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. Job Number: 230698

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							RANCE COMPANY USE		
A1. Building Owner's Name						Policy Num	ber:		
JOEL ZIMMERMAN & JOANNE ZIMMERMAN									
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Numbe Box No.							IAIC Number:		
13400 MUSTANG TRAIL									
City				State		ZIP Code			
SOUTHWEST RANCHES Florida 33330 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)									
A3. Property Desc FOLIO # 5140-02-		nd Block Numbers, Ta	ax Parcel	Number, Leç	gal Description, etc	c.)			
A4. Building Use (e.g., Residen	tial, Non-Residential,	Addition	, Accessory,	etc.) RESIDENTIA	L			
A5. Latitude/Longit	ude: Lat. 2	6°01'56.99"N	Long. 8	60°19'36.50''W	/ Horizonta	Datum: NAD	1927 × NAD 1983		
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being u	sed to obtain floo	d insurance.			
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 p	permanent flo	ood openings in the cr				above adjacent gra	ade N/A		
•		penings in A8.b				, ,			
, -	d) Engineered flood openings?								
	A9. For a building with an attached garage:								
a) Square foot	_	•		1150.0 sq ft					
		ood openings in the at				acent grade N/A			
c) Total net are	c) Total net area of flood openings in A9.b sq in								
d) Engineered	d) Engineered flood openings?								
	SE	CTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INF	ORMATION			
B1. NFIP Community Name & Community Number B2. County Name B3. State									
TOWN OF SOUTHWEST RANCHES 120691 BROWARD Florida									
B4. Map/Panel Number									
12011C 0540 H 8-18-14 8-18-14 AH 5.00'							5.00'		
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: N/A CBRS OPA									

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR	OR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite,		Policy Number:			
13400 mustang trail					
City	State	ZIP Code	Com	pany NAIC Number	
SOUTHWEST RANCHES	Florida	33330			
SECTION C - BUILDIN	IG ELEVATION I	NFORMATION (SURVE	Y REQUI	RED)	
C1. Building elevations are based on: Con:	struction Drawings	* Building Under Co	nstruction*	√	
*A new Elevation Certificate will be required v	vhen construction o	of the building is complete	÷.		
C2. Elevations – Zones A1–A30, AE, AH, A (with Complete Items C2.a–h below according to the					
Benchmark Utilized: # 3519 ELEV = 5.489'	Verti	ical Datum: NAVD 1988			
Indicate elevation datum used for the elevation	ns in items a) throເ	ugh h) below.			
☐ NGVD 1929 区 NAVD 1988 ☐ (
Datum used for building elevations must be the	ne same as that use	ed for the BFE.		Check the measurement used.	
a) Top of bottom floor (including basement, o	rawlsnace or encl	osure floor)	7.07	<u> </u>	
	naviopaco, or once		N/A		
b) Top of the next higher floor				· <u> </u>	
c) Bottom of the lowest horizontal structural r	nember (V Zones o	only)	N/A 5.10	· <u> </u>	
d) Attached garage (top of slab)			5.19	x feet meters	
e) Lowest elevation of machinery or equipme (Describe type of equipment and location	ent servicing the buin Comments)	uilding —————	7.22	⋉ feet	
f) Lowest adjacent (finished) grade next to b	uilding (LAG)		4.45	x feet meters	
g) Highest adjacent (finished) grade next to b	ouilding (HAG)		4.60	∑ feet ☐ meters	
 h) Lowest adjacent grade at lowest elevation structural support 	of deck or stairs, i	ncluding	N/A	⊠ feet ☐ meters	
SECTION D - SURVE	YOR, ENGINEE	R, OR ARCHITECT CE	RTIFICATI	ON	
This certification is to be signed and sealed by a la I certify that the information on this Certificate repr statement may be punishable by fine or imprisonn	resents my best eff	forts to interpret the data a	ed by law t available. I	o certify elevation information. understand that any false	
Were latitude and longitude in Section A provided			No [Check here if attachments.	
Certifier's Name	License N	lumber		WRO R. 70/1/	
ARTURO R. TOIRAC	3102			URO R. TO	
Title PROFESSIONAL LAND SURVEYOR AND MAPPER	?			PRI CERTIFICATION	
Company Name				No. 3102 : ☐	
Address			=	STATE OF	
Address 14317 SW 45th TERRACE			-	.6.	
City MIAMI	State Florida	ZIP Code 33175		Sonal Land Sur	
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Signature	Date JUN 30, 20	Telephone (305) 552	7504	t.	
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 locati	on, per C2(e), if ap	pplicable)			
CROWN OF ROAD ELEV.= 5.86'					
LOWEST MACHINERY ON C2 e IS A/C ELEVATION LOCATED AT EAST SIDE					
LAT / LONG OBTANIED BY GPS					

