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

OMB No. 1660-0008 Expiration Date: November 30, 2022

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 INSU	RANCE COMPANY USE
A1. Building Owner's Name LEON						Policy Num	ber:
	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:						IAIC Number:
	Box No. 17340 SW 70 TH PLACE						
City				State		ZIP Code	
SOUTHWE				FL		33331	
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) FOLIO NO.: 5040 06 04 0044 (SEE SECTION D FOR LEGAL DESCRIPTION)						
A4. Building Use (e.g.	., Residenti	al, Non-Residential, Ad	ddition,	Accessory, etc.)	ACCESSORY		
A5.Latitude/Longitude	e: Lat. <u>26</u>	5°01'50.28" N	Long.	80°22'45.96" W	Horizontal Da	atum:□NAD	1927 ⊠NAD1983
A6. Attach at least 2 p	hotographs	s of the building if the (Certifica	ate is being used to	o obtain flood insura	ınce.	
A7. Building Diagram	Number	1A					
A8. For a building wit	- h a crawlsp	ace or enclosure(s):					
ŭ	•	pace or enclosure(s)	N/A	sq ft			
b) Number of per	rmanent flo	od openings in the cra	wlspac	e or enclosure(s) v	vithin 1.0 foot above	adjacent gr	ade N/A
,		enings in A8.b N/A	•	sq in		, ,	
		gs?□Yes ⊠No		- 4			
_							
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 N/A							
c) Total net area of flood openingsinA9.b N/A sq in							
d) Engineered flood openings? ☐ Yes ☑ No							
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number SOUTHWEST RANCHES 120691			B2. County Name BROWARD B3. State FL		B3. State FL		
	35. Suffix	B6. FIRM Index		IRM Panel	B8. Flood Zone(s) B9. Bas	se Flood Elevation(s)
Number 12011C0540	Н	Date 8-18-14	R	ffective/ evised Date	A.1.1	Flo	ne AO, use Base `´od Depth)
.23.1333.0	11			8-18-14	AH		5
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B							
□FIS Profile ☑FIRM □Community Determined □Other/Source:							
B11. Indicate elevation datum used for BFE inItemB9: NGVD1929 NAVD1988 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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IMPORTANT: In these spaces, copy the corresponding information	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) 17340 SW 70 TH PLACE	Policy Number:			
City State SOUTHWEST RANCHES FL	ZIP Code 33331	Company NAIC Number		
SECTION C – BUILDING ELEVATION	INFORMATION (SURVEY RE	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: BCED NO. 1881 Vertical Datum: 3.339 (NAVD 1988) Indicate elevation datum used for the elevations in items a) through h) below.				
☐ NGVD1929 ☐ NAVD1988 ☐ Other/Source: Datum used for building elevations must be the same as that use	sed for the BFE.			
a) Top of bottom floor (including becoment, growlenges, or one	losure floor) 8.9	Check the measurement used. ☑ feet ☐ meters		
a) Top of bottom floor (including basement, crawlspace, or endb) Top of the next higher floor	N/A			
c) Bottom of the lowest horizontal structural member (V Zones		<u> </u>		
d) Attached garage (top of slab)	N/A.			
e) Lowest elevation of machinery or equipment servicing the b				
(Describe type of equipment and location in Comments)				
f) Lowest adjacent (finished) grade next to building (LAG)	<u>8</u> .2	feet 🔲 meters		
g) Highest adjacent (finished) grade next to building (HAG)	<u>8</u> .7	⊠ feet ☐ meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs,	including structural support 8	.6 ☑ feet ☐ meters		
SECTION D – SURVEYOR, ENGINEE	R, OR ARCHITECT CERTIFI	CATION		
Thiscertificationistobesignedandsealedbyalandsurveyor,engineer,orarchitectauthorizedbylawtocertifyelevationinformation. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statementmaybepunishablebyfineorimprisonmentunder18U.S.Code,Section1001.				
Were latitude and longitude in Section A provided by a licensed land	I surveyor? ⊠ Yes ☐ No ☐	Check here if attachments.		
Certifier's Name License I SCOTT A. GUZZI 5108	Number			
Title PROFESSIONAL SURVEYOR & MAPPER				
Company Name VIC-SCOTT LAND SURVEYING & MAPPING	Place Seal Here			
Address 6047 KIMBERLY BOULEVARD, SUITE T		neie		
City State NORTH LAUDERDALE FL	ZIP Code 33068			
Signature Date 2-8-2022	Telephone 954-722-8500			
CopyallpagesofthisElevationCertificateandallattachmentsfor(1)communityofficial,(2)insuranceagent/company,and(3)buildingowner.				
Comments (including type of equipment and location, per C2(e), if applicable) LATTITUDE AND LONGITUDE PER GOOGLE EARTH. LOWEST ELEVATION OF MACHINERY (C2e) IS CONC. AIR CONDITIONER PAD MOUNTED ON THE SOUTH SIDE OF CABANA. THE NORTH TWO-FIFTHS (2/5) OF THE SOUTH ONE-HALF (S 1/2) OF TRACT 24 IN THE SOUTHEAST ONE-QUARTER (SE 1/4) OF SECTION 6, TOWNSHIP 51 SOUTH, RANGE 40 EAST, ACCORDING TO THE PLAT OF CHAMBERS LAND COMPANY SUBDIVISION, AS RECORDED IN PLAT BOOK 1, PAGE 5 OF THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA, LESS THE NORTH 25 FEET AND THE EAST 25 FEET THEREOF FOR ROAD RIGHT OF WAY.				

