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.

C13329 SECTION A – PROPERTY INFORMATION FOR INSURANCE						RANCE COMPANY USE	
A1. Building Owner's Name JAIME LOPEZ Policy Number:						nber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.5851 HOLATEE TRAIL					Company I	NAIC Number:	
City SOUTHWEST		State ZIP Code FL 33330					
A3. Property Desc EVERGLADES SU	ription (Lot a IGAR AND L	nd Block Numbers, Tax AND COMPANY SUBE	R Parce DIVISIO	el Number, Legal De DN, of Section 34, T	escription, etc.) ownship 50 South,	Range 40 E	ast
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Longi	tude: Lat. 2	6°02'49.97"N	Long. [30°19'49.76"W	Horizontal Datur	n: NA	D 1927 ⊠NAD 1983
A6. Attach at least	2 photograp	ns of the building if the	Certific	cate is being used t	o obtain flood insur	ance.	
A7. Building Diagra	am Number	1B					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)	N/A	sq ft			
b) Number of	permanent flo	ood openings in the cra	wlspac	e or enclosure(s) v	vithin 1.0 foot above	adjacent gr	ade 0
c) Total net ar	ea of flood or	penings in A8.b 0		sq in			
d) Engineered	d) Engineered flood openings? \square_{Yes} \square_{No}						
A9. For a building with an attached garage:							
a) Square footage of attached garage N/A 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 openings?							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Communi	ty Name & C	ommunity Number		B2. County Name			B3. State
120691 SOUTHWEST RANCHES			BROWARD			Florida	
B4. Map/Panel Number 12011C0540	B5. Suffix H	B6. FIRM Index Date 8/18/2014	Et R	IRM Panel ffective/ evised Date 2014	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
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 OPA							

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C13329 IMPORTANT: In these spaces, cop	y the corresponding infor	mation from Section A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, 5851 HOLATEE TRAIL	Suite, and/or Bldg. No.) or P	P.O. Route and Box No.	Policy Number:			
		ZIP Code 33330	Company NAIC Number			
SECTION C - BU	JILDING ELEVATION INFO	ORMATION (SURVEY R	EQUIRED)			
C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☐ 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: BCBM 3404=6.9 Vertical Datum: NGVD29 Indicate elevation datum used for the elevations in items a) through h) below.						
□NGVD 1929 □NAVD 19		Thy below.				
Datum used for building elevations mus		for the BFE.	Ob a de the construction of			
 a) Top of bottom floor (including basen b) Top of the next higher c) Bottom of the lowest horizontal struct d) Attached garage (top of slab) e) Lowest elevation of machinery or eq (Describe type of equipment and location f) Lowest adjacent (finished) grade next g) Highest adjacent (finished) grade next h) Lowest adjacent grade at lowest ele structural support 	etural member (V Zones only quipment servicing the building on in Comments) xt to building (LAG) ext to building (HAG)	8.8 N/A N/A 7.1 6.1 7.4	Check the measurement used. feet			
This certification is to be signed and sealed by	URVEYOR, ENGINEER, C	r or architect authorized by	y law to certify elevation information			
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 pro-	vided by a licensed land sur	veyor? ⊠Yes □No	Check here if attachments.			
Certifier's Name Kenneth J. Osborne Title	License Numl 6415	ber	NETH JOSO			
Registered Professional Surveyor			wo No. 6415 62			
Company Name COMPASS			" Let Istorice			
Address 6250 N Military Trail #102			" 11/19/2019 3 STATE OF			
City West Palm Beach	State FL	ZIP Code 33407	ONAL ORIDA OR			
Signature	Date	Telephone				
Tutllstone	10/31/2019	(561)640-4800	*			
Copy all pages of this Elevation Certificate and	all attachments for (1) comm	nunity official, (2) insurance a	agent/company, and (3) building owner.			
Comments (including type of equipment and LAT AND LONG PROVIDED BY CC2:E = LOWEST A/C PAD- TWO C	GOOGLE EARTH	,				

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C13329 IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and 5851 HOLATEE TRAIL	or Bldg. No.) or P.O. Ro	oute and Box No.	Policy Number:			
City S SOUTHWEST RANCHES F		P Code 330	Company NAIC Number			
SECTION E – BUILDING ELE FOR ZONE	SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)					
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, enter meters. 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						
Property Owner or Owner's Authorized Representative's	Name					
Address	City	Sta	te ZIP Code			
Signature	Date	Tel	ephone			
Comments						
			l			

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C13329 IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, St 5851 HOLATEE TRAIL	Policy Number:					
City SOUTHWEST RANCHES	State FL	ZIP Code 33330		Company NAIC Number		
SECTION	ON G - COMMUNITY IN	NFORMATION (O	PTIONAL)			
Sections A, B, C (or E), and G of this Elevation	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 tak engineer, or architect who is authoriz data in the Comments area below.)						
G2. A community official completed Section or Zone AO.	on E for a building loca	ted in Zone A (wit	thout a FEMA	\tag{\text{\community-issued BFE}}		
G3. The following information (Items G4–	G10) is provided for co	mmunity floodplai	in manageme	ent purposes.		
G4. Permit Number	G5. Date Permit Issu	ed		ate Certificate of ompliance/Occupancy Issued		
G7. This permit has been issued for:	☐New Construction	☐Substantial Im	nprovement			
G8. Elevation of as-built lowest floor (including of the building:	g basement)	·	□feet □me	eters Datum		
G9. BFE or (in Zone AO) depth of flooding at t	he building site:		☐feet ☐me	eters Datum		
G10. Community's design flood elevation:		·	☐feet ☐me	eters Datum		
Local Official's Name		Title				
Community Name		Telephone				
Signature		Date				
Comments (including type of equipment and location, per C2(e), if applicable)						
				,		
				□Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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Building Street Address (including Apt., L 5851 HOLATEE TRAIL	. Policy Number:		
City SOUTHWEST RANCHES	State FL	ZIP Code 33330	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



Photo Two

Photo Two Caption REAR VIEW

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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C13329 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. 5851 HOLATEE TRAIL			
State FL	ZIP Code 33330	Company NAIC Number	
	Init, Suite, and/or Bldg. No. State	Init, Suite, and/or Bldg. No.) or P.O. Route and Box No. State ZIP Code	

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 SIDE VIEW



Photo Two Caption SIDE VIEW