOUND, TEXAS





RIGHT ELEVATION

SCALE: 1/8"=1'-0"

FINAL PLANS 3/10/15

DATE: \_\_\_\_\_  
PURCHASER / OWNER: \_\_\_\_\_  
PURCHASER / OWNER: \_\_\_\_\_  
SALES CONSULTANT: \_\_\_\_\_  
CONSTRUCTION SUPERINTENDENT: \_\_\_\_\_

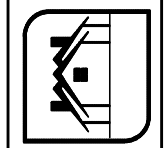


REAR ELEVATION

SCALE: 1/8"=1'-0"

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GOLD SERIES

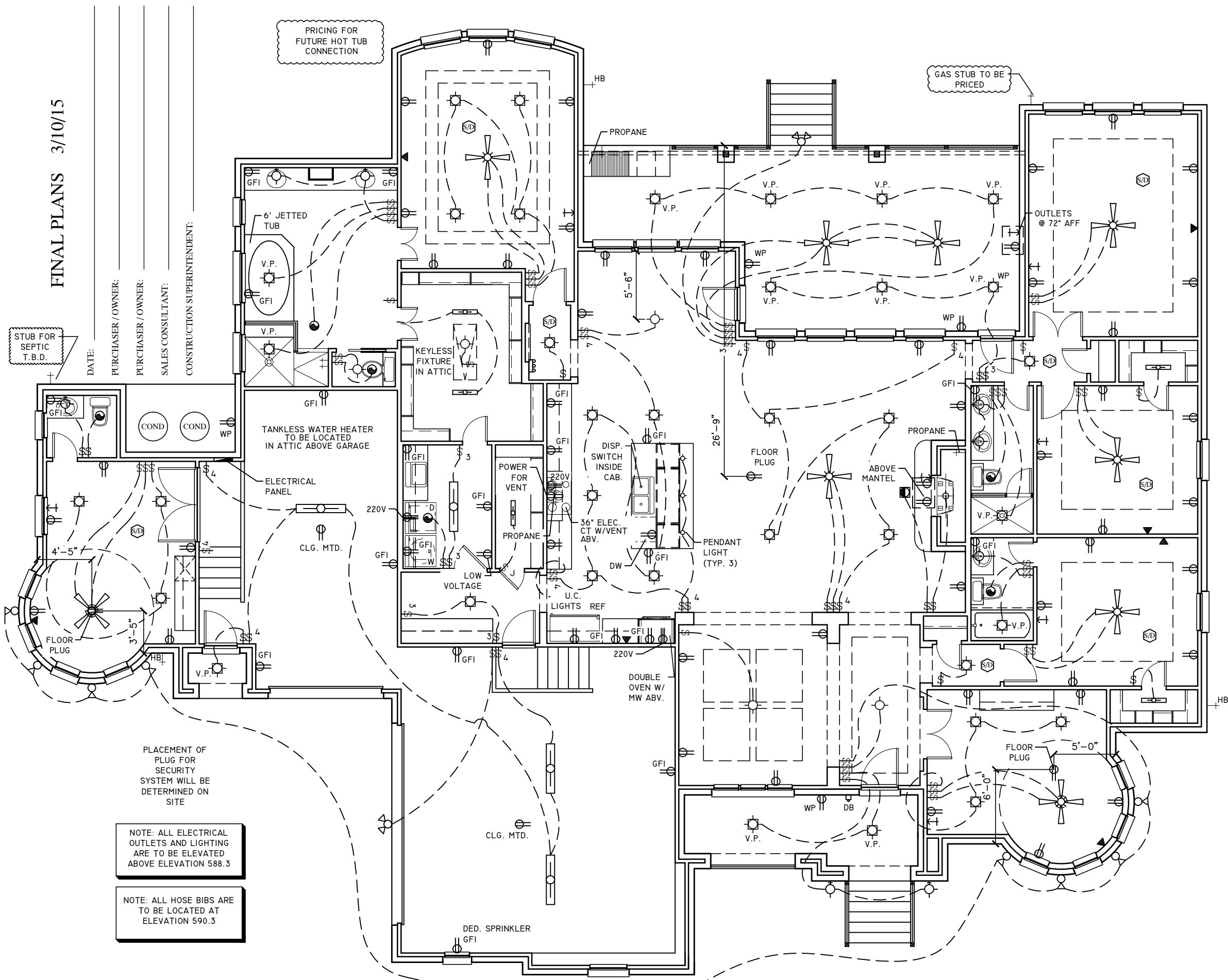


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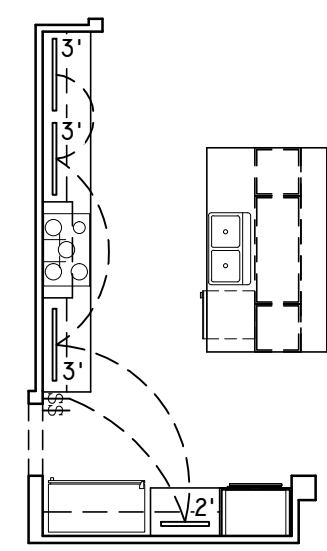
**Date:**  
1-6-15  
**Designer:**  
BFM

