

# *OMELAND SECURITY* agement Agency nce Program

OMB No: 1660-008

Expiration Date: November 30, 2018

# ELEVATION CERTIFICATE Important: Follow the instructions on Pages 1-9

T uges of this Elevan	SECTION A	A – PROPERTY INFO	RMATI	ON		FOR INSU	pany, and (3) building owr JRANCE COMPANY USE	
1. Building Owner's Nan TOLL BROTHERS, INC.		(Note: Not Valid to use fo	THE RESERVE THE RESERVE THE			Policy Nu	ımber:	
A2. Building Street Addre Box No. 17805 ROLLING OAKS I			d/or Bld	g. No. or P.O. Rou	te and	Company	y NAIC Number:	
City State						ZIP Code		
SOUTHWEST RANCHES		FL				33331	while this permits a	
A3. Property Description LOT 2 "CLINGAN'S COVE"			rcel Nun	nber, Legal Descri <sub>l</sub>	ption, etc.)	01560 (1916) (1 1960) (1	ast', resultif (वं १, वं) । व इयर की प्रेक्षा के वं ६ की	
44. Building Use (e.g., Re	sidential, N	on-Residential, Additi	ion, Acce	essory, etc.) <u>RESID</u>	DENTIAL			
A5. Latitude/Longitude: I	.at. <u>26°02'4</u>	19.30"N Long. 80°	°23'13.9	8"W Horizonta	al Datum: 🔲	NAD 1927	NAD 1983	
A6. Attach at least 2 pho								
A7. Building Diagram Nu	mber: <u>1B</u>							
A8. For a building with a	crawlspace	of enclosure(s):						
a) Square footage of c			ą. ft.					
b) Number of perman	ent flood op	penings in the crawlsp	oace or e	enclosure(s) within	n 1.0 foot abov	ve adjacen	t grade <u>0</u>	
c) Total net area of flo								
d) Engineered flood o								
A9. For a building with a	n attached (	garage:						
a) Square footage of a								
b) Number of perman	ent flood o	penings in the attache	ed garag	e within 1.0 foot	above adjacen	t grade <u>2</u>		
c) Total net area of flo	ood opening	gs in A9.b <u>384</u> sq. in.						
d) Engineered flood o	penings?	🛚 Yes 🗌 No						
	SEC	CTION B – FLOOD IN	SURAN	CE RATE MAP (FI	RM) INFORM	ATION	(8)	
B1. NFIP Community Nar	ne & Comm	nunity Number		B2. County Name			B3. State	
TOWN OF SOUTHWEST	RANCHETTE	S; 120691		BROWARD COU		Zana(s)	B9. Base Flood Elevation	
B4. Map/Panel	B5. Suffix			RM Panel fective/	B8. Flood	20116(2)	(Zone AO, use Base	
Number		Date	Date Effective/ Revised Date				Flood Depth)	
12011C 0520	н	08/18/2014	08/18/2014		Al	1	6'	
B10. Indicate the source	of the Base	e Flood Elevation (BFE	) data o	r base flood depti	h entered in It	em B9:		
	FIRM	Community Determ	the same of the same of	Other/Source				
B11. Indicate Elevation	Datum Used	d for BFE in Item B9: [	☐ NGV	D 1929 🛛 NA\	VD 1988	Other/So	urce:	
B12. Is the building loca	ted in a Coa	astal Barrier Resource	s Systen	n (CBRS) area or C	therwise Prot	ected Area	a (OPA)? 🔲 Yes 🖂	
Designation Date:	_	] CBRS   OPA						

## **ELEVATION CERTIFICATE**

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Expiration Date: November 30, 20 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY US Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No. or P.O. Route and Box No. Policy Number: 17805 ROLLING OAKS ESTATES DRIVE City State Zip Code Company NAIC Number: **SOUTHWEST RANCHES** FL 33331 SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building Elevations are Based on: Construction Drawings\* Building Under Construction\* Finished Construction  $^st$  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: BROWARD COUNTY BM 2366 EL= 5.25' Vertical Datum: NAVD 1988 Indicate elevation datum used for the elevations in Items a) through h) below. ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: \_ 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) 9.50 ⊠ feet meters b) Top of Next Higher Floor 21.23 X feet meters c) Bottom of the lowest horizontal structural member (V Zones only) N.A feet meters d) Attached garage (top of slab) 9.13 ⊠ feet meters e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>8.90</u> ⊠ feet meters f) Lowest adjacent (finished) grade next to building (LAG) 8.40 ⊠ feet meters g) Highest adjacent (finished) grade next to building (HAG) 8.80 meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>N.A</u> 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. Were latitude and longitude in Section A provided by a licensed land surveyor? Check here if attachments. Certifier's Name: License Number: David P. Lindley, PLS L.S. 5005 Title: **Professional Land Surveyor** Company Name: David P. Lindley, PLS Caulfield & Wheeler, Inc. L.S. 5005, State of Florida Address: 10/03/2019 7900 Glades Road - Suite 100 "Not Valid without the signature and City: the original seal of a Florida Licensed State: Zip Code: Surveyor & Mapper' **Boca Raton** FL 33434 Signature: Date: Telephone: 10/03/2019 561-392-1991 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. Item A5) Latitude & Longitude obtained by Magellen GPS Blazer 12. Item C2.e) Refers to AC pad on left side of building.

