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

OMB No. 1660-0008 Expiration Date: November 30, 2022

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.

SE	CTION A - PROPERTY	INFORMATION		FOR INSUF	RANCE COMPANY USE
A1. Building Owner's Name WHEELER, PHILIP GREGORY V4266					ber:
A2. Building Street Address Box No. 12801 SW 72 STREET (OLD	including Apt., Unit, Suite	e, and/or Bldg. No.)	or P.O. Route and	Company N	IAIC Number:
City SOUTH RANCHES	SOUTH RANCHES Florida				
A3. Property Description (Lo A PORTION OF TRACT "A",		x Parcel Number, Lo	egal Description, et	c.)	r aven [] panot basu muts0
A4. Building Use (e.g., Resid	lential, Non-Residential,	Addition, Accessory	etc.) RESIDEN	ITIAL	i matter to coT (a
A5. Latitude/Longitude: Lat	26°01'47.80"N	Long. 80°19'09.98"	N Horizonta	al Datum: NAD	1927 🗷 NAD 1983
A6. Attach at least 2 photog	aphs of the building if the	e Certificate is being	used to obtain floo	od insurance.	
A7. Building Diagram Number	er 1B				
A8. For a building with a cra	wlspace or enclosure(s):				
a) Square footage of cra	awlspace or enclosure(s)		N/A sq ft		
b) Number of permanen	flood openings in the cra	awlspace or enclosu	re(s) within 1.0 foo	t above adjacent gr	ade N/A
c) Total net area of floor	openings in A8.b	N/A sq	in _{e doeb te nedave}		
d) Engineered flood ope	nings? Yes X	No			
A9. For a building with an att	ached garage:				
a) Square footage of att		1331.70 sq	ft		
b) Number of permanen				liacent grade 0	
				judent grade <u>-</u>	en marking to the said
c) Total net area of floor		0.00	iq in		
d) Engineered flood ope	nings? Yes x N	No			
	SECTION B – FLOOD	INSURANCE RAT	E MAP (FIRM) IN	FORMATION	a secondary was second
B1. NFIP Community Name & Community Number SOUTHWEST RANCHES 120691			B2. County Name BROWARD		B3. State Florida
B4. Map/Panel B5. Suff	B6. FIRM Index Date 08-18-2014	B7. FIRM Panel Effective/ Revised Date 08-18-2014	B8. Flood Zone(s)	B9. Base Flood I (Zone AO, us	Elevation(s) se Base Flood Depth)
12011C 0540 H	08-18-2014	00-10-2014	18 7		Senaue
B10. Indicate the source of	he Base Flood Elevation M Community Deter			d in Item B9:	Copy of bedges of this page
B11. Indicate elevation datu	m used for BFE in Item E	39: NGVD 1929	➤ NAVD 1988	Other/Source	A1 OWNERS WAVE PE O 2 ESPECIALI MOVEMON SESTIMATOR
B12. Is the building located	in a Coastal Barrier Reso	ources System (CBF	RS) area or Otherw	ise Protected Area	(OPA)? ☐ Yes 🗷 No
Designation Date:		CBRS OPA			

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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. 12801 SW 72 STREET (OLD SHERIDAN STREET)			Policy Number:		
	State Florida	ZIP Code 33330	Compan	NAIC N	Number
SECTION C – BUILDING	ELEVATION INFO	RMATION (SURVEY F	REQUIRED))	
C1. Building elevations are based on: *A new Elevation Certificate will be required whee C2. Elevations – Zones A1–A30, AE, AH, A (with BF Complete Items C2.a–h below according to the Benchmark Utilized: SEE COMMENTS Indicate elevation datum used for the elevations NGVD 1929 NAVD 1988 Oth Datum used for building elevations must be the second a) Top of bottom floor (including basement, crawn b) Top of the next higher floor C) Bottom of the lowest horizontal structural mend of Attached garage (top of slab) e) Lowest elevation of machinery or equipment second (Describe type of equipment and location in Catholical Company (Describe type of equipment and location in Catholical Catholical (finished) grade next to build g) Highest adjacent (finished) grade next to build g)	n construction of the E), VE, V1–V30, V (puilding diagram special E) Vertical E vertical E in items a) through the er/Source: ame as that used for a special E vertical E verti	Building Under Constent building is complete. With BFE), AR, AR/A, AF Coified in Item A7. In Pue Datum: NAVD1988 The BFE. Fille floor)	Chec 8.4 N/A 7.6 7.6 7.4	Finish 1-A30, A ly, enter r	asurement used. meters
h) Lowest adjacent grade at lowest elevation of c structural support	deck or stairs, includ	ing	N/A] feet	meters
SECTION D - SURVEYO					
This certification is to be signed and sealed by a land a land a certify that the information on this Certificate represestatement may be punishable by fine or imprisonment. Were latitude and longitude in Section A provided by a Certifier's Name SCOTT A. McLAUGHLIN	nts my best efforts to under 18 U.S. Code	o interpret the data availa e, Section 1001. eyor? XYes No	able. I unde	erstand the	ation information. lat any false if attachments.
Title VICE PRESIDENT Company Name		\$		eal Per D	
McLAUGHLIN ENGINEERING COMPANY Address 1700 NW 64 STREET, SUITE 400				10	
City FORT LAUDERDALE	State Florida	ZIP Code 33309		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature	Date 12-15-2020	Telephone (954) 763-7611	Ext.		
Copy all pages of this Elevation Certificate and all attachn			agent/compa	any, and	(3) building owner.
Comments (including type of equipment and location, p A1. OWNERS NAME PER THE BCPA.NET WEBSITE. C2. REFERENCE BENCHMARK - BROWARD COUNT (NGVD29), 3.952(NAVD88) C2. e) A/C PAD ELEVATION LOCATED ON EAST SID	A5. GOOGLE EAR Y ENGINEERING D	RTH DEPARTMENT BENCHM			

