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

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) in

SECTION A - PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name JUAN & MARIE AMPUERO	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and 17970 SW 52 COURT	Company NAIC Number:
City State SOUTHWEST RANCHES Florida	ZIP Code 33331
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) A PORTION OF TRACT 22, P.B. 2, PG. 17, M/D.C.R. (IN BROWARD COUNTY)	Dalum use " for its wing ever
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL	um: ☐ NAD 1927 区 NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insu A7. Building Diagram Number1B A8. For a building with a crawlspace or enclosure(s):	um:
a) Square footage of crawlspace or enclosure(s) 0 sq ft	() Lowert adviser temporal
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above. c) Total net area of flood openings in A8.b 0 sq in d) Engineered flood openings?	/e adjacent grade0
A9. For a building with an attached garage:	
 a) Square footage of attached garage 428 sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent c) Total net area of flood openings in A9.b 0 sq in d) Engineered flood openings? Yes No 	grade 0
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORM	ATION
B1. NFIP Community Name & Community Number TOWN OF SOUTHWEST RANCHES 120691 B2. County Name BROWARD	B3. State Florida
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Revised Date 08/18/2014 B8. Flood Zone(s 08/18/2014 AH	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 6
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Iter FIS Profile X FIRM Community Determined Other/Source:	m B9:
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 O	ther/Source:
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Prot Designation Date: N/A CBRS OPA	ected Area (OPA)? ☐ Yes ☒ No

ELEVATION CERTIFICATE

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

MPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY US	
17970 SW 52 COURT			Policy Number:	
City SOUTHWEST RANCHES	State Florida	ZIP Code 33331	Company NAIC Number	
SECTION C - BUILDIN	G ELEVATION INFO	RMATION (SURVEY E	PEOUPEN	
C1. Building elevations are based on: Const *A new Elevation Certificate will be required when the construction is a construction of the construc	truction Drawings*	Building Under Constr	ruction* X Finished Construction	
Complete Items C2.a-h below according to the Benchmark Utilized: COUNTY BM- 2365 ELEN	BFE), VE, V1–V30, V (building diagram spe /=4.97' Vertical D	with BFE), AR, AR/A, AF cified in Item A7. In Puel Patum: NAVD88	R/AE, AR/A1–A30, AR/AH, AR/AO. to Rico only, enter meters.	
Indicate elevation datum used for the elevation ☐ NGVD 1929 ☒ NAVD 1988 ☐ O	s in items a) through h) below.	E RESPONDENT LE GOTE CA	
Datum used for building elevations must be the	same as that used fo	r the BFE.	Observation	
a) Top of bottom floor (including basement, cra	awlspace, or enclosure	e floor)9. 2	Check the measurement used	
b) Top of the next higher floor		N/A		
c) Bottom of the lowest horizontal structural me	ember (V Zones only)	N/A	The Boloma Karran	
d) Attached garage (top of slab)	,	8.5	feet meters X feet meters	
 e) Lowest elevation of machinery or equipment (Describe type of equipment and location in 	t servicing the building	7. 2	X feet meters	
f) Lowest adjacent (finished) grade next to buil		(dancobre te eco	gate-one to applicat a little 20 to	
g) Highest adjacent (finished) grade next to but		7.6	X feet meters	
h) Lowest adjacent grade at lowest elevation of		8. <u>4</u> ingN/A.	X feet meters	
otractara support		Table 1 Land 1 Table 1	X feet meters	
SECTION D - SURVEY	OR, ENGINEER, OF	ARCHITECT CERTIF	ICATION COMPANY OF THE REAL PROPERTY.	
This certification is to be signed and sealed by a land certify that the information on this Certificate represstatement may be punishable by fine or imprisonment	nt under 18 U.S. Code	Section 1001.	law to certify elevation information ble. I understand that any false	
Vere latitude and longitude in Section A provided by	a licensed land surve	yor? ⊠Yes □No	Check here if attachments.	
Certifier's Name RICHARD E. COUSINS	License Numbe	r	The state of the s	
Title	4188	THE STATE		
AND SURVEYOR & MAPPER			Indial E. Con	
ompany Name OUSINS SURVEYORS & ASSOCIATES, INC.	Tax County House Case	accept devote - 8 Militario	PSKInce 4188	
ddress 921 SW 47TH AVENUE, SUITE 1011			12/18/17	
ity AVIE	State Florida	ZIP Code 33314		
ignature Rud al E. C.	Date 12/18/2017	Telephone (954) 689-7766		
ppy all pages of this Elevation Certificate and all attack	nments for (1) commun	ity official, (2) insurance a	gent/company, and (3) building owner	
omments (including type of equipment and location, atitude and Longitude was obtained by the GPS Streeld survey datum is same as datum used for BFE in 2e- A/C PAD - 7.55' (east side of building)	per C2(e), if applicable	e)		

