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) insurance agent/company, and (3) building owner.

					FOR INSUR	RANCE COMPANY USE	
A1. Building Owne		NDRAMA FRANCIS				Policy Num	ber:
A2. Building Street		luding Apt., Unit, Suite	, and/o	or Bldg. No.) or P.O.	Route and	Company	IAIC Number:
Box No. 4701 SW 188 AVENUE						Company N	AIC Number.
City State					ZIP Code		
SOUTHWEST				Florida		33332	
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 1 BLK 1 OF ALAMO COUNTRY ESTATES PB 89 PG 50 FOLIO #5039-25-03-0010						
A4. Building Use (e.g., Resident	ial, Non-Residential, A	ddition	, Accessory, etc.)	GARAGE		
A5. Latitude/Longit	ude: Lat	26°03'40"	ong	80°23'57"	Horizontal Datun	n: NAD 1	1927 X NAD 1983
A6. Attach at least	2 photograph	s of the building if the	Certific	cate is being used to	o obtain flood insur	ance.	
A7. Building Diagra	am Number	1A					
A8. For a building	with a crawlsp	pace or enclosure(s):					
a) Square foot	tage of crawls	pace or enclosure(s)		0 sq ft			
b) Number of p	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade0
c) Total net ar	ea of flood op	enings in A8.b0	s	sq in			
d) Engineered	flood opening	gs? 🗌 Yes 🗵 No)				
A9. For a building with an attached garage:							
a) Square footage of attached garage 271 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 opening	gs? ☐ Yes ☒ No)	_			
	SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Communi TOWN OF SOUTH	(5)			B2. County Name BROWARD			B3. State Florida
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date		IRM Panel ffective/	B8. Flood Zone(s) B9. Bas	se Flood Elevation(s) ne AO, use Base
12011C0520	Н	08/18/2014		evised Date 08/18/2014	АН	Floo	od Depth) 5.00
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)? Yes No							
Designation Date: CBRS DPA							

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IMPORTANT: In these spaces, copy the corresp			FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite 4701 SW 188 AVENUE	e, and/or Bldg. No.) or P.O	. Route and Box No.	Policy Number:			
City	State	ZIP Code	Company NAIC Number			
SOUTHWEST RANCHES	Florida	33332				
SECTION C – BUILD	SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: Co *A new Elevation Certificate will be required	nstruction Drawings* when construction of the	•	uction* X Finished Construction			
C2. Elevations – Zones A1–A30, AE, AH, A (wit Complete Items C2.a–h below according to	the building diagram spec	ified in Item A7. In Puert	/AE, AR/A1–A30, AR/AH, AR/AO. to Rico only, enter meters.			
Benchmark Utilized: BM 3524 ELEV. 9.4			929			
Indicate elevation datum used for the elevat		below.				
☐ NGVD 1929 ⊠ NAVD 1988 ☐						
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, 88	X feet meters			
b) Top of the next higher floor		N/A.				
	I manahar () / Zanaa arki)	N/A				
c) Bottom of the lowest horizontal structural	i member (v Zones only)					
d) Attached garage (top of slab)		N/A				
 e) Lowest elevation of machinery or equipm (Describe type of equipment and location 	n in Comments)	N/A	X feet meters			
f) Lowest adjacent (finished) grade next to	building (LAG)	6. <u>7</u>	X feet meters			
g) Highest adjacent (finished) grade next to	building (HAG)	<u> 6</u> . <u>9 </u>	X feet meters			
 h) Lowest adjacent grade at lowest elevation structural support 	n of deck or stairs, includi	ng <u>N/A</u> .	X feet meters			
SECTION D - SURV	EYOR, ENGINEER, OR	ARCHITECT CERTIF	ICATION			
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? Yes No Check here if attachments.					
Certifier's Name	License Numbe	r				
ED PINO	6771					
Title PRESIDENT		1	E A			
Company Name American Services of Miami, Corp.			Seal			
Address 3195 PONCE DE LEON BLVD #200		3	- 4677			
. 1	City CORAL GABLES		- 45/19			
,	State	ZIP Code				
	Florida	33134	and the property of the same			
Signature	Date 04/05/2019	Telephone (305) 598-5101				
Copy all pages of this Elevation Certificate and all a	attachments for (1) commur	nity official, (2) insurance	agent/company, and (3) building owner.			
Comments (including type of equipment and local -HIGHEST CROWN OF THE ROAD ELEVATION -SHOWN LATITUDE & LONGITUDE WERE OB -SHOWN ELEV. ON C2(e) IS N/A BECAUSE IT	N 8.06 FEET (NAVD 1988 TAINED WITH A HAND H	() ELD GPS UNIT.				
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ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding informa	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No 4701 SW 188 AVENUE	p. Policy Number:				
City State SOUTHWEST RANCHES Florida	ZIP Code 33332	Company NAIC Number			
SECTION G - COMMUNITY	Y INFORMATION (OPTION	AL)			
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.					
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)					
G2. A community official completed Section E for a building lo or Zone AO.	ocated in Zone A (without a	FEMA-issued or community-issued BFE)			
G3. The following information (Items G4–G10) is provided for	community floodplain mana	agement purposes.			
G4. Permit Number G5. Date Permit Is	ssued	G6. Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for: New Construction Substantial Improvement					
G8. Elevation of as-built lowest floor (including basement) of the building:					
G9. BFE or (in Zone AO) depth of flooding at the building site:		feet meters Datum			
G10. Community's design flood elevation:		feet meters Datum			
Local Official's Name	Title	f			
	Community Name				
	Telephone				
Signature	Date				
Comments (including type of equipment and location, per C2(e), if a	pplicable)				
	1 ,				
		☐ 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	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., U 4701 SW 188 AVENUE	Policy Number:		
City SOUTHWEST RANCHES	State Florida	ZIP Code 33332	Company NAIC Number

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.

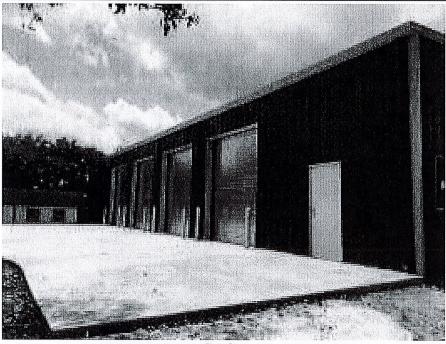


Photo One Caption FRONT VIEW 04-03-2019

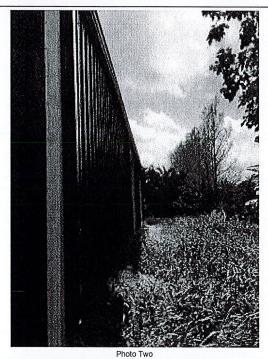


Photo Two Caption REAR VIEW 04-03-2019

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., U 4701 SW 188 AVENUE	Policy Number:		
City SOUTHWEST RANCHES	State Florida	ZIP Code 33332	Company NAIC Number

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.

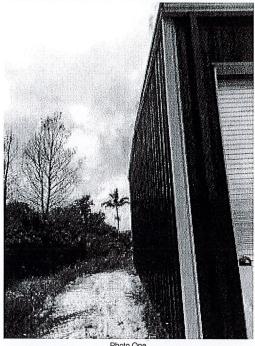


Photo One

Photo One Caption LEFT VIEW 04-03-2019

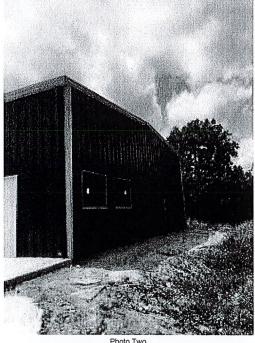


Photo Two

Photo Two Caption RIGHT VIEW 04-03-2019