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Building Street Address (Including Apt., Unit, Suite, and	d/or Bldg. No. or	P.O. Route and Box N	No. Policy Number:
17805 ROLLING OAKS ESTATES DRIVE			THE PROPERTY OF CONTRACTORS OF THE PROPERTY OF
City	State	Zip Code	Company NAIC Number:
SOUTHWEST RANCHES	FL	33331	company waic wumber.
SECTION E – BUILDING EL			NOT REQUIRED)
		IE A (WITHOUT BFE)	
For Zones AO and A (Without BFE), complete Items E1-	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO	The same of the sa	
complete Sections A, B, and C. For Items E1-E4, use na			
enter meters.			
E1. Provide elevation information for the following and	d check the app	ropriate boxes to sho	w whether the elevation is above or below
the highest adjacent grade (HAG) and the lowest a	djacent grade (I	₋AG).	
a) Top of bottom floor (including basement,	<u>N.A</u>	☐ feet ☐ me	eters above or below the HAG
crawlspace, or enclosure) is b) Top of bottom floor (including basement,	ent masses		iz nerolomno fervito estamostro y 1 F 1 - 70
crawlspace, or enclosure) is	<u>N</u> . <u>A</u>	feet me	eters 🔲 above or 🔲 below the LAG
E2. For Building Diagrams 6-9 with permanent flood o	penings provide	ed in Section A Items 8	8 and/or 9 (see pages 1-2 of instructions),
the next higher floor (elevation C2.b in	Better ligiting to the		a land t <mark>hroids, made a l</mark> anded as a left filler.
the diagrams) of the building is	<u>N.A</u>	☐ feet ☐ me	eters
E3. Attached Garage (top of slab)	<u>N</u> . <u>A</u>	feet me	ters 🔲 above or 🔲 below the HAG
E4. Top of platform of machinery and/or	N. A	□ foot □ ma	tors
equipment servicing the building is	<u>N</u> . <u>A</u>	feet me	eters  above or  below the HAG
E5. Zone AO only: If no flood depth number is availab	le, is the top of	the floor elevated in a	accordance with the community's
floodplain management ordinance?   Yes			cial must certify this information in Section G.
SECTION F – PROPERTY OW	NER (OR OWN	ER'S REPRESENTATIV	VE) CERTIFICATION
The property owner or owner's authorized representat	THE RESERVE AND PARTY OF THE PERSON NAMED IN COLUMN	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	
community-issued BFE) or Zone AO must sign here. Th		Sections A, B, and E a	are correct to the best of my knowledge.
Property Owner or Owner's Authorized Representative	e's Name:		
Address	City	Cto	to Zio Code
Address	City	Sta	ite Zip Code
Signature	Date	Tel	ephone
			ma (whatautas)
Comments			
e , , , s · · · · · · · · · · · · · · · ·			
			Check here if attachments

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City Sta	te Zip Code	Company NAIC Number:
SOUTHWEST RANCHES F	L 33331	
SECTION G – COMMI	UNITY INFORMATION (OPTION	ONAL)
The local official who is authorized by law or ordinance to adr Sections A, B, C (or E), and G of this Elevation Certificate. Con used in Items G8 – G10. In Puerto Rico only, enter meters.	ninister the community's floo	dplain management ordinance can complete
G1. The information in Section C was taken from othe engineer, or architect who is authorized by law to c data in the Comments area below).		
G2. A community official completed Section E for a buil or Zone AO.	ding located in Zone A (witho	ut a FEMA-issued or community issued BFE)
G3. The following information (Items G4 – G10) is provide	ded 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 Cons	struction Substantial Im	provement
G8. Elevation of as-built lowest floor (including basement) of the building:		feet meters Datum
G9. BFE or (Zone AO) depth of flooding at the building site:		feet meters Datum
G10. Community's design flood elevation:		feet meters Datum
The property owner or owner's authorized representative wh community-issued BFE) or Zone AO must sign here. The state		d E for Zone A (without a FEMA-issued or
Local Official's Name	Title	are correct to the best of my knowledge.
Community Name	Telephone	
Signature	Date	
Comments		
		1
		-
		Check here if attachments

## **BUILDING PHOTOGRAPHS**

#### **ELEVATION CERTIFICATE**

See Instructions for Item A6

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City	State	Zip Code	Company NAIC Number:
SOUTHWEST RANCHES	FI	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: Front







Photo Two Caption: Left

Photo Four Caption: Right

## **BUILDING PHOTOGRAPHS**

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See Instructions for Item A6

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City	State	Zip Code	Company NAIC Number:
SOUTHWEST RANCHES	FI	33331	

If Submitting more photographs that 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.





hoto One Caption: <b>Vent</b>	Photo Three Caption: <b>Vent</b>
	· · · · · · · · · · · · · · · · · · ·
noto Two Caption:	Photo Four Caption: