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

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

ELEVATION CERTIFICATEImportant: 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 INSU	RANCE COMPANY USE	
A1. Building Owner's Name ERIC PINTALUGA AND ROBYN PINTALUGA					Policy Num	ber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5300 ASCOT TERRACE-MAIN HOUSE Company NAIC Number:					IAIC Number:	
City TOWN OF SOUTHWEST R	ANCHES		State Florida		ZIP Code 33331	authorandra sit
A3. Property Description (Lot an LOT 1 OF THE PLAT ENTITLE					ere ov sego	TVLDM (*)
A4. Building Use (e.g., Residen	tial, Non-Residential, A	Addition	, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longitude: Lat. 26	3.05272	Long	30.37121	Horizontal Datum	: NAD	1927 × NAD 1983
A6. Attach at least 2 photograpl	ns of the building if the	Certific	cate is being used t	o obtain flood insura	nce.	
A7. Building Diagram Number	1A					a programme (b)
A8. For a building with a crawls	pace or enclosure(s):					
a) Square footage of crawls	space or enclosure(s)		0 sq ft			
b) Number of permanent flo	ood openings in the cra	wlspac	e or enclosure(s) w	vithin 1.0 foot above	adjacent gr	ade 0
c) Total net area of flood or	penings in A8.b0) s	sq in			
d) Engineered flood openin	gs? ☐ Yes ⊠ No	0				Nic 12 Carlo
A9. For a building with an attached garage:						
a) Square footage of attached garage 2,205 sq ft						
b) Number of permanent flo				ot above adjacent g	rade	0
c) Total net area of flood op						and the second second
	d) Engineered flood openings? Yes No					
	ge					
SE	CTION B - FLOOD IN	NSUR#	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Community Name & Community Number SOUTHWEST RANCHES, TOWN OF-120691			B2. County Name BROWARD		B3. State Florida	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
12011C0540H H	08/18/2014		3/2014	AH	5 FEET	
B10. Indicate the source of the ☐ FIS Profile ☒ FIRM				epth entered in Item		
B11. Indicate elevation datum u	sed for BFE in Item B9	9: 🔲 N	GVD 1929 ⊠ NA	AVD 1988 🔲 Oth	er/Source:	
B12. Is the building located in a	Coastal Barrier Resou	irces S	ystem (CBRS) area	or Otherwise Prote	cted Area (0	DPA)? ☐ Yes ⊠ No
Designation Date:		CBRS	□ ОРА			

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route 5300 ASCOT TERRACE-MAIN HOUSE	Policy Number:			
City State ZIP C TOWN OF SOUTHWEST RANCHES Florida 33333	Company NAIC Number			
SECTION C - BUILDING ELEVATION INFORMATION	ON (SURVEY RI	EQUIRED)		
C1. Building elevations are based on: Construction Drawings* Building Under Construction*				
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: BCED BM#3791 EL. =6.07' Vertical Datum: NAVD 88				
Indicate elevation datum used for the elevations in items a) through h) below ☐ NGVD 1929 ☑ NAVD 1988 ☐ Other/Source: ☐ Use of the decoder of the elevations in items a) through h) below	100 000 2			
Datum used for building elevations must be the same as that used for the BF	·E.	Check the measurement used.		
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>9</u> . <u>83</u>	X feet meters		
b) Top of the next higher floor	<u>23</u> . 9	X feet meters		
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	x feet meters		
d) Attached garage (top of slab)	9. 10	x feet meters		
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>9</u> . <u>7</u>	X feet meters		
f) Lowest adjacent (finished) grade next to building (LAG)	9. <u>1</u>	X feet meters		
g) Highest adjacent (finished) grade next to building (HAG)	<u>9</u> . <u>8</u>	x feet meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	X 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?				
Certifier's Name License Number SCOTT M. PIRTLE 5630		- Indiana Company Comp		
SCOTT M. PIRTLE 5630 Title		The state of the s		
Professional Surveyor and Mapper		THE THE PARTY OF T		
Company Name		- SOME MARKET		
Caulfield & Wheeler, Inc.				
Address		I / // My nous to		
7900 Glades Road Suite 100	7ID 0 - 1 -	STATE OF STATE		
City State Boca Raton Florida	ZIP Code 33434	Here SATEORIOA		
Signature Date	Telephone (561) 392-1991	SALASAS SALASAS		
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) C2.a)= GUEST HOUSE OVERALL LOWEST LIVING FLOOR ELEV. C2.e.= A/C PAD ELEV. A5. LATT/LONG OBTAINED USING HAND HELD GPS SYSTEM GENERATOR ROOM & WINE ROOM ELEV. =(9.90')				

