U.S. DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency National Flood Insurance Program

OMB No: 1660-008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATEImportant: Follow the instructions on Pages 1-9

Copy all Pages of this Ele	evation Certific	cate and all attachmen	ts for (1) community officia	l, (2) insurance agent/co	mpany, and (3) building owner.	
	SECTION	A – PROPERTY INF	ORMATION	FOR IN	ISURANCE COMPANY USE	
A1. Building Owner's N TOLL BROTHERS, INC		(Note: Not Valid to use	for any other person or entity).	Policy	Number:	
A2. Building Street Add Box No. 17819 ROLLING OAK			nd/or Bldg. No. or P.O. Ro	ute and Compa	any NAIC Number:	
City		State			de	
SOUTHWEST RANCH	ES		FL	3333	33331	
A3. Property Descript LOT 9 "CLINGAN'S COV	•		arcel Number, Legal Descr	iption, etc.)	i indiranja stojičjo pojika Privadjajo - bis korogi i d	
A4. Building Use (e.g.,	Residential, N	Non-Residential, Addi	tion, Accessory, etc.) <u>RESI</u>	DENTIAL		
A5. Latitude/Longitude	e: Lat. <u>26°02'</u>	49.62"N Long. <u>80</u>	<u>)°23'33.74"W</u> Horizont	al Datum: NAD 192	7 × NAD 1983	
A6. Attach at least 2 p	hotographs o	f the building if the Co	ertificate is being used to	obtain flood insurance.		
A7. Building Diagram N	Number: <u>1B</u>					
A8. For a building with	a crawlspace	e of enclosure(s):				
a) Square footage o	f crawlspace	or enclosure(s) <u>N/A</u> s	q. ft.			
b) Number of perma	anent flood o	penings in the crawls	pace or enclosure(s) withi	n 1.0 foot above adjace	ent grade <u>0</u>	
c) Total net area of	flood opening	gs in A8.b <u>0</u> sq. in.				
d) Engineered flood	openings? [☐ Yes 🛛 No				
A9. For a building with	an attached	garage:				
a) Square footage o	f attached ga	rage <u>759</u> sq. ft.				
b) Number of perma	anent flood o	penings in the attach	ed garage within 1.0 foot	above adjacent grade <u>2</u>		
		gs in A9.b <u>384</u> sq. in.				
d) Engineered flood	openings?	Yes 🛛 No				
	SEC	CTION B – FLOOD IN	SURANCE RATE MAP (FI	RM) INFORMATION		
B1. NFIP Community N TOWN OF SOUTHWES			B2. County Name BROWARD COU		B3. State FLORIDA	
B4. Map/Panel	B5. Suffix	B6. Firm Index	B7. FIRM Panel	B8. Flood Zone(s)	B9. Base Flood Elevation(s)	
Number		Date	Effective/		(Zone AO, use Base	
12011C 0520	н	08/18/2014	Revised Date 08/18/2014	АН	Flood Depth) 5'	
B10. Indicate the sour	ce of the Base	Flood Elevation (BFE) data or base flood depth	entered in Item B9:		
☐ FIS Profile ☐	FIRM	Community Determ	ined Other/Source:			
B11. Indicate Elevation	n Datum Used	I for BFE in Item B9:	☐ NGVD 1929 🛛 NAV	D 1988 Other/So	ource:	
B12. Is the building loo	ated in a Coa	stal Barrier Resource	s System (CBRS) area or O	therwise Protected Are	a (OPA)? 🔲 Yes 🔀 No	
Designation Date	: N/A	CBRS OPA				

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Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No. or P.O. Route and Box N	o. Policy Number:			
17819 ROLLING OAKS ESTATES DRIVE				
City State Zip Code	Company NAIC Number:			
SOUTHWEST RANCHES FL 33331				
SECTION C – BUILDING ELEVATION INFORMATION (SURVE	Y REQUIRED)			
C1. Building Elevations are Based on: Construction Drawings* Building Under C	onstruction* 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: 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)	9.47 🔀 feet 🗌 meters			
b) Top of Next Higher Floor	<u>21.20</u>			
c) Bottom of the lowest horizontal structural member (V Zones only)	N.A Geet meters			
d) Attached garage (top of slab)	8.98			
e) Lowest elevation of machinery or equipment servicing the building				
(Describe type of equipment and location in Comments)	9.06 🛮 feet 🔲 meters			
f) Lowest adjacent (finished) grade next to building (LAG)	8.40 🛛 feet 🗌 meters			
g) Highest adjacent (finished) grade next to building (HAG)	8.90 \bigcirc feet \bigcirc meters			
h) Lowest adjacent grade at lowest elevation of deck or stairs, including	N.A Geet meters			
structural support				
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CER				
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.				
	Io Check here if attachments.			
Certifier's Name: License Number:	WIND P. LIND			
David P. Lindley, PLS L.S. 5005	DAN PIGEO III			
Title:	No to the			
Company Name:	*:			
Company Name: Caulfield & Wheeler, Inc.	David P. Lindley, PLS: L.S. 5005, State of Horida			
Address:	STATE09/05/2019			
Address: 7900 Glades Road - Suite 100 City: State: Zip Code:	David P. Lindley, PLS L.S. 5005, State of Horida STATIO9/05/2019 "Not-Yalid without the signature and the original sed! of a Horida Licensed			
	Surveyor & Mapper"			
77	***************************************			
Signature: STATE OF Date: Telephone: 561-392-199	1			
Copy all Pages of this Elevation Certificate and all attachments for (1) community official, (2) insu	rance 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.				