ELEVATION CERTIFICATE

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

					FOR INSURAN	CE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 13400 MUSTANG TRAIL					Policy Number:			
		04-4-	710.0-1-		0 NAIO	N. I		
City	y Duthwest ranches	State Florida	ZIP Code 33330		Company NAIC	Number		
	SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED)							
		R ZONE AO AND ZO			,			
con	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 the highest adjacent grade (HAG) and the leavest grade (HAG) and the lea	owest adjacent grade		w whether	the elevation is	above or below		
	a) Top of bottom floor (including basement crawlspace, or enclosure) is		feet	meters	above or	below the HAG.		
	 Top of bottom floor (including basement crawlspace, or enclosure) is 		feet	meters	above or	below the LAG.		
E2.	For Building Diagrams 6–9 with permanent the next higher floor (elevation C2.b in the diagrams) of the building is	flood openings provide	_	8 and/or 9	_	2 of Instructions), ☐ below the HAG.		
E3.	. Attached garage (top of slab) is			meters	_	below the HAG.		
E4.	. Top of platform of machinery and/or equipn servicing the building is	nent	feet	meters	above or	below the HAG.		
E5.	E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.							
	SECTION F - PROPERT	Y OWNER (OR OWN	ER'S REPRESENTA	TIVE) CEF	RTIFICATION			
The	e property owner or owner's authorized repre nmunity-issued BFE) or Zone AO must sign h	sentative who complet nere. The statements i	es Sections A, B, and n Sections A, B, and l	d E for Zon E are corre	e A (without a fect to the best o	EMA-issued or f my knowledge.		
Pro	operty Owner or Owner's Authorized Represe	ntative's Name						
Add	dress		City	Stat	te	ZIP Code		
Sig	nature		Date	Tele	ephone			
Cor	mments							
					Check h	nere if attachments.		

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, S 13400 MUSTANG TRAIL	Policy Number:						
City SOUTHWEST RANCHES	State Florida	ZIP Code 33330		Company NAIC Number			
SECTIO	ON G – COMMUNI	TY INFORMATION (OPTI	ONAL)				
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Compl	ster the community's flood lete the applicable item(s)	plain mar and sign	nagement ordinance can complete below. Check the measurement			
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 (withou	t a FEMA	a-issued or community-issued BFE)			
G3. The following information (Items G4-	-G10) is provided fo	or community floodplain m	anageme	ent purposes.			
G4. Permit Number	G5. Date Permit	Issued		Date Certificate of ompliance/Occupancy Issued			
G7. This permit has been issued for:	New Constructio	n	ment				
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 location, per C2(e), if applicable)							
				☐ Check here if attachments.			

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., U 13400 MUSTANG TRAIL	Policy Number:				
City SOUTHWEST RANCHES	State Florida	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 Caption FRONT VIEW JUN 30, 2023 Clear Photo One



Photo Two Caption REAR VIEW JUN 30, 2023 Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt. 13400 MUSTANG TRAIL	Policy Number:		
City SOUTHWEST RANCHES	State Florida	ZIP Code 33330	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 Three Caption RIGHT SIDE VIEW JUN 30, 2023 Clear Photo Three



Photo Four Caption LEFT SIDE VIEW JUN 30, 2023 Clear Photo Four

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