ELEVATION CERTIFICATE

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MPORTÄNT: In these spaces, copy the corresponding information from Section A.			FOR INSURAN	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5300 ASCOT TERRACE-MAIN HOUSE				Kalin Langa das	
Oily		ZIP Code	Company NAI	C Number	
1000100001100001		33331	DT BEOLUBED'	and the state of the state of the	
SECTION E – BUILDING EL FOR ZON	E AO AND ZONE A	(WITHOUT BFE)	יו אבעטואבט)		
For Zones AO and A (without BFE), complete Items E′complete Sections A, B,and C. For Items E1–E4, use renter meters.	1–E5. If the Certificate natural grade, if availal	is intended to suppor ole. Check the measu	rt a LOMA or LOM urement used. In P	R-F request, uerto Rico only,	
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest	I check the appropriate adjacent grade (LAG).	e boxes to show whet	ther the elevation is	s above or below	
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		leet lme	eters 🔲 above o	r 🗌 below the HAG	
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet me	eters 🗌 above o	r 🗌 below the LAG	
E2. For Building Diagrams 6-9 with permanent flood	openings provided in S	Section A Items 8 and	/or 9 (see pages 1	–2 of Instructions),	
the next higher floor (elevation C2.b in the diagrams) of the building is		feet me	eters 🔲 above o	r 🗌 below the HAG	
E3. Attached garage (top of slab) is		feet me	eters 🔲 above o	r Delow the HAG	
E4. Top of platform of machinery and/or equipment servicing the building is			eters above o	r 🔲 below the HAG	
E5. Zone AO only: If no flood depth number is available	ole, is the top of the bo	ttom floor elevated in	accordance with t	ne community's	
floodplain management ordinance? Yes	」No □ Unknown.	The local official mu	ist certify this infori	nation in Section G.	
SECTION F - PROPERTY OW	NER (OR OWNER'S	REPRESENTATIVE)	CERTIFICATION		
The property owner or owner's authorized representate community-issued BFE) or Zone AO must sign here. The property Owner or Owner's Authorized Representative	ne statements in Sect	ions A, B, and E are	correct to the best	or my knowledge.	
Address	City		State	ZIP Code	
Signature	Date		Telephone		
Comments				1201.350.31	
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is amount there are its 8			Chec	k here if attachments	
the factorization of the contract of the contr				Tiere ii attaci	

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, S 5300 ASCOT TERRACE-MAIN HOUSE					
City TOWN OF SOUTHWEST RANCHES	State ZIP Code Florida 33331	Company NAIC Number			
SECTION	ON G - COMMUNITY INFORMATION (OPTIC	NAL)			
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 Sect or Zone AO.	ion E for a building located in Zone A (without	a FEMA-issued or community-issued BFE)			
G3. The following information (Items G4-	-G10) is provided for community floodplain ma	nagement purposes.			
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction ☐ Substantial Improvement	ent			
G8. Elevation of as-built lowest floor (including of the building:	g basement) [☐ feet ☐ meters Datum			
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				
Community Name	Telephone				
Signature	Date				
Comments (including type of equipment and loc	cation, per C2(e), if applicable)	· · · · · · · · · · · · · · · · · · ·			
		3			
		☐ Check here if attachments.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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City TOWN OF 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 12-17-19

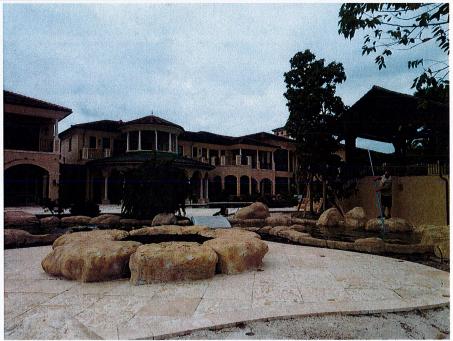


Photo Two

Photo Two Caption REAR VIEW 12-17-19

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5300 ASCOT TERRACE-MAIN HOUSE			Policy Number:
City	State	ZIP Code	Company NAIC Number
TOWN OF 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 GENERATOR ROOM REAR VIEW 12-17-19



Photo Two

Photo Two Caption GENERATOR ROOM SIDE VIEW 12-17-19