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				F	FOR INSURANCE COMPANY USE			
A1. Building Owner's Name CAZA DEVELOPMENT LLC					Policy Numb	oer:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6122 SW 173 WAY					Company N	AIC Number:		
City SOUTH WES	T RANCHES		IP Code 3331	esingu mendanek Indicate elevation				
A3. Property Des SEE PARCEL # 5			x Parcel Number, Legal D	escription, etc.)	1926 [X] N Bilding elevi	[] NGMD Datum Used for bit		
A4. Building Use	(e.g., Residen	tial, Non-Residential, A	Addition, Accessory, etc.)	RESIDENTIAL		increase Second		
A5. Latitude/Long	jitude: Lat.	26°042244 N	Long. 80°378864" W	Horizontal Datum:	☐ NAD 1	927 × NAD 1983		
A6. Attach at leas	st 2 photograpi	ns of the building if the	Certificate is being used	to obtain flood insuran	ice.	c) Betrom of the l		
A7. Building Diag	ram Number	1B				d) Affeched gara		
A8. For a building	with a crawls	pace or enclosure(s):				ilevela teawe (
a) Square fo	otage of crawls	space or enclosure(s)	0 sq ft			and summer in		
b) Number o	f permanent flo	ood openings in the cra	awlspace or enclosure(s)	within 1.0 foot above a	idjacent gra	ade 0		
c) Total net a	rea of flood op	penings in A8.b	sq in			sosiba feewoll (ri		
d) Engineere	d) Engineered flood openings?							
A9. For a building	with an attach	ed garage:				and the second of the second o		
.nonsmota.nous		wai ke pariomus losii	7 sa ft			This certification is to b		
	a) Square footage of attached garage1,027 sq ft							
	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade0							
c) Total net area of flood openings in A9.b sq insq in								
d) Engineered flood openings? ☐ Yes ☒ No								
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
B1. NFIP Commu CITY OF SOUTH	nity Name & C	ommunity Number	B2. County Nam BROWARD		RVICES	B3. State Florida		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date	B8. Flood Zone(s)	(Zor	e Flood Elevation(s) ne AO, use Base nd Depth)		
12011C0520	H	08/18/2014	08/18/2014	AH	to the second se	5.00		
B10. Indicate the	source of the	Base Flood Elevation (BFE) data or base flood o	lepth entered in Item E	39:			
☐ FIS Prof	le 🗵 FIRM	Community Determ	nined Other/Source:	ortosae da ona sacatur	evanjos Ce	E and to sagged the virial		
B11. Indicate ele	vation datum u	sed for BFE in Item B9	9: NGVD 1929 X N	AVD 1988 Othe	er/Source:			
B12. Is the building	ng located in a	Coastal Barrier Resou	ırces System (CBRS) are	a or Otherwise Protect	ted Area (C	PA)? ☐ Yes ☒ No		
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No Designation Date:								
3	***************************************	Local 1						
	entienth tone store-kausopraesspenatorausoporator				NAME OF THE POST O			

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSU	FOR INSURANCE COMPANY USE		
6122 SW 173 WAY			Policy Nur	Policy Number:		
and the companion of the contract of the contr		IP Code 3331	Company	NAIC Number		
SECTION C - BUILDING E	LEVATION INFORM	ATION (SURVEY	REQUIRED)			
C1. Building elevations are based on: Construc	tion Drawings* 🔲 B	Building Under Cons	struction* ×	Finished Construction		
*A new Elevation Certificate will be required when						
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE Complete Items C2.a–h below according to the buseline Benchmark Utilized: BM # 3225 ELEV = 7.08), VE, V1–V30, V (with uilding diagram specific Vertical Datu	ed in Item A7. In Pu	AR/AE, AR/A1- erto Rico only, D1988	-A30, AR/AH, AR/AO. , enter meters.		
Indicate elevation datum used for the elevations in	items a) through h) be	elow.		Maria de Maria		
☐ NGVD 1929 ☒ NAVD 1988 ☐ Othe	*********************		······································			
Datum used for building elevations must be the sa	ime as that used for the	e BFE.	Check	the measurement used.		
a) Top of bottom floor (including basement, crawl	space, or enclosure flo	oor)7. 46	X	feet meters		
b) Top of the next higher floor		N/A	X	feet meters		
c) Bottom of the lowest horizontal structural mem	ber (V Zones only)	N/A.	X	feet meters		
d) Attached garage (top of slab)		<u>6</u> . <u>86</u>	X	feet meters		
 e) Lowest elevation of machinery or equipment so (Describe type of equipment and location in Co 	ervicing the building omments)	<u>7</u> . 46	X	feet meters		
f) Lowest adjacent (finished) grade next to building	ng (LAG)	<u>5</u> . <u>90</u>	X	feet meters		
g) Highest adjacent (finished) grade next to build	ng (HAG)	6. 11	X	feet meters		
 h) Lowest adjacent grade at lowest elevation of d structural support 	eck or stairs, including	N/A	X	feet meters		
SECTION D - SURVEYO	R, ENGINEER, OR A	RCHITECT CERT	IFICATION			
This certification is to be signed and sealed by a land s I certify that the information on this Certificate represer statement may be punishable by fine or imprisonment	nts my best efforts to in	terpret the data ava	by law to certi ailable. I under	ify elevation information. stand that any false		
Were latitude and longitude in Section A provided by a			Che	eck here if attachments.		
Certifier's Name	License Number	(3				
GINO FURLANO	LS# 5044		04	-29-19		
Title PROFESSIONAL SURVEYOR AND MAPPER			19	5044		
Company Name J.A.F. SURVEYING SERVICES INC				/ Riace // Seal		
Address			$ \vee$	Here		
2492 WEST 72 STREET				y M		
City HIALEAH	State Florida	ZIP Code 33016	00			
Signature //	Date 04/29/2019	Telephone (786) 416-1018	B			
Copy all pages of this Elevation Certificate and all attachr	nents for (1) community	official, (2) insurance	ce agent/compa	any, and (3) building owner.		
Comments (including type of equipment and location, p	er C2(e), if applicable)		<u> </u>			
LONG & LATT OBTAINED GOOGLE EARTH, C2e= A	P CONDITIONED 7 4	6				
BROWARD COUNTY ENGINEERING BENCH MARK						
CROWN= 4.38						