**SHEET**  
4

WELTNER RESIDENCE  
4861 RIPPY ROAD  
J. WATKINS SURVEY, ABSTRACT NO. 1324  
FLOWER MOUND, TEXAS



	RECESSED EYEBALL
	RECESSED CAN
	RECESSED CAN (VAPOR PROOF)
	EXHAUST FAN
	EXH. FAN/ LIGHT COMBO
	CEILING MOUNTED
	WALL MOUNTED
	I/O OUTLET
	GROUND FAULT INTERCEPTOR
	WATER PROOF
	220 OUTLET
	2-WAY SWITCH
	3-WAY SWITCH
	4-WAY SWITCH
	JAMB SWITCH
	SMOKE DETECTOR
	4' (2-BULB) FLUORESCENT
	2' (1-BULB) FLUORESCENT
	FAN / LIGHT
	DOOR BELL
	CHIMES
	ELECTRICAL PANEL
	DOUBLE FLOOD LIGHT
	SINGLE FLOOD UP-LIGHT
	TELEPHONE
	CABLE
	2' U.C. / A.C. (1-BULB ) FLUORESCENT
	3' U.C. / A.C. (1-BULB ) FLUORESCENT
	4' U.C. / A.C. (1-BULB ) FLUORESCENT



NOTE: ALL ELECTRICAL  
OUTLETS AND LIGHTING  
ARE TO BE ELEVATED  
ABOVE ELEVATION 588.3

NOTE: ALL HOSE BIBS ARE  
TO BE LOCATED AT  
ELEVATION 590.3

PLACEMENT OF  
PLUG FOR  
SECURITY  
SYSTEM WILL BE  
DETERMINED ON  
SITE

PRICING FOR  
FUTURE HOT TUB  
CONNECTION

GAS STUB TO BE  
PRICED

# ELECTRICAL PLAN

SCALE: 1/8"=1'-0"

## U.C. LIGHTS KITCHEN

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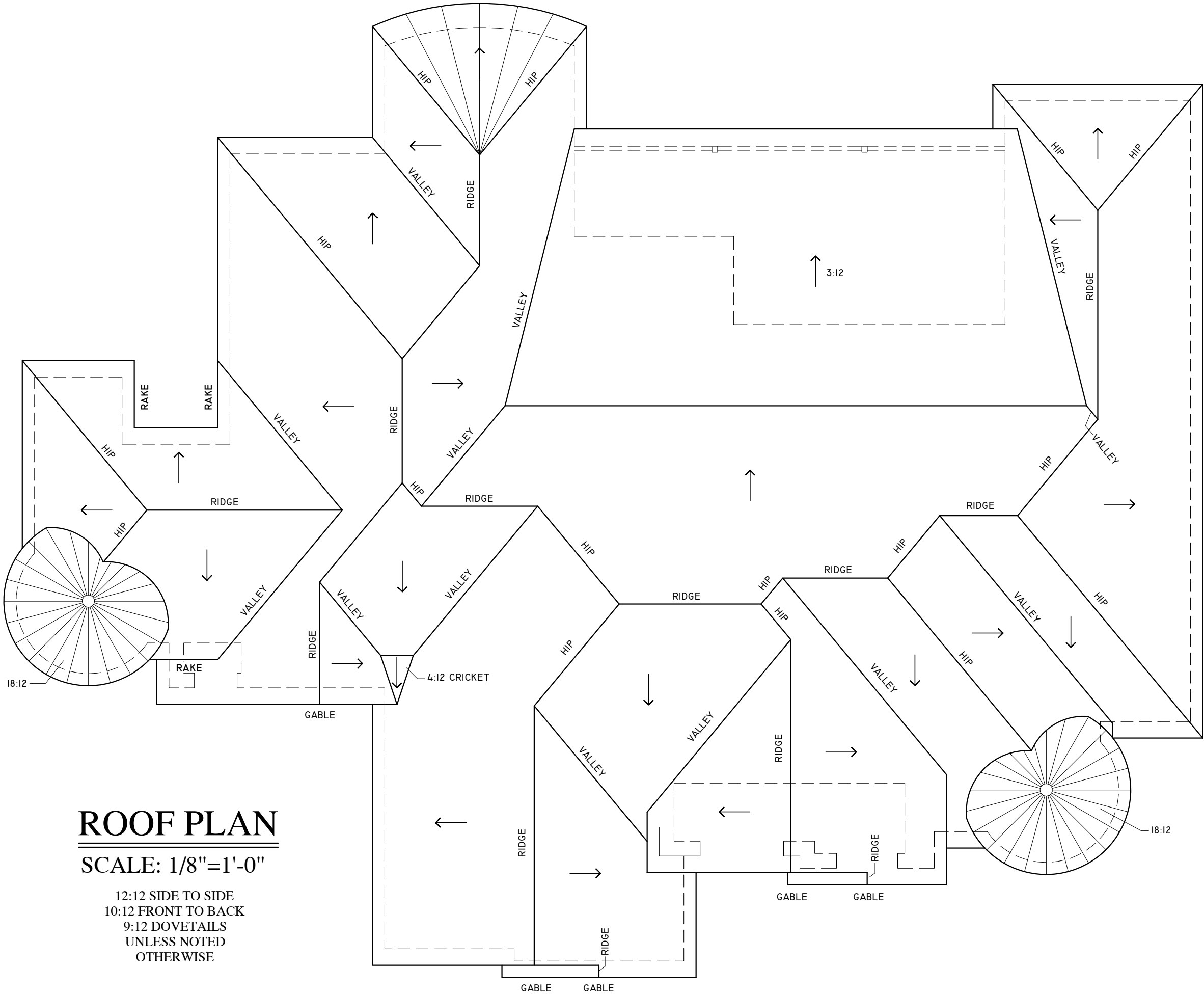
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Date:  
1-6-15  
Designer:  
BFM

SHEET  
5

WELTNER RESIDENCE  
4861 RIPPY ROAD  
J. WATKINS SURVEY, ABSTRACT NO. 1324  
FLOWER MOUND, TEXAS





# ROOF PLAN

SCALE: 1/8"=1'-0"

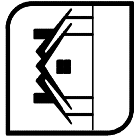
12:12 SIDE TO SIDE  
10:12 FRONT TO BACK  
9:12 DOVETAILS  
UNLESS NOTED  
OTHERWISE

FINAL PLANS 3/10/15

DATE: \_\_\_\_\_  
PURCHASER / OWNER: \_\_\_\_\_  
PURCHASER / OWNER: \_\_\_\_\_  
SALES CONSULTANT: \_\_\_\_\_  
CONSTRUCTION SUPERINTENDENT: \_\_\_\_\_

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CONSENT OF DUSTIN AUSTIN ENTERPRISES INC., DBA "OUR COUNTRY HOMES"

## GOLD SERIES



**OUR COUNTRY HOMES**  
700 W. HARWOOD ROAD # G2  
HURST, TX. 76054  
817-281-3388 [www.ourcountryhomes.com](http://www.ourcountryhomes.com)

*Date:*  
1-6-15  
*Designer:*  
BFM

*SHEET*  
6

WELTNER RESIDENCE  
4861 RIPPY ROAD  
J. WATKINS SURVEY, ABSTRACT NO. 1324  
FLOWER MOUND, TEXAS



THE KERLEY AGENCY  
14675 MIDWAY ROAD 101  
ADDISON, TX 75001

Agency Phone: (972) 490-7288

NFIP Policy Number: [REDACTED]  
Company Policy Number: [REDACTED]  
Agent: BRADLEY KERLEY

Payor: FIRST MORTGAGEE  
Policy Term: 03/16/2023 12:01 AM - 03/16/2024 12:01 AM  
Policy Form: DWELLING POLICY

To report a claim  
visit or call us at: <https://myallstateflood.com>  
180054

## RENEWAL FLOOD INSURANCE POLICY DECLARATIONS

NATIONAL FLOOD INSURANCE PROGRAM

### DELIVERY ADDRESS

[REDACTED]  
4861 RIPPY RD  
FLOWER MOUND, TX 75028-1761

### INSURED NAME(S) AND MAILING ADDRESS

[REDACTED]  
4861 RIPPY RD  
FLOWER MOUND, TX 75028-1761

### COMPANY MAILING ADDRESS

ALLSTATE INSURANCE COMPANY  
ALLSTATE INSURANCE COMPANY  
PO BOX 200959  
DALLAS, TX 75320-0959

### INSURED PROPERTY LOCATION

4861 RIPPY RD  
FLOWER MOUND, TX 75028-1761

### RATING INFORMATION

BUILDING OCCUPANCY: SINGLE-FAMILY HOME  
NUMBER OF UNITS: N/A  
PRIMARY RESIDENCE: YES  
PROPERTY DESCRIPTION: CRAWLSPACE (ELEVATED OR NON-ELEVATED SUBGRADE CRAWLSPACE), 2 FLOOR(S), FRAME CONSTRUCTION  
PRIOR NFIP CLAIMS: 0 CLAIM(S)

BUILDING DESCRIPTION: MAIN DWELLING  
BUILDING DESCRIPTION DETAIL: N/A

DATE OF CONSTRUCTION: 03/11/2015

CURRENT FLOOD ZONE: AE  
FIRST FLOOR HEIGHT (FEET): N/A  
FIRST FLOOR HEIGHT METHOD: N/A

### MORTGAGEE / ADDITIONAL INTEREST INFORMATION

FIRST MORTGAGEE: FLAGSTAR BANK ISAOA  
PO BOX 7646 SPRINGFIELD, OH 45501-7646

LOAN NO: 0505437310

SECOND MORTGAGEE:

LOAN NO: N/A

ADDITIONAL INTEREST:

LOAN NO: N/A

DISASTER AGENCY:

CASE NO: N/A

DISASTER AGENCY: N/A

### RATE CATEGORY — RATING ENGINE

	COVERAGE	DEDUCTIBLE
BUILDING:	\$250,000	\$1,250
CONTENTS:	N/A	N/A

COVERAGE LIMITATIONS MAY APPLY. SEE YOUR POLICY FORM FOR DETAILS.  
Please review this declaration page for accuracy. If any changes are needed, contact your agent.  
Notes: The "FULL RISK PREMIUM" is for this policy term only. It is subject to change annually if there is any change in the rating elements. Your property's NFIP flood claims history can affect your premium, for questions please contact your agency. "MITIGATION DISCOUNTS" may apply if there are approved flood vents and/or the machinery & equipment is elevated appropriately. To learn more about your flood risk, please visit [FloodSmart.gov/floodcosts](https://FloodSmart.gov/floodcosts).

### COMPONENTS OF TOTAL AMOUNT DUE

BUILDING PREMIUM:	\$1,165.00
CONTENTS PREMIUM:	\$0.00
INCREASED COST OF COMPLIANCE (ICC) PREMIUM:	\$22.00
MITIGATION DISCOUNT:	(\$24.00)
COMMUNITY RATING SYSTEM REDUCTION:	(\$97.00)
FULL RISK PREMIUM:	\$1,066.00
ANNUAL INCREASE CAP DISCOUNT:	(\$750.00)
STATUTORY DISCOUNTS:	(\$0.00)
DISCOUNTED PREMIUM:	\$316.00
RESERVE FUND ASSESSMENT:	\$57.00
HFIAA SURCHARGE:	\$25.00
FEDERAL POLICY FEE:	\$47.00
PROBATION SURCHARGE:	\$0.00
TOTAL ANNUAL PREMIUM:	\$445.00

IN WITNESS WHEREOF, I have signed this policy below and enter in to this Insurance Agreement

*William Hill*

William Hill, President

*Susan Lees*

Susan Lees, Secretary

This declarations page along with the Standard Flood Insurance Policy Form constitutes your flood insurance policy.

Policy issued by: ALLSTATE INSURANCE COMPANY

Zero Balance Due - This Is Not A Bill

Insurer NAIC Number: 19232



File: 28596001

Page 1 of 1



DocID: 215244561

Printed 03/18/2023





## INFORMATION ABOUT ON-SITE SEWER FACILITY

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS®, INC. IS NOT AUTHORIZED.  
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### CONCERNING THE PROPERTY AT

4861 Rippy Rd  
Flower Mound, TX 75028

#### A. DESCRIPTION OF ON-SITE SEWER FACILITY ON PROPERTY:

- (1) Type of Treatment System: ☐ Septic Tank ☒ Aerobic Treatment ☐ Unknown
- (2) Type of Distribution System: Sprinkler (2) ☐ Unknown
- (3) Approximate Location of Drain Field or Distribution System: West side of house ☐ Unknown
- (4) Installer: Turner Septic ☐ Unknown
- (5) Approximate Age: 6 years ☐ Unknown

#### B. MAINTENANCE INFORMATION:

- (1) Is Seller aware of any maintenance contract in effect for the on-site sewer facility? ☒ Yes ☐ No  
If yes, name of maintenance contractor: Waste Not Septic  
Phone: 817-909-9551 contract expiration date: Feb 2024  
*Maintenance contracts must be in effect to operate aerobic treatment and certain non-standard on-site sewer facilities.)*
- (2) Approximate date any tanks were last pumped? mid 2022
- (3) Is Seller aware of any defect or malfunction in the on-site sewer facility? ☐ Yes ☒ No  
If yes, explain: \_\_\_\_\_
- (4) Does Seller have manufacturer or warranty information available for review? ☐ Yes ☒ No

#### C. PLANNING MATERIALS, PERMITS, AND CONTRACTS:

- (1) The following items concerning the on-site sewer facility are attached:  
☐ planning materials ☐ permit for original installation ☐ final inspection when OSSF was installed  
☐ maintenance contract ☐ manufacturer information ☐ warranty information
- (2) "Planning materials" are the supporting materials that describe the on-site sewer facility that are submitted to the permitting authority in order to obtain a permit to install the on-site sewer facility.
- (3) It may be necessary for a buyer to have the permit to operate an on-site sewer facility transferred to the buyer.

(TXR-1407) 1-7-04


Initialed for Identification by Buyer \_\_\_\_\_, \_\_\_\_\_ and Seller Jeff

Page 1 of 2

**D. INFORMATION FROM GOVERNMENTAL AGENCIES:** Pamphlets describing on-site sewer facilities are available from the Texas Agricultural Extension Service. Information in the following table was obtained from Texas Commission on Environmental Quality (TCEQ) on 10/24/2002. The table estimates daily wastewater usage rates. Actual water usage data or other methods for calculating may be used if accurate and acceptable to TCEQ.

<u>Facility</u>	<u>Usage (gal/day) without water- saving devices</u>	<u>Usage (gal/day) with water- saving devices</u>
Single family dwelling (1-2 bedrooms; less than 1,500 sf)	225	180
Single family dwelling (3 bedrooms; less than 2,500 sf)	300	240
Single family dwelling (4 bedrooms; less than 3,500 sf)	375	300
Single family dwelling (5 bedrooms; less than 4,500 sf)	450	360
Single family dwelling (6 bedrooms; less than 5,500 sf)	525	420
Mobile home, condo, or townhouse (1-2 bedroom)	225	180
Mobile home, condo, or townhouse (each add'l bedroom)	75	60

**This document is not a substitute for any inspections or warranties. This document was completed to the best of Seller's knowledge and belief on the date signed. Seller and real estate agents are not experts about on-site sewer facilities. Buyer is encouraged to have the on-site sewer facility inspected by an inspector of Buyer's choice.**

  
Signature of Seller  
6/21/23  
Date

\_\_\_\_\_  
Signature of Seller  
Date

Receipt acknowledged by:

\_\_\_\_\_  
Signature of Buyer  
Date

\_\_\_\_\_  
Signature of Buyer  
Date





## SELLER'S DISCLOSURE NOTICE

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Section 5.008, Property Code requires a seller of residential property of not more than one dwelling unit to deliver a Seller's Disclosure Notice to a buyer on or before the effective date of a contract. **This form complies with and contains additional disclosures which exceed the minimum disclosures required by the Code.**

CONCERNING THE PROPERTY AT 4861 Rippy Rd  
Flower Mound, TX 75028

THIS NOTICE IS A DISCLOSURE OF SELLER'S KNOWLEDGE OF THE CONDITION OF THE PROPERTY AS OF THE DATE SIGNED BY SELLER AND IS NOT A SUBSTITUTE FOR ANY INSPECTIONS OR WARRANTIES THE BUYER MAY WISH TO OBTAIN. IT IS NOT A WARRANTY OF ANY KIND BY SELLER, SELLER'S AGENTS, OR ANY OTHER AGENT.

Seller X is    is not occupying the Property. If unoccupied (by Seller), how long since Seller has occupied the Property?  
   (approximate date) or    never occupied the Property

### Section 1. The Property has the items marked below: (Mark Yes (Y), No (N), or Unknown (U).)

*This notice does not establish the items to be conveyed. The contract will determine which items will & will not convey.*

Item	Y	N	U	Item	Y	N	U	Item	Y	N	U
Cable TV Wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liquid Propane Gas:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pump: <u>X</u> sump <u>  </u> grinder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Det.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-LP Community (Captive)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rain Gutters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling Fans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-LP on Property	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range/Stove	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooktop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot Tub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof/Attic Vents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intercom System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sauna	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Microwave	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Escape Ladder(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outdoor Grill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector - Hearing Impaired	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exhaust Fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patio/Decking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spa	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fences	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plumbing System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash Compactor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fire Detection Equip.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TV Antenna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French Drain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Washer/Dryer Hookup	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pool Maint. Accessories	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Screens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Gas Lines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pool Heater	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Public Sewer System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Item	Y	N	U	Additional Information
Central A/C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>X</u> electric <u>  </u> gas number of units: <u>2</u>
Evaporative Coolers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	number of units: <u>  </u>
Wall/Window AC Units	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	number of units: <u>  </u>
Attic Fan(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	if yes, describe: <u>  </u>
Central Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>X</u> electric <u>  </u> gas number of units: <u>2</u>
Other Heat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	if yes, describe: <u>  </u>
Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	number of ovens: <u>2</u> <u>X</u> electric <u>  </u> gas <u>  </u> other: <u>  </u>
Fireplace & Chimney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>  </u> wood <u>X</u> gas logs <u>  </u> mock <u>  </u> other: <u>  </u>
Carport	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>  </u> attached <u>  </u> not attached
Garage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>  </u> attached <u>  </u> not attached <u>3</u> car
Garage Door Openers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	number of units: <u>2</u> number of remotes: <u>3</u>
Satellite Dish & Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>X</u> owned <u>  </u> leased from: <u>DirecTV</u>
Security System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>X</u> owned <u>  </u> leased from: <u>A-T-T</u>
Solar Panels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>  </u> owned <u>  </u> leased from: <u>  </u>
Water Heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	electric <u>X</u> gas <u>  </u> other: <u>  </u> number of units: <u>1</u>
Water Softener	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>  </u> owned <u>  </u> leased from: <u>  </u>
Other Leased Items(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	if yes, describe: <u>  </u>

(TXR-1406) 07-08-22

Initialed by: Buyer:    and Seller:   

Page 1 of 6



Concerning the Property at \_\_\_\_\_

**4861 Rippy Rd  
Flower Mound, TX 75028**

Underground Lawn Sprinkler	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> automatic <input type="checkbox"/> manual	areas covered: <u>front, sides, back</u>
Septic / On-Site Sewer Facility	<input checked="" type="checkbox"/>	if yes, attach Information About On-Site Sewer Facility (TXR-1407)	

Water supply provided by: ☒ city ☐ well ☐ MUD ☐ co-op ☐ unknown ☐ other: \_\_\_\_\_

Was the Property built before 1978? ☐ yes ☒ no ☐ unknown

(If yes, complete, sign, and attach TXR-1906 concerning lead-based paint hazards).

Roof Type: Shingles Age: 6 years (approximate)

Is there an overlay roof covering on the Property (shingles or roof covering placed over existing shingles or roof covering)? ☐ yes ☒ no ☐ unknown

Are you (Seller) aware of any of the items listed in this Section 1 that are not in working condition, that have defects, or are need of repair? ☐ yes ☒ no If yes, describe (attach additional sheets if necessary): \_\_\_\_\_

**Section 2. Are you (Seller) aware of any defects or malfunctions in any of the following? (Mark Yes (Y) if you are aware and No (N) if you are not aware.)**

Item	Y	N	Item	Y	N	Item	Y	N
Basement		<input checked="" type="checkbox"/>	Floors		<input checked="" type="checkbox"/>	Sidewalks		<input checked="" type="checkbox"/>
Ceilings		<input checked="" type="checkbox"/>	Foundation / Slab(s)		<input checked="" type="checkbox"/>	Walls / Fences		<input checked="" type="checkbox"/>
Doors		<input checked="" type="checkbox"/>	Interior Walls		<input checked="" type="checkbox"/>	Windows		<input checked="" type="checkbox"/>
Driveways		<input checked="" type="checkbox"/>	Lighting Fixtures		<input checked="" type="checkbox"/>	Other Structural Components		<input checked="" type="checkbox"/>
Electrical Systems		<input checked="" type="checkbox"/>	Plumbing Systems		<input checked="" type="checkbox"/>			
Exterior Walls		<input checked="" type="checkbox"/>	Roof		<input checked="" type="checkbox"/>			

If the answer to any of the items in Section 2 is yes, explain (attach additional sheets if necessary): \_\_\_\_\_

**Section 3. Are you (Seller) aware of any of the following conditions? (Mark Yes (Y) if you are aware and No (N) if you are not aware.)**

Condition	Y	N	Condition	Y	N
Aluminum Wiring		<input checked="" type="checkbox"/>	Radon Gas		<input checked="" type="checkbox"/>
Asbestos Components		<input checked="" type="checkbox"/>	Settling		<input checked="" type="checkbox"/>
Diseased Trees: <u>oak wilt</u>		<input checked="" type="checkbox"/>	Soil Movement		<input checked="" type="checkbox"/>
Endangered Species/Habitat on Property		<input checked="" type="checkbox"/>	Subsurface Structure or Pits		<input checked="" type="checkbox"/>
Fault Lines		<input checked="" type="checkbox"/>	Underground Storage Tanks		<input checked="" type="checkbox"/>
Hazardous or Toxic Waste		<input checked="" type="checkbox"/>	Unplatted Easements		<input checked="" type="checkbox"/>
Improper Drainage		<input checked="" type="checkbox"/>	Unrecorded Easements		<input checked="" type="checkbox"/>
Intermittent or Weather Springs		<input checked="" type="checkbox"/>	Urea-formaldehyde Insulation		<input checked="" type="checkbox"/>
Landfill		<input checked="" type="checkbox"/>	Water Damage Not Due to a Flood Event		<input checked="" type="checkbox"/>
Lead-Based Paint or Lead-Based Pt. Hazards		<input checked="" type="checkbox"/>	Wetlands on Property		<input checked="" type="checkbox"/>
Encroachments onto the Property		<input checked="" type="checkbox"/>	Wood Rot		<input checked="" type="checkbox"/>
Improvements encroaching on others' property		<input checked="" type="checkbox"/>	Active infestation of termites or other wood destroying insects (WDI)		<input checked="" type="checkbox"/>
Located in Historic District		<input checked="" type="checkbox"/>	Previous treatment for termites or WDI		<input checked="" type="checkbox"/>
Historic Property Designation		<input checked="" type="checkbox"/>	Previous termite or WDI damage repaired		<input checked="" type="checkbox"/>
Previous Foundation Repairs		<input checked="" type="checkbox"/>	Previous Fires		<input checked="" type="checkbox"/>
Previous Roof Repairs		<input checked="" type="checkbox"/>	Termite or WDI damage needing repair		<input checked="" type="checkbox"/>
Previous Other Structural Repairs		<input checked="" type="checkbox"/>	Single Blockable Main Drain in Pool/Hot Tub/Spa*		<input checked="" type="checkbox"/>
<u>not required, but repaired</u>		<input checked="" type="checkbox"/>			
Previous Use of Premises for Manufacture of Methamphetamine		<input checked="" type="checkbox"/>			

(TXR-1406) 07-08-22

Initialed by: Buyer: \_\_\_\_\_ and Seller: [Signature]

Page 2 of 6



Concerning the Property at \_\_\_\_\_

4861 Rippy Rd  
Flower Mound, TX 75028

If the answer to any of the items in Section 3 is yes, explain (attach additional sheets if necessary):

Had engineer look at flooring system + framing and  
went ahead + reinforced the flooring system, not  
a required item.

\*A single blockable main drain may cause a suction entrapment hazard for an individual.

**Section 4. Are you (Seller) aware of any item, equipment, or system in or on the Property that is in need of repair, which has not been previously disclosed in this notice?** ☐ yes ☒ no If yes, explain (attach additional sheets if necessary): \_\_\_\_\_

**Section 5. Are you (Seller) aware of any of the following conditions?\*** (Mark Yes (Y) if you are aware and check wholly or partly as applicable. Mark No (N) if you are not aware.)

Y N

- ☒ ☐ Present flood insurance coverage. \$400 per year.
- ☐ ☒ Previous flooding due to a failure or breach of a reservoir or a controlled or emergency release of water from a reservoir.
- ☐ ☒ Previous flooding due to a natural flood event.
- ☐ ☒ Previous water penetration into a structure on the Property due to a natural flood.
- ☒ ☐ Located ☐ wholly ☒ partly in a 100-year floodplain (Special Flood Hazard Area-Zone A, V, A99, AE, AO, AH, VE, or AR).
- ☐ ☒ Located ☐ wholly ☐ partly in a 500-year floodplain (Moderate Flood Hazard Area-Zone X (shaded)).
- ☐ ☒ Located ☐ wholly ☐ partly in a floodway.
- ☐ ☒ Located ☐ wholly ☐ partly in a flood pool.
- ☐ ☒ Located ☐ wholly ☐ partly in a reservoir.

If the answer to any of the above is yes, explain (attach additional sheets as necessary):

House is built in flood zone and built up 4 feet from base flood  
elevation. Flood insurance required and costs \$400 per year because  
its out of the flood plain.

**\*If Buyer is concerned about these matters, Buyer may consult Information About Flood Hazards (TXR 1414).**

For purposes of this notice:

"100-year floodplain" means any area of land that: (A) is identified on the flood insurance rate map as a special flood hazard area, which is designated as Zone A, V, A99, AE, AO, AH, VE, or AR on the map; (B) has a one percent annual chance of flooding, which is considered to be a high risk of flooding; and (C) may include a regulatory floodway, flood pool, or reservoir.

"500-year floodplain" means any area of land that: (A) is identified on the flood insurance rate map as a moderate flood hazard area, which is designated on the map as Zone X (shaded); and (B) has a two-tenths of one percent annual chance of flooding, which is considered to be a moderate risk of flooding.

"Flood pool" means the area adjacent to a reservoir that lies above the normal maximum operating level of the reservoir and that is subject to controlled inundation under the management of the United States Army Corps of Engineers.

"Flood insurance rate map" means the most recent flood hazard map published by the Federal Emergency Management Agency under the National Flood Insurance Act of 1968 (42 U.S.C. Section 4001 et seq.).

"Floodway" means an area that is identified on the flood insurance rate map as a regulatory floodway, which includes the channel of a river or other watercourse and the adjacent land areas that must be reserved for the discharge of a base flood, also referred to as a 100-year flood, without cumulatively increasing the water surface elevation more than a designated height.

"Reservoir" means a water impoundment project operated by the United States Army Corps of Engineers that is intended to retain water or delay the runoff of water in a designated surface area of land.

(TXR-1406) 07-08-22

Initialed by: Buyer: \_\_\_\_\_, \_\_\_\_\_ and Seller: [Signature]

Page 3 of 6

Concerning the Property at \_\_\_\_\_

4861 Rippy Rd  
Flower Mound, TX 75028

**Section 6. Have you (Seller) ever filed a claim for flood damage to the Property with any insurance provider, including the National Flood Insurance Program (NFIP)?\*** ☐ yes ☒ no If yes, explain (attach additional sheets as necessary): \_\_\_\_\_

\*Homes in high risk flood zones with mortgages from federally regulated or insured lenders are required to have flood insurance. Even when not required, the Federal Emergency Management Agency (FEMA) encourages homeowners in high risk, moderate risk, and low risk flood zones to purchase flood insurance that covers the structure(s) and the personal property within the structure(s).

**Section 7. Have you (Seller) ever received assistance from FEMA or the U.S. Small Business Administration (SBA) for flood damage to the Property?** ☐ yes ☒ no If yes, explain (attach additional sheets as necessary): \_\_\_\_\_

**Section 8. Are you (Seller) aware of any of the following? (Mark Yes (Y) if you are aware. Mark No (N) if you are not aware.)**

**Y N**

- ☒ Room additions, structural modifications, or other alterations or repairs made without necessary permits, with unresolved permits, or not in compliance with building codes in effect at the time.
- ☒ Homeowners' associations or maintenance fees or assessments. If yes, complete the following:  
Name of association: \_\_\_\_\_  
Manager's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fees or assessments are: \$ \_\_\_\_\_ per \_\_\_\_\_ and are: ☐ mandatory ☐ voluntary  
Any unpaid fees or assessment for the Property? ☐ yes (\$ \_\_\_\_\_) ☐ no  
If the Property is in more than one association, provide information about the other associations below or attach information to this notice.
- ☒ Any common area (facilities such as pools, tennis courts, walkways, or other) co-owned in undivided interest with others. If yes, complete the following:  
Any optional user fees for common facilities charged? ☐ yes ☐ no If yes, describe: \_\_\_\_\_
- ☒ Any notices of violations of deed restrictions or governmental ordinances affecting the condition or use of the Property.
- ☒ Any lawsuits or other legal proceedings directly or indirectly affecting the Property. (Includes, but is not limited to: divorce, foreclosure, heirship, bankruptcy, and taxes.)
- ☒ Any death on the Property except for those deaths caused by: natural causes, suicide, or accident unrelated to the condition of the Property.
- ☒ Any condition on the Property which materially affects the health or safety of an individual.
- ☒ Any repairs or treatments, other than routine maintenance, made to the Property to remediate environmental hazards such as asbestos, radon, lead-based paint, urea-formaldehyde, or mold.  
If yes, attach any certificates or other documentation identifying the extent of the remediation (for example, certificate of mold remediation or other remediation).
- ☒ Any rainwater harvesting system located on the Property that is larger than 500 gallons and that uses a public water supply as an auxiliary water source.
- ☒ The Property is located in a propane gas system service area owned by a propane distribution system retailer.
- ☒ Any portion of the Property that is located in a groundwater conservation district or a subsidence district.

If the answer to any of the items in Section 8 is yes, explain (attach additional sheets if necessary): \_\_\_\_\_

(TXR-1406) 07-08-22

Initialed by: Buyer: \_\_\_\_\_, \_\_\_\_\_ and Seller: JWT, \_\_\_\_\_

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Concerning the Property at \_\_\_\_\_

4861 Rippy Rd  
Flower Mound, TX 75028

**Section 9. Within the last 4 years, have you (Seller) received any written inspection reports from persons who regularly provide inspections and who are either licensed as inspectors or otherwise permitted by law to perform inspections?** ☐ yes ☒ no If yes, attach copies and complete the following:

Inspection Date	Type	Name of Inspector	No. of Pages

*Note: A buyer should not rely on the above-cited reports as a reflection of the current condition of the Property.  
A buyer should obtain inspections from inspectors chosen by the buyer.*