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy t	he corresponding information fr	om Section A.	FOR INSURANCE	E COMPANY USE
Building Street Address (including Apt., 12801 SW 72 STREET (OLD SHERIDA	Unit, Suite, and/or Bldg. No.) or P		Policy Number:	
City SOUTH RANCHES	State Florida	ZIP Code 33330	Company NAIC N	umber
SECTION E -	BUILDING ELEVATION INFOR FOR ZONE AO AND ZONE	MATION (SURVEY N A (WITHOUT BFE)	OT REQUIRED)	
For Zones AO and A (without BFE), concomplete Sections A, B, and C. For Item enter meters. E1. Provide elevation information for the concomplete section in the concomplete section in the concomplete section.	ns E1–E4, use natural grade, if ava	ailable. Check the meas	urement used. In Puer	to Rico only,
 the highest adjacent grade (HAG) a) Top of bottom floor (including because) crawlspace, or enclosure) is 			eters	☐ below the HAG.
 Top of bottom floor (including b crawlspace, or enclosure) is 	asement, 	feet me	eters	below the LAG.
E2. For Building Diagrams 6–9 with pe the next higher floor (elevation C2, the diagrams) of the building is				of Instructions),
E3. Attached garage (top of slab) is			eters above or	below the HAG.
E4. Top of platform of machinery and/o servicing the building is	or equipment	feet m	eters above or [below the HAG.
E5. Zone AO only: If no flood depth nu floodplain management ordinance	mber is available, is the top of the ?	bottom floor elevated in no. The local official mo		
SECTION F - P	ROPERTY OWNER (OR OWNER	'S REPRESENTATIVE) CERTIFICATION	F40200 1950 10
The property owner or owner's authoriz community-issued BFE) or Zone AO m	ted representative who completes ust sign here. The statements in S	Sections A, B, and E fo ections A, B, and E are	r Zone A (without a FE correct to the best of r	MA-issued or ny knowledge.
Property Owner or Owner's Authorized			colory de booth massiv	a dinorring of cr
Address	Ci	ity	State	ZIP Code
Signature	Di	ate	Telephone	
Comments	888			
				ubthan) siamanoOs
			1 1 210 42	
			Check he	re if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, S 12801 SW 72 STREET (OLD SHERIDAN STR	No. Policy Number:					
City SOUTH RANCHES	State Florida	ZIP Code 33330	Company NAIC Number			
SECTION G - COMMUNITY INFORMATION (OPTIONAL)						
The local official who is authorized by law or o Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, er	n Certificate. Complete	the community's floodpl the applicable item(s) a	ain management ordinance can complete nd sign below. Check the measurement			
G1. The information in Section C was takengineer, or architect who is authorized taken in the Comments area below.)	en from other docume ed by law to certify ele	entation that has been sign evation information. (Indi	gned and sealed by a licensed surveyor, cate the source and date of the elevation			
G2. A community official completed Sect or Zone AO.	ion E for a building loc	ated in Zone A (without	a FEMA-issued or community-issued BFE)			
G3. The following information (Items G4–G10) is provided for community floodplain management purposes.						
G4. Permit Number	G5. Date Permit Iss	ued	G6. Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction] Substantial Improveme	ent			
G8. Elevation of as-built lowest floor (including of the building:	g basement)		☐ 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	h.º	Title				
Community Name		Telephone				
Signature		Date				
Comments (including type of equipment and loc	ation, per C2(e), if app	olicable)				
			Check here if attachments.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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Building Street Address (including Ap 12801 SW 72 STREET (OLD SHERI	Policy Number:			
City	State	ZIP Code	Company NAIC Number	
SOUTH RANCHES	Florida	33330	STANDARD LITTLES	

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 FRONT VIEW 12/15/2020

Clear Photo One



Photo Two Caption REAR VIEW 12/15/2020

Clear Photo Two

BUILDING PHOTOGRAPHS

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ELEVATION CERTIFICATE

Continuation Page

IMPORTANT: In these spaces, copy the corresponding information from Section A.			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 12801 SW 72 STREET (OLD SHERIDAN STREET)			
State	ZIP Code	Company NAIC Number	
	nit, Suite, and/or Bldg. No.) STREET)	nit, Suite, and/or Bldg. No.) or P.O. Route and Box No. STREET)	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. 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.



Photo Three Caption EAST SIDE VIEW 12/15/2020

Clear Photo Three



Photo Four Caption WEST SIDE VIEW 12/15/2020

Clear Photo Four