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the correspo	onding information	r from Section A.	FOR INSUR	ANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, 6122 SW 173 WAY	and/or Bldg. No.) o	r P.O. Route and Box No	Policy Numb	er: 1155A 19948 (19048 YAW 611 W6 6576
City SOUTH WEST RANCHES	State Florida	ZIP Code 33331	Company NA	NC Number
SECTION E – BUILDING FOR Z	ELEVATION INFO	ORMATION (SURVEY) NE A (WITHOUT BFE)	NOT REQUIRED)	
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, us enter meters. E1. Provide elevation information for the following the highest adjacent grade (HAG) and the lower a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent floor the next higher floor (elevation C2.b in the diagrams) of the building is E3. Attached garage (top of slab) is	s E1–E5. If the Certise natural grade, if a and check the appropriate adjacent grade (ificate is intended to suppavailable. Check the measure periate boxes to show which LAG). feet red in Section A Items 8 are red feet red.	surement used. In ether the elevation neters above neters above neters above neters above	Puerto Rico only, is above or below or
servicing the building is E5. Zone AO only: If no flood depth number is available.	reset interested 2 F	Labitation County III	and housest an	or below the HAG.
floodplain management ordinance? Yes SECTION F – PROPERTY Of the property owner or owner's authorized represent community-issued BFE) or Zone AO must sign here.	DWNER (OR OWNI	es Sections A. B. and E fo	E) CERTIFICATION	I a FEMA-issued or
Property Owner or Owner's Authorized Representa	tive's Name			Local Official's Name
Address		City	State	ZIP Code
Signature		Date	Telephone	
Comments	Esticable)	d location, ner C2(e), 4 a		
			Chec	k here if attachments.

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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. 6122 SW 173 WAY City State ZIP Code			
State Florida	ZIP Code 33331	Company NAIC Number	
ON G - COMMUNITY INF	ORMATION (OPTIONAL)	
rdinance to administer the Certificate. Complete the Iter meters.	e community's floodplain n e applicable item(s) and si	nanagement ordinance can complete gn below. Check the measurement	
en from other documenta ed by law to certify eleva	ation that has been signed tion information. (Indicate	and sealed by a licensed surveyor, the source and date of the elevation	
ion E for a building locate	d in Zone A (without a FE	MA-issued or community-issued BFE)	
-G10) is provided for com	munity floodplain manage	ment purposes.	
G5. Date Permit Issued	d G6.	Date Certificate of Compliance/Occupancy Issued	
New Construction S	Substantial Improvement		
g basement)	fe	et meters	
the building site:	fe	et meters	
**************************************	fe	et meters	
	Title		
	Telephone		
	Date		
cation, per C2(e), if applic	cable)	☐ Check here if attachments.	
	State Florida DN G - COMMUNITY INF Indinance to administer the Certificate. Complete the Internetion of th	State ZIP Code Florida 33331 DN G - COMMUNITY INFORMATION (OPTIONAL redinance to administer the community's floodplain manage of the community of the complete the applicable item(s) and signed the community of the complete the applicable item(s) and signed the community of the	

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Apt., L 6122 SW 173 WAY			
City recmuir Olaid vasqua00	State	ZIP Code	Company NAIC Number
SOUTH WEST RANCHES	Florida	33331	SOUTH WEST RANCHES

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 TAKEN ON 04/29/2019



Photo Two

Photo Two Caption REAR VIEW TAKEN ON 04/29/2019

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy the co	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, 6122 SW 173 WAY	Policy Number:		
City SOUTH WEST 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 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 RIGHT SIDE VIEW TAKEN ON 04/29/2019



Photo Two

Photo Two Caption LEFT SIDE VIEW TAKEN ON 04/29/2019