U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program 16-3254

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

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	e transcription of the contract of the contrac	FOR INSURANCE COMPANY US			
A1. Building Owner's Name SANIBEL SUMMER LLC	ksusenco (*) , na be	olicy Number:			
A2. Building Street Address (Box No. 17700 SW 52 COURT	D. Route and C	ompany NAIC Number:			
	City State SOUTHWEST RANCHES Florida				
A3. Property Description (Lo A PORTION OF TRACT 11,	and Block Numbers, Ta FLA FRUIT LANDS CO	x Parcel Number, Legal D SUB NO 1", P.B. 2, PG. 1	Description, etc.) 17, M/D.C.R. (SITUATE	D IN BROWARD)	
A4. Building Use (e.g., Resid	ential, Non-Residential,	Addition, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longitude: Lat	26°06'21.51"N	Long. 80°20'14.73"W	Horizontal Datum:	☐ NAD 1927 🗵 NAD 1983	
A6. Attach at least 2 photogr	aphs of the building if the	Certificate is being used	to obtain flood insuran	ce.	
A7. Building Diagram Number	r 1B			is postagiones parisonal co.	
A8. For a building with a craw	vispace or enclosure(s):				
a) Square footage of cra	wispace or enclosure(s)	N/A sq ft			
b) Number of permanen	t flood openings in the cr	awispace or enclosure(s)	within 1.0 foot above a	djacent grade N/A	
c) Total net area of floor	l openings in A8.b N	/A sq in			
d) Engineered flood ope					
No.					
A9. For a building with an att		lane to hernighe , roveva			
	ached garage1,28		trendestaptes em y	statement may be garaphable.	
b) Number of permaner	t flood openings in the at	tached garage within 1.0	foot above adjacent gra	ade 2	
c) Total net area of floor	d openings in A9.b	256 sq in			
d) Engineered flood ope	enings? Yes 🗵 t	No			
Martin Martin Calonian (an anni America Carlos Carl	SECTION B - FLOOD	INSURANCE RATE MA	P (FIRM) INFORMAT	ION	
B1. NFIP Community Name TOWN OF SOUTHWEST RA		B2. County Nar BROWARD	me	B3. State Florida	
B4. Map/Panel B5. Suf Number 12011C 0520 H	B6. FIRM Index Date 08/18/2014	B7. FIRM Panel Effective/ Revised Date 08/18/2014	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 6	
120110 0020					
B10. Indicate the source of		(BFE) data or base flood		B9: /A	
B11. Indicate elevation data				er/Source: N/A	
				4-4 A (ODA)O [7] \/ [7] \/	
B12. Is the building located	in a Coastal Barrier Reso		ea or Otherwise Protec	cted Area (OPA)? Yes X No	
Designation Date: N/	A Company	CBRS OPA			

