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

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

ELEVATION CERTIFICATEImportant: 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 HM DEVELOPMENT GROUP LLC						ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.13931 LURAY ROAD					Company NAIC Number:		
City SOUTHWEST RANCHES			State Florida		ZIP Code 33330		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TRACT 28, EVERGLADES SUGAR & LAND CO SUBDIVISION, P.B 2 P.G 39, PARCEL ID: 5140-03-01-0272							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Longitude: Lat. 26°02'23.28"N Long. 80°20'02.66"W Horizontal Datum: NAD 1927 NAD 1983							
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.							
A7. Building Diagram Number1B							
A8. For a building with a crawlspace or enclosure(s):							
a) Square footage of crawlspace or enclosure(s) 0 sq ft							
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0							
c) Total net area of flood openings in A8.b sq in							
d) Engineered flood openings?							
A9. For a building with an attached garage:							
a) Square footage of attached garage 0 sq ft							
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0							
c) Total net area of flood openings in A9.b 0 sq in							
d) Engineered flood openings?							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number TOWN OF SOUTHWEST RANCHES 120691			B2. County Name BROWARD			B3. State Florida	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	E:	IRM Panel ffective/	B8. Flood Zone(s	(Zor	se Flood Elevation(s) ne AO, use Base	
12011C 0540 H	08/18/2014	sourceding reliable	evised Date /2014	АН		od Depth) N.G.V.D.	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes X No							
Designation Date: CBRS							

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IMPORTANT: In these spaces, copy the corresponding information from Section 1.	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route 13931 LURAY ROAD	Policy Number:							
City State ZIP C SOUTHWEST RANCHES Florida . 33330		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 in complete.								
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: # BM 1457 Vertical Datum: N.A.V.D. Indicate elevation datum used for the elevations in items a) through h) below. \[\begin{align}								
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)	7. <u>95</u>							
b) Top of the next higher floor	N/A							
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	X feet meters						
d) Attached garage (top of slab)	N/A	x feet meters						
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	7. 25	X feet meters						
f) Lowest adjacent (finished) grade next to building (LAG)	<u>4</u> . <u>5</u>	X feet meters						
g) Highest adjacent (finished) grade next to building (HAG)	<u>4</u> . <u>6</u>	X feet meters						
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 	N/A	X feet meters						
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION								
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by 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.								
·	⊻Yes □ No	Check here if attachments.						
Certifier's Name License Number RENE AIGUESVIVES 4327								
Title PROFFESIONAL LAND SURVEYOR								
Company Name ALVAREZ AIGUESVIVES AND ASSOCIATES								
Address 5701 SW 107 AVENUE #204								
MAMI	ZIP Code 33173							
01/30/2017	Telephone (305) 385-0385							
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) MACHINERY ELEVATION REFERS TO A/C UNIT PAD LOCATED ON LEFT SIDE OF THE HOUSE LATITUDE/LONGITUDE OBTAINED USING A GPS MAGELLAN MAESTRO 4210 BENCHMARK USED: BM 1457, ELEVATION = 6.19 FT (N.G.V.D.)								
17-18983								