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Building Street Address (Including Apt., Unit, Suite, and 17819 ROLLING OAKS ESTATES DRIVE	/or Bldg. No. or	P.O. Route and Bo	x No. Policy Num	nber:
City	State	Zip Code	Company	NAIC Number:
SOUTHWEST RANCHES	FL	33331		ESCENSE TEMPERADE L
SECTION E – BUILDING EL		RMATION (SURVI)
For Zones AO and A (Without BFE), complete Items E1-		THE RESIDENCE OF THE PERSON NAMED IN COLUMN 1	THE RESIDENCE OF THE PERSON NAMED IN COLUMN	nd or LOMR-F request,
complete Sections A, B, and C. For Items E1-E4, use na enter meters.				
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a			now whether the el	evation is above or below
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is 	<u>N.A</u>	☐ feet ☐ r	meters 🗌 above	or Delow the HAG
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 	<u>N.A</u>	☐ feet ☐ r	meters 🗌 above	or Delow the LAG
E2. For Building Diagrams 6-9 with permanent flood o	penings provide	d in Section A Item	is 8 and/or 9 (see page	ages 1-2 of instructions),
the next higher floor (elevation C2.b in the diagrams) of the building is	<u>N.A</u>	☐ feet ☐ r	meters 🔲 above	or Delow the HAG
E3. Attached Garage (top of slab) E4. Top of platform of machinery and/or	<u>N</u> . <u>A</u>	☐ feet ☐ r	meters 🗌 above	or Delow the HAG
equipment	<u>N.A</u>	feet r	meters 🗌 above	or Delow the HAG
servicing the building is E5. Zone AO only: If no flood depth number is availab floodplain management ordinance? Yes				the community's his information in Section G.
SECTION F – PROPERTY OW				
The property owner or owner's authorized representat	THE RESERVE OF THE PERSON NAMED IN			
community-issued BFE) or Zone AO must sign here. Th				
Property Owner or Owner's Authorized Representative	's Name:			
Address	City		State	Zip Code
Address	City		otate	Zip code
Signature	Date		Гelephone	COMPANY VIEWS
Comments				
				Service and the service of
And Andrews Communication of the Andrews Comm				
And the same of a second				
		Take 1	- 100 miles	
Commonweal Comment	that seed week	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Check here if attachments

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IMPORTANT: In these spaces, copy the corresponding inform	nation from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (Including Apt., Unit, Suite, and/or Blo 17819 ROLLING OAKS ESTATES DRIVE	dg. No. or P.O. Route and Box	No. Policy Number:
City Sta	ite Zip Code	Company NAIC Number:
	L 33331	
SECTION G – COMM	UNITY INFORMATION (OPTI	ONAL)
The local official who is authorized by law or ordinance to add Sections A, B, C (or E), and G of this Elevation Certificate. Con used in Items G8 – G10. In Puerto Rico only, enter meters.	minister the community's floo	dplain management ordinance can complete
G1. The information in Section C was taken from other engineer, or architect who is authorized by law to data in the Comments area below).		
G2. A community official completed Section E for a built or Zone AO.	lding located in Zone A (witho	ut a FEMA-issued or community issued BFE)
G3. The following information (Items G4 – G10) is provi	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:	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:	<u> </u>	feet meters Datum
The property owner or owner's authorized representative who community-issued BFE) or Zone AO must sign here. The state		
Local Official's Name	Title	
Community Name	Telephone	
Signature	Date	
Comments		-
		,
		Check here if attachments

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (Including Apt., U 17819 ROLLING OAKS ESTATES DRIVE	nit, Suite, and/or Bldg. No. or	Policy Number:		
City	State	Zip Code	Company NAIC Number:	
SOUTHWEST RANCHES	FL	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

Photo Three Caption: REAR



Photo Four Caption: RIGHT

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			
Jnit, Suite, and/or Bldg. No. o	Init, Suite, and/or Bldg. No. or P.O. Route and Box No.		
State	Zip Code 33331	Company NAIC Number:	
	Jnit, Suite, and/or Bldg. No. o	Init, Suite, and/or Bldg. No. or P.O. Route and Box No. State Zip Code	

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.





Photo One Caption: VENT

Photo Three Caption: VENT

Photo Three Caption: VENT

Photo Two Caption:

Photo Four Caption: