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.

| SECTION A - PROPERTY INFORMATION | | | | | FOR INSURA | FOR INSURANCE COMPANY USE | |
|--|------------------|---|-------------|----------------------------------|----------------------|----------------------------------|------------------------------------|
| A1. Building Owner's Name REINHARD, JAMES & BETH | | | | | Policy Numb | ∌ r: | |
| A2. Building Stree Box No. 4730 SW 170 AVE | | luding Apt., Unit, Suit | e, and/or | Bldg. No.) o | P.O. Route and | Company N/ | Number: |
| City SOUTHWEST | RANCHES | | | State Florida | | ZIP Code 33331 | |
| | | nd Block Numbers, Ta NRECORDED, BRO | | | | | |
| A4. Building Use | (e.g., Residen | tial, Non-Residential, | Addition, | Accessory, e | etc.) | | |
| A5. Latitude/Long | iitude: Lat. 26 | 5°03'38" | Long. 80 | °22'29.21" | Horizonta | l Datum: NAD 1 | 927 × NAD 1983 |
| A6. Attach at leas | t 2 photograpi | ns of the building if the | e Certifica | ite is being u | sed to obtain floo | d insurance. | |
| A7. Building Diag | ram Number | 1B | | | | | |
| A8. For a building | with a crawls | pace or enclosure(s): | | | | | |
| a) Square fo | otage of crawls | space or enclosure(s) | | | N/A sq ft | | |
| b) Number of | permanent flo | od openings in the cr | awlspace | or enclosum | e(s) within 1.0 foo | t above adjacent gra | de N/A |
| c) Total net a | rea of flood op | enings in A8.b | | N/A sq in | | | |
| d) Engineere | d flood openin | gs? 🗌 Yes 🗵 I | No | | | | |
| A9. For a building | with an attach | ad narana. | | | | | |
| | | | | N/A sq fi | | | |
| | otage of attach | | | | | Y | |
| | | ood openings in the at | | | os evods Joor U.T | jaceni grade N/A | |
| c) Total net a | rea of flood of | penings in A9.b | | N/A sq | in | | |
| d) Engineere | d flood openin | gs? ☐ Yes ⊠ l | No | | | | |
| | SE | ECTION B - FLOOD | INSURA | NCE RATE | MAP (FIRM) IN | FORMATION | |
| B1. NFIP Commu | | Community Number | | B2. County | | | B3. State |
| TOWN OF SOUT | HWEST RAN | CHES, 120035 | | BROWARD | | | Florida |
| B4. Map/Panel Number | B5. Suffix | B6. FIRM Index Date | Effe | M Panel ective/ rised Date | B8. Flood Zone(s) | B9. Base Flood E (Zone AO, us | levation(s) e Base Flood Depth) |
| 120035-0553 | Н | 08-18-2014 | 08-18-2 | | АН | 6.0' | |
| B10. Indicate the | source of the | Base Flood Elevation | (BFE) di | ata or base f | ood depth entere | ed in Item B9: | |
| | | Community Dete | | | | | |
| B11. Indicate ele | vation datum | used for BFE in Item I | B9: 🔲 N | GVD 1929 | NAVD 1988 | Other/Source: | |
| B12. Is the build | ing located in a | a Coastal Barrier Res | ources Sy | stem (CBR | s) area or Otherw | rise Protected Area (| OPA)? ☐ Yes ⊠ No |
| Designation | | | | □ OPA | | | |
| - Congridition | | | , 00110 | | | | |

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| PORTANT: In these spaces, copy the contestorman management | | | | | FOR INSURANCE COMPANY USE | | |
|--|--|--|--|--|---|--|--|
| ldling Street Address (lincluding Apt., Unit, Suite, a 30 SW 170 AVENUE | md/or Bildg. No.)) or P.O. Row | be and Box No. | Policy N | | | | |
| | State ZIP | Codle | Company | ny NAIC Nu | mungoest. | | |
| OUTHWEST RANCHES Florida 33331 | | | | | | | |
| SECTION C - BUILDIN | G ELEVATION INFORMAT | TION (SURVEY I | REQUIRE | D) | | | |
| 11. Building elevations are based on: Cons | muchion Drawings* Buil | dling Under Const | munatikami* | | ed Construction | | |
| had the shirt mark thing extermitation of the service of the servi | hen construction of the buildi | ing is complete. | | | - 14 H H H H H H H H H H H H H H H H H H | | |
| 2. Elevations — Zones A1—A30, AE, AH, A (with the Complete thems C2.a—In below according to the Benchmark Utilized: SEE COMMENTS | THE WASHINGTON AND AND AND THE PARTY OF THE PROPERTY OF THE PR | FE), AR, AR/A, AI in Ihem A7. In Puc | R//AIE., AR// entio Riico o | A.11—A.30, A.1 nily, ember m | R//AHI, AKI/AU. NGÙETS. | | |
| Indicate elevation datum used for the elevation | ns in items a) through h) belo | DAW. | | | | | |
| ☐ NGVD 1929 ☑ NAVD 1988 ☐ C | | | | | | | |
| Datum used for building elevations must be th | e same as that used for the l | BIFIE. | Cha | well three mare | asunement used. | | |
| | | | 7.35 | × feet | meters | | |
| a) Top of bottom floor (including basement, c | nanwispace, or enclosure moo | T)) | N/A | ⊠ feet | meters | | |
| b) Top of the next higher floor | | - | | | meters | | |
| c) Bottom of the lowest horizontal structural r | member (V Zones only) | | N/A | ★ feet ★ | | | |
| d) Attached garage (lop of slab) | | | N/A | × feet | meters | | |
| e) Lowest elevation of machinery or equipment (Describe type of equipment and location is | ent servicing the building in Comments) | - | 6.07 | ⊠ feet | meters | | |
| f) Lowest adjacent (finished) grade next to b | | · | 4.95 | × feet | meters | | |
| the state of the second of the | | | 5.25 | × feet | meters | | |
| h) Lowest adjacent grade at lowest elevation | | | N/A | ☐ feet | meters | | |
| "structural support | | | | | | | |
| SECTION D - SURV | EYOR, ENGINEER, OR A | RCHITECT CER | TIFICATIO |)N | tion information | | |
| SECTION D - SURVI This certification is to be signed and sealed by a language of the certification is to be signed and sealed by a language of the certificate repostatement may be punishable by fine or imprisonal way the certificate and longitude in Section A provided | and surveyor, engineer, or a resents my best efforts to int ment under 18 U.S. Code, So | rchitect authorize terpret the data av ection 1001. | d by law to railable. I u | certify elevenderstand | | | |
| This certification is to be signed and sealed by a lidentify that the information on this Certificate repstatement may be punishable by fine or imprisonation. Were latitude and longitude in Section A provided | and surveyor, engineer, or a resents my best efforts to int ment under 18 U.S. Code, So | rchitect authorize terpret the data av ection 1001. | d by law to railable. I u | certify elevenderstand | | | |
| This certification is to be signed and sealed by a life tertification in the information on this Certificate reposterement may be numishable by lime or imprison. | and surveyor, engineer, or a resents my best efforts to int ment under 18 U.S. Code, So I by a licensed land surveyor | rchitect authorize terpret the data av ection 1001. | d by law to railable. I u | certify elevenderstand | | | |
| This certification is to be signed and sealed by a last certify that the information on this Certificate repostatement may be punishable by fine or imprisonal were latitude and longitude in Section Aprovided Certifier's Name | and surveyor, engineer, or a resents my best efforts to int ment under 18 U.S. Code, So I by a licensed land surveyor License Number | rchitect authorize terpret the data av ection 1001. | d by law to railable. I u | certify elevenderstand | | | |
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| This certification is to be signed and sealed by a lacertify that the information on this Certificate repstatement may be punishable by fine or imprisonally where latitude and longitude in Section A provided Certifier's Name LUIS J. ORTIZ Title PSM Company Name | and surveyor, engineer, or a resents my best efforts to int ment under 18 U.S. Code, So I by a licensed land surveyor License Number 7006 | rchitect authorize terpret the data av ection 1001. | d by law to railable. I u | certify elevenderstand | | | |
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| This certification is to be signed and sealed by a land of the information on this Certificate repostatement may be purishable by fine or imprisonal were latitude and longitude in Section A provided Certifier's Name LUIS J. ORTIZ Title PSM Company Name BASELINE ENGINEERING & LAND SURVEYIN Address | and surveyor, engineer, or a resents my best efforts to int ment under 18 U.S. Code, So I by a licensed land surveyor License Number 7006 | rchitect authorize terpret the data av ection 1001. | d by law to railable. I u | certify elevenderstand | vation information that any false re if attachments | | |
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| ORTANT: In these spaces, copy the corresponding information of the | | - | R IINSURANCE COMPANY USE |
|--|---|--------------------------|--|
| The state of the s | or P.O. Route and Box No | . Poli | cy Number: |
| 30 SW 170 AVENUE | | | |
| Strates | ZIP Code | Com | nganny NAIC Number |
| OUTHWEST RANCHES Florida | 33331 | | |
| PURE DIMENSION IN | FORMATION (SURVEY | NOT REC | (UIRED) |
| FOR ZONE AU ANU Z | Character and the control of the control | | |
| or Zomes AO amd A (without BFE), complete litems E1–E5. If the Co omplete Sections A, B,and C. For Items E1–E4, use natural grade, ofter meters. | , n, G., o., o., o. | | |
| Inter meters. Provide elevation information for the following and check the ap the highest adjacent grade (HAG) and the lowest adjacent grad | opropriate boxes to show w le (LAG). | inedner dine | ellevation is above of Delow |
| a) Top of bottom floor (including basement, crawlspace, or enclosure) is | | meters | above or below the HAG. |
| b) Top of bottom floor (including basement, | | meters | above or below the LAG. |
| E2. For Building Diagrams 6-9 with permanent flood openings pro | vided in Section Alterns 8 | and/or 9 (s | ee pages 1-2 of Instructions), |
| the next higher floor (elevation C2.0 iii | □ feet □ | meters | above or below the HAG. |
| the diagrams) of the building is | | | above or below the HAG. |
| E3. Attached garage (top of slab) is | [] feet [| meters | |
| E4. Top of platform of machinery and/or equipment servicing the building is | [] feet [| | above or below the HAG |
| 사용 그 아무렇게 되었다면요요? 하라면 얼룩하지만 그는 사용을 가지 않는 것이 없는 것이 없는 것이 없는 것이다. | of the bottom floor elevate Inknown. The local officia | d in accor I must cer | dance with the community's lify this information in Section G. |
| SECTION F - PROPERTY OWNER (OR O | WNER'S REPRESENTAT | IVE) CERT | TIFICATION |
| Property Owner or Owner's Authorized Representative's Name | | State | ZIP Code |
| | City | State | |
| Address | City | | -bana |
| | City | | phone |
| Address | | | phone |
| Address Signature | | | phone Check here if attachmen |