ELEVATION CERTIFICATE OMB No. 1660-0008 Expiration Date: November 30, 2018 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. FOR INSURANCE COMPANY USE 17970 SW 52 COURT Policy Number: City State ZIP Code SOUTHWEST RANCHES Company NAIC Number Florida 33331 SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is feet meters above or below the HAG. b) Top of bottom floor (including basement, crawlspace, or enclosure) is feet meters above or below the LAG. E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 1–2 of Instructions), the diagrams) of the building is feet meters above or below the HAG. E3. Attached garage (top of slab) is ☐ feet ☐ meters above or below the HAG. E4. Top of platform of machinery and/or equipment servicing the building is feet meters above or below the HAG. E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G. SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge. Property Owner or Owner's Authorized Representative's Name Address City State ZIP Code Signature Date Telephone Comments

Check here if attachments.

ELEVATION CERTIFICATE

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

Building Street Address (e corresponding informati	ion from Section A.	FOR INSURANCE COMPANY US
Building Street Address (including Apt., I 17970 SW 52 COURT	Unit, Suite, and/or Bldg. No.)) or P.O. Route and Box	No. Policy Number:
City	Ctota		VIII
SOUTHWEST RANCHES	State Florida	ZIP Code 33331	Company NAIC Number
S	ECTION G - COMMUNITY	INFORMATION (OPTIO	NAL)
The local official who is authorized by late Sections A, B, C (or E), and G of this Electron in Items G8–G10. In Puerto Rico of the Section Section 10 of the Items G8–G10.	w or ordinance to administer evation Certificate. Complete nly, enter meters.	the community's floodple the applicable item(s) a	ain management ordinance can complete nd sign below. Check the measurement
data in the Comments area be	low.)	ovation information. (indi-	ned and sealed by a licensed surveyor, cate the source and date of the elevation
G2. L. A community official completed or Zone AO.	d Section E for a building loc	ated in Zone A (without a	FEMA-issued or community-issued BFE)
G3. The following information (Item	s G4–G10) is provided for c	ommunity floodplain mar	agement 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	nt
G8. Elevation of as-built lowest floor (incomplete of the building:	cluding basement)		feet meters Datum
G9. BFE or (in Zone AO) depth of flooding	ng at the building site:		feet meters Datum
G10. Community's design flood elevation	A Topic of A and a deli		feet meters Datum
Local Official's Name		Title	
Community Name		Telephone	
Signature		Date	
Comments (including type of equipment a	nd location, per C2(e), if app	olicable)	
			Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

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. 17970 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

Photo One Caption PIC TAKEN: 12/18/2017 Front View



Photo Two

Photo Two Caption PIC TAKEN: 12/18/2017 Equipment View

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

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. 17970 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.

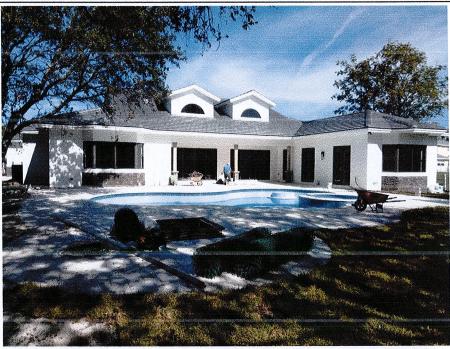


Photo One

Photo One Caption PIC TAKEN: 12/18/2017 Rear View



Photo Two

Photo Two Caption PIC TAKEN: 12/18/2017 Rear/Equipment View