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ELEVATION CERTIFICATE Expiration Date: November 30, 2022 IMPORTANT: In these spaces, copy the corresponding information from Section A FOR INSURANCE COMPANY USE

INIT OILT AINT. III these spaces, copy the corresp			TON INSUNANCE COMITANT OSE			
Building Street Address (including Apt., Unit, Suite 17340 SW 70 TH PLACE	e, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number:			
City SOUTHWEST RANCHES	State FL	ZIP Code 33331	Company NAIC Number			
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) 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 b) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet ☐ meters ☐ above				
E2. For Building Diagrams 6–9 with permanent flo the next higher floor (elevation C2.b in	od openings provi	ded in Section A Items 8 and/or	9 (see pages 1–2 of Instructions),			
the diagrams) of the building is	·	feet				
E3. Attached garage (top of slab) is		feet	or			
E4. Top of platform of machinery and/or equipme servicing the building is	nt ·	feet	or Delow the HAG.			
E5. Zone AO only: If no flood depth number is ava flood plain management ordinance? ☐ Yes	ilable, is the top o ☐ No ☐ Unkno	f the bottom floor elevated in account. The local official must certi	cordance with the community's ify this information in Section G.			
SECTION F - PROPERTY	OWNER (OR OW	/NER'S REPRESENTATIVE) C	ERTIFICATION			
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.						
Property Owner or Owner's Authorized Representative's Name						
Address City		State	ZIP Code			
Signature	Date	Telephone				
Comments						

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding information from Section A.				FOR INSURANCE COMPANY USE		
	Street Address (including Apt., Unit, So SW 70 TH PLACE	Policy Number:				
City SOUTI	HWEST RANCHES	State FL	ZIP Code 33331	Company NAIC Number		
	SECTIO	ON G - COMMUNITY IN	FORMATION (OPTIONA	L)		
Sections	I official who is authorized by law or or A, B, C (or E), and G of this Elevation tems G8–G10. In Puerto Rico only, en	Certificate. Complete the	e community's floodplain e applicable item(s) and	management ordinance can complete sign below. Check the measurement		
G1.□	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 Zone AO.	on E for a building locate	ed in Zone A (without a F	EMA-issued or community-issued BFE)		
G3.□	The following information (Items G4-	G10) is provided for com	nmunity floodplain manaç	gement purposes.		
G4. Perr	nit Number	G5. Date Permit Issue	d G	6. Date Certificate of Compliance/Occupancy Issued		
G7. This	s permit has been issued for:	New Construction ☐Su	ubstantial Improvement			
	vation of as-built lowest floor (including the building:	ı basement) 	feet _ meters	Datum		
G9. BFE	E or (in Zone AO) depth of flooding at t	he building site:	feet meters	Datum		
G10. Community's design flood elevation:feet metersfeet meters						
Local Off	icial's Name		Title			
Commun	ity Name		Telephone			
Signature	}		Date			
Commen	ts (including type of equipment and loo	cation, per C2(e), if applic	cable)			
				☐ Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

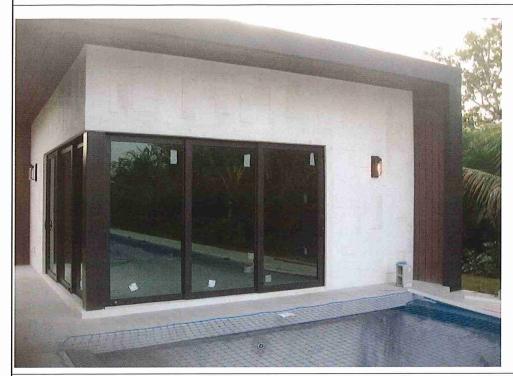
See Instructions for Item A6.

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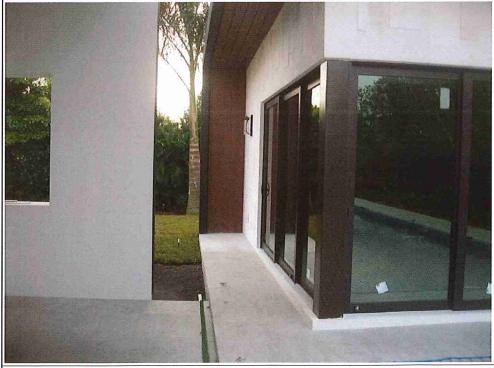
Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the c	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Uni 17340 SW 70 TH PLACE	Policy Number:			
City SOUTHWEST RANCHES	State FL	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.



FRONT VIEW 2-8-2022



LEFT SIDE VIEW 2-8-2022

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

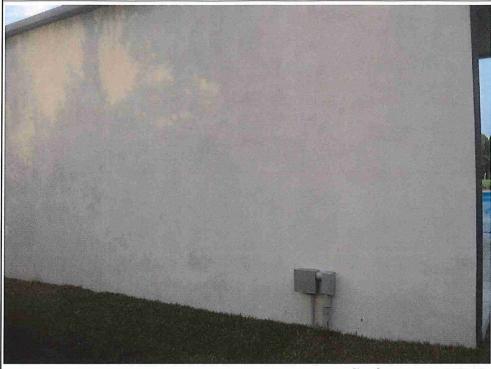
Continuation Page

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City SOUTHWEST RANCHES	State FL	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.



REAR VIEW 2-8-2022



RIGHT SIDE VIEW 2-8-2022