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| PORTANT: In these spaces, copy the co | FOR INSURANCE COMPANY USE | | |
|--|---|--|--|
| nilding Street Address (including Apt., Unit. 30 SW 170 AVENUE | , Suite, and/or Bldg. No.) | or P.O. Route and Box No. | Policy Number: |
| ity | State | ZIIP Code | Company NAIC Number |
| OUTHWEST RANCHES | Florida | 33331 | |
| | TION G - COMMUNITY | INFORMATION (OPTIONAL |) |
| engineer, or architect who is authordata in the Comments area below | on Cermicate. Complete, enter meters. taken from other documorized by law to certify e | entation that has been signed devaluon information. (Indicate | l and scaled by a licensed surveyor, the source and date of the elevation |
| or Zone AO. | | | MA-issued or community-issued BFE) ement purposes. |
| 3. I we working amountained faceasies | Ga-O 10) 10 provided 101 | | |
| 4. Permit Number | G5. Date Permit Is | ssued Gf | Date Certificate of Compliance/Occupancy Issued |
| 7. This permit has been issued for: | ☐ New Construction | Substantial Improvement | |
| Elevation of as-built lowest floor (inclu of the building: | iding basement) — | | feet meters Datum |
| 9. BFE or (in Zone AO) depth of flooding | g at the building site: | | feet meters Datum |
| 10. Community's design flood elevation: | <u> </u> | U | feet meters Datum |
| ocal Official's Name | | Title | |
| Community Name | | Telephone | |
| Signature | | Date | |
| Comments (including type of equipment ar | nd location, per C2(e), if | applicable) | |
| | | | ☐ Check here if attachme |

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMIB No. 1660-0008

Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy th | FOR INSURANCE COMPANY USE | | |
|--|---------------------------|--------------------------|---------------------|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 4730 SW 170 AVENUE | | | Policy Number: |
| City SOUTHWEST RANCHES | State Florida | ZIP Code 33331 | 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

Photo One Caption FRONT VIEW (04/11/2017)

Clear Photo One



Photo Two

Photo Two Caption REAR VIEW (04/11/2017)

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Combinuation Page

OMIB No. 1660-0008

Expiration Date: November 30, 2018

| IMPORTANT: In these spaces, copy th | FOR INSURANCE COMPANY USE Policy Number: | | |
|--|---|-------------------|---------------------|
| Building Street Address (including Apt., 44730 SW 170 AVENUE | | | |
| SOUTHWEST RANCHES | State Florida | ZIP Code 33331 | Company NAIC Number |

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date talken; "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 Three

Photo Three Caption LEFT SIDE VIEW (04/11/2017)

Clear Photo Three



Photo Four

Photo Four Caption RIGHT SIDE VIEW (04/11/2017)

Clear Photo Four