ELEVATION CERTIFICATE

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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. 17700 SW 52 COURT					Policy Number:		
City State SOUTHWEST RANCHES Flori		ZIP C 33331		5.518/17	Company	NAIC N	Number
SECTION C - BUILDING ELE	VATION INF	ORMATI	ON (SURVI	EY REC	QUIRED)		
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when co		Inaual	ng Under Co		tion* [∑] Finish	ned Construction
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), \ Complete Items C2.a-h below according to the build Benchmark Utilized: COUNTY BM- 2365 ELE 4.97	ing diagram sp	pecified in	Item A7. In				
Indicate elevation datum used for the elevations in ite		•	AND AND ASSESSMENT OF THE PROPERTY OF THE PROP	,			SWARTLIG :
☐ NGVD 1929 ※ NAVD 1988 ☐ Other/S		.,,	Y continue				id violates the v
Datum used for building elevations must be the same		for the BF	E.	***	Charle		
a) Top of bottom floor (including basement, crawlspa	ace or enclosi	ire floor)	9.	2		tne me] feet	asurement used. meters
Committee Commit	ice, or enclose	ii e 11001) .	23			feet	☐ meters
b) Top of the levicest having to structural mambas	· Al Zanga anh	٠.	N/A				
 c) Bottom of the lowest horizontal structural member d) Attached garage (top of slab) 	(v Zones only	" .	8	6] feet] feet	meters meters
	ioina tha buildi		9.				Landy I
 e) Lowest elevation of machinery or equipment servi (Describe type of equipment and location in Comr 	nents)	ng .			L <u>×</u>] feet	meters
f) Lowest adjacent (finished) grade next to building	(LAG)	· P	8.	2	×] feet	meters
g) Highest adjacent (finished) grade next to building	(HAG)	Dadalyyeto	8.	7	🗵] feet	meters
Lowest adjacent grade at lowest elevation of declaration structural support	or stairs, inclu	uding .	<u>N/A</u> .		×] feet	meters meters
SECTION D - SURVEYOR,	ENGINEER, (OR ARCH	HITECT CE	RTIFIC	ATION		entre de la company de la comp
This certification is to be signed and sealed by a land survice of the information on this Certificate represents statement may be punishable by fine or imprisonment und	my best efforts	s to interp	ret the data	ed by l availab	aw to cert le. I unde	ify elev rstand t	ation information. hat any false
Were latitude and longitude in Section A provided by a lice				No	Che	eck her	e if attachments.
Certifier's Name RICHARD E. COUSINS	License Num 4188	ber					
Title LAND SURVEYOR & MAPPER					Kie	hund	18C2
Company Name COUSINS SURVEYORS & ASSOCIATES, INC.					F		1 4188 T
Address 3921 SW 47TH AVENUE, SUITE 1011	leas9 MA		xelant (VIS)			0/	2/18
City DAVIE	State Florida		ZIP Code 33314	Bridgi			
Signature Dal E. Com	Date 10/02/2018		Telephone (954) 689-7	766	······································		
Copy all pages of this Elevation Certificate and all attachmen	nts for (1) comm	nunity offic	cial, (2) insur	ance ag	gent/comp	any, an	d (3) building owner.
Comments (including type of equipment and location, per Latitude and Longitude was obtained by the GPS Street F Field survey datum is same as datum used for BFE in item C2e- A/C (East face of building) 9.00'	inder installed	in our tru		fied by	the Goog	le Earth	n program.

ELEVATION CERTIFICATE

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

THE RESIDENCE PROPERTY AND THE PROPERTY OF THE		SOUTH COURSE AND		Expiration Date	. November 30, 2016
IMPORTANT: In these spaces, copy the corre	esponding information	n from Section A.		FOR INSURAN	ICE COMPANY USE
uilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 7700 SW 52 COURT			ox No.	Policy Number:	
City	State	ZIP Code		Company NAI	2 Number
SOUTHWEST RANCHES	Florida	33331	Name and Associated designation of the Associated designation of t	namang igo malayag manag pagasabanan	ng ar pamena mang arang kanagan ang kanagan ng kanagan kanagan kanagan kanagan kanagan kanagan kanagan kanagan
SECTION E - BUILDI FOI	ING ELEVATION INF R ZONE AO AND ZO	FORMATION (SUR) ONE A (WITHOUT E	/EY NOT	REQUIRED)	
For Zones AO and A (without BFE), complete It complete Sections A, B,and C. For Items E1–E-enter meters.					
E1. Provide elevation information for the follow the highest adjacent grade (HAG) and thea) Top of bottom floor (including basemen	lowest adjacent grade	ropriate boxes to sho (LAG).	w whether	the elevation is	above or below
crawlspace, or enclosure) is	· ·	[] feet	meters	above or	below the HAG.
 Top of bottom floor (including basemen crawlspace, or enclosure) is 	, (feet	meters	above o	below the LAG.
E2. For Building Diagrams 6–9 with permanent	flood openings provid	ed in Section A Items	s 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	Approximation internal dephasic participation and	[] feet	meters	above or	below the HAG.
E4. Top of platform of machinery and/or equipr servicing the building is	ment	[feet	meters	e Clabove or	below the HAG.
E5. Zone AO only: If no flood depth number is	available is the ten of				
floodplain management ordinance?		nown. The local offi			
SECTION F - PROPER	TY OWNER (OR OWN	IER'S REPRESENTA	ATIVE) CE	RTIFICATION	agamente de figura de la constantida d
The property owner or owner's authorized reprecommunity-issued BFE) or Zone AO must sign	sentative who comple here. The statements	tes Sections A, B, an in Sections A, B, and	d E for Zor E are corr	ne A (without a ect to the best o	FEMA-issued or of my knowledge.
Property Owner or Owner's Authorized Represe	entative's Name				
Address		City	Sta	te	ZIP Code
Signature		Date	Tel	ephone	
		analysis and a second large before the second polytop decrease and analysis and accordance to the			
Comments THIS PAGE IS INTENTIONALLY LEFT BLANK					
		N (n)SS red nother:			
				Check	here if attachments.