**Section 10. Check any tax exemption(s) which you (Seller) currently claim for the Property:**

☒ Homestead ☐ Senior Citizen ☐ Disabled  
☐ Wildlife Management ☐ Agricultural ☐ Disabled Veteran  
☐ Other: \_\_\_\_\_ ☐ Unknown

**Section 11. Have you (Seller) ever filed a claim for damage, other than flood damage, to the Property with any insurance provider?** ☐ yes ☒ no

**Section 12. Have you (Seller) ever received proceeds for a claim for damage to the Property (for example, an insurance claim or a settlement or award in a legal proceeding) and not used the proceeds to make the repairs for which the claim was made?** ☐ yes ☒ no If yes, explain: \_\_\_\_\_

**Section 13. Does the Property have working smoke detectors installed in accordance with the smoke detector requirements of Chapter 766 of the Health and Safety Code?\*** ☐ unknown ☐ no ☒ yes. If no or unknown, explain.  
(Attach additional sheets if necessary): \_\_\_\_\_

*\*Chapter 766 of the Health and Safety Code requires one-family or two-family dwellings to have working smoke detectors installed in accordance with the requirements of the building code in effect in the area in which the dwelling is located, including performance, location, and power source requirements. If you do not know the building code requirements in effect in your area, you may check unknown above or contact your local building official for more information.*

*A buyer may require a seller to install smoke detectors for the hearing impaired if: (1) the buyer or a member of the buyer's family who will reside in the dwelling is hearing-impaired; (2) the buyer gives the seller written evidence of the hearing impairment from a licensed physician; and (3) within 10 days after the effective date, the buyer makes a written request for the seller to install smoke detectors for the hearing-impaired and specifies the locations for installation. The parties may agree who will bear the cost of installing the smoke detectors and which brand of smoke detectors to install.*

Seller acknowledges that the statements in this notice are true to the best of Seller's belief and that no person, including the broker(s), has instructed or influenced Seller to provide inaccurate information or to omit any material information.

Signature of Seller

Date

Signature of Seller

Date

Printed Name:

Gina Weetner

Printed Name:

(TXR-1406) 07-08-22

Initialed by: Buyer: \_\_\_\_\_, \_\_\_\_\_ and Seller: GW

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Concerning the Property at \_\_\_\_\_

4861 Rippy Rd  
Flower Mound, TX 75028

**ADDITIONAL NOTICES TO BUYER:**

- (1) The Texas Department of Public Safety maintains a database that the public may search, at no cost, to determine if registered sex offenders are located in certain zip code areas. To search the database, visit <https://www.dps.texas.gov/>. For information concerning past criminal activity in certain areas or neighborhoods, contact the local police department.
- (2) If the Property is located in a coastal area that is seaward of the Gulf Intracoastal Waterway or within 1,000 feet of the mean high tide bordering the Gulf of Mexico, the Property may be subject to the Open Beaches Act or the Dune Protection Act (Chapter 61 or 63, Natural Resources Code, respectively) and a beachfront construction certificate or dune protection permit may be required for repairs or improvements. Contact the local government with ordinance authority over construction adjacent to public beaches for more information.
- (3) If the Property is located in a seacoast territory of this state designated as a catastrophe area by the Commissioner of the Texas Department of Insurance, the Property may be subject to additional requirements to obtain or continue windstorm and hail insurance. A certificate of compliance may be required for repairs or improvements to the Property. For more information, please review *Information Regarding Windstorm and Hail Insurance for Certain Properties* (TXR 2518) and contact the Texas Department of Insurance or the Texas Windstorm Insurance Association.
- (4) This Property may be located near a military installation and may be affected by high noise or air installation compatible use zones or other operations. Information relating to high noise and compatible use zones is available in the most recent Air Installation Compatible Use Zone Study or Joint Land Use Study prepared for a military installation and may be accessed on the Internet website of the military installation and of the county and any municipality in which the military installation is located.
- (5) If you are basing your offers on square footage, measurements, or boundaries, you should have those items independently measured to verify any reported information.
- (6) The following providers currently provide service to the Property:

Electric: QOSERV  
Sewer: ON SITE SEPTIC  
Water: CITY OF FLOWER MOUND  
Cable: SPECTRUM INTERNET  
Trash: REPUBLIC  
Natural Gas: N/A  
Phone Company: N/A  
Propane: FERRILL GAS  
Internet: SPECTRUM

phone #: \_\_\_\_\_  
phone #: \_\_\_\_\_  
phone #: \_\_\_\_\_  
phone #: \_\_\_\_\_  
phone #: \_\_\_\_\_  
phone #: \_\_\_\_\_  
phone #: \_\_\_\_\_  
phone #: \_\_\_\_\_

- (7) This Seller's Disclosure Notice was completed by Seller as of the date signed. The brokers have relied on this notice as true and correct and have no reason to believe it to be false or inaccurate. YOU ARE ENCOURAGED TO HAVE AN INSPECTOR OF YOUR CHOICE INSPECT THE PROPERTY.

The undersigned Buyer acknowledges receipt of the foregoing notice.

Signature of Buyer \_\_\_\_\_ Date \_\_\_\_\_ Signature of Buyer \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

(TXR-1406) 07-08-22

Initialed by: Buyer: \_\_\_\_\_, \_\_\_\_\_ and Seller: [Signature]

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