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, St 17700 SW 52 COURT	Policy Number:				
City SOUTHWEST RANCHES	State Florida	ZIP Code 33331	Company NAIC Number		
SECTIO	N G - COMMUNITY INFO	RMATION (OPTIONAL)		
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the a				
G1. The information in Section C was taken engineer, or architect who is authorized that in the Comments area below.)					
G2. A community official completed Section Zone AO.	on E for a building located	in Zone A (without a FEN	MA-issued or community-issued BFE)		
G3. The following information (Items G4-	G10) is provided for comm	unity floodplain manager	ment purposes.		
G4. Permit Number G5. Date Permit Issued G6. Date Permit Issued			Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction Su	ostantial Improvement	A problem in the second		
G8. Elevation of as-built lowest floor (including of the building:	g basement)		et meters Datum		
G9. BFE or (in Zone AO) depth of flooding at t	the building site:	[_] fee	et meters Datum		
G10. Community's design flood elevation:	ments in Sections A. B. an	fed	et meters		
Local Official's Name	Ti	tle	- Canadaya		
Community Name	Te	elephone	enthaligi 3		
Signature	Da	ate	EMASSING STATES		
Comments (including type of equipment and loc THIS PAGE IS INTENTIONALLY LEFT BLANK		ble)			
Chack temp I streets			Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., 17700 SW 52 COURT	Policy Number:		
City	State	ZIP Code	Company NAIC Number
SOUTHWEST RANCHES	Florida	33331	

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.

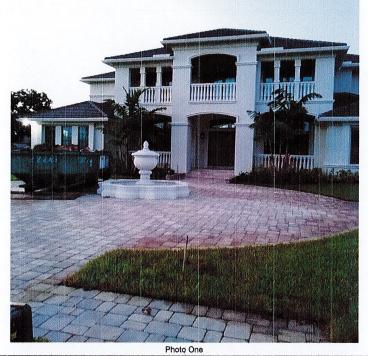


Photo One Caption Date: 10/02/2018 - Front View



Photo Two

Photo Two Caption Date: 10/02/2018 - Front View

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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Building Street Address (including Apt., 17700 SW 52 COURT	Policy Number:		
City	State	ZIP Code	Company NAIC Number
SOUTHWEST RANCHES	Florida	33331	

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 One

Photo One Caption Date: 10/02/2018 - Equipment View

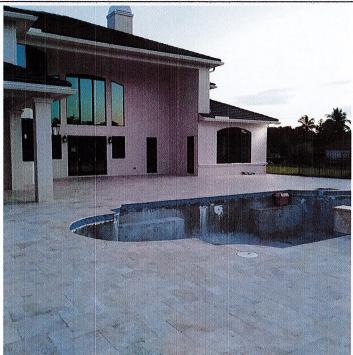


Photo Two

Photo Two Caption Date: 10/02/2018 - Rear View