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 INSUR	ANCE COMPANY USE
A1. Building Owner's Name Policy Number: CCAM PROPERTY, LLC					per:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 15861 S.W. 49TH STREET					Company N	AIC Number:
City State SOUTHWEST RANCHES, Florida				ZIP Code 33331		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 12, "CIRCLE S ESTATES", PB. 183, PGS. 458-467, BROWARD COUNTY, FLORIDA.						
A4. Building Use (e.g., Residen	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat. 26	5.05879°N L	ong. 80).35996°W	Horizontal D	atum: 🔲 NAD 1	927 🗵 NAD 1983
A6. Attach at least 2 photograp	hs of the building if the	Certifica	ate is being u	sed to obtain flood i	nsurance.	
A7. Building Diagram Number	1A_					
A8. For a building with a crawls	pace or enclosure(s):					
a) Square footage of crawl	space or enclosure(s)			-0- sq ft		
b) Number of permanent flo	ood openings in the crav	wlspace	or enclosure	(s) within 1.0 foot a	bove adjacent gra	ade -0-
c) Total net area of flood or	oenings in A8.b	-(0sq in			
d) Engineered flood openir	ngs? 🗌 Yes 🗵 No)				
A9. For a building with an attached garage:						
a) Square footage of attached garage623.00 sq ft						
b) Number of permanent flo	ood openings in the atta	iched g	arage within 1	1.0 foot above adjac	ent grade)
c) Total net area of flood openings in A9.b -0- sq în						
d) Engineered flood openings?						
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number B2. County Name B3. State						
SOUTHWEST RANCHES/120691 BROWARD Florida						
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	M Panel ective/	B8. Flood Zone(s)	B9. Base Flood E (Zoпe AO, us	levation(s) e Base Flood Depth)
12011C0540 H	08-18-2014	08-18-2	vised Date 2014	АН	+6.00 NAVD 198	В
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
☐ FIS Profile 区 FIRM ☐ Community Determined ☐ Other/Source:						
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X 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						
Designation Date. WA						

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and 15861 S.W. 49TH STREET	Policy Number:			
	State Florida	ZIP Code 33331	Company NAIC Number	
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)				
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on:				
g) Highest adjacent (finished) grade next to building (HAG) 6.70				
structural supportN/A 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? Yes No Check here if attachments.				
Company Name	per C2(e), if applicab	Digitally signed by Francisco Fajardo DN: c=US, o=Lannes and Garcia Inc., dnQualifier=A01410C000001 BA221916500003FD7, -en=Francisco F Fajardo Date: 2022.07.22 13:32:38 -04'00' ZIP Code 33155 Telephone (305) 666-7909	NO. 4767 ** NO. 4767 ** STATE OF FLORIDA Ext.	

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and 15861 S.W. 49TH STREET	/or Bldg. No.) or P.O. Ro	oute and Box No.	Policy Number:	
Oily .		P Code	Company NAIC Number	
0001111120110111011201		331		
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 complete Sections A, B,and C. For Items E1–E4, use n enter meters.	atural grade, if available	. Check the measure	ment used. In Puerto Rico only,	
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).	Annual Afficial Control of the Contr	feet mete	rs 🔲 above or 🔲 below the HAG.	
 Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet mete		
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in the diagrams) of the building is	penings provided in Sec	ction A Items 8 and/or		
E3. Attached garage (top of slab) is		_	rs 🔲 above or 🗍 below the HAG.	
E4. Top of platform of machinery and/or equipment servicing the building is	AND THE PARKS	feet mete	rs above or below the HAG.	
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 - PROPERTY OW	NER (OR OWNER'S RE	PRESENTATIVE) 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				
			noot to the book of my knowledge.	
			tate ZIP Code	
Property Owner or Owner's Authorized Representative	's Name	S	A	
Property Owner or Owner's Authorized Representative Address	's Name City	S	tate ZIP Code	
Property Owner or Owner's Authorized Representative Address Signature	's Name City	S	tate ZIP Code	
Property Owner or Owner's Authorized Representative Address Signature	's Name City	S	tate ZIP Code	
Property Owner or Owner's Authorized Representative Address Signature	's Name City	S	tate ZIP Code	
Property Owner or Owner's Authorized Representative Address Signature	's Name City	S	tate ZIP Code	
Property Owner or Owner's Authorized Representative Address Signature	's Name City	S	tate ZIP Code	
Property Owner or Owner's Authorized Representative Address Signature	's Name City	S	tate ZIP Code	
Property Owner or Owner's Authorized Representative Address Signature	's Name City	S	tate ZIP Code	
Property Owner or Owner's Authorized Representative Address Signature	's Name City	S	tate ZIP Code	
Property Owner or Owner's Authorized Representative Address Signature	's Name City	S	tate ZIP Code	
Property Owner or Owner's Authorized Representative Address Signature	's Name City	S	tate ZIP Code	
Property Owner or Owner's Authorized Representative Address Signature	's Name City	S	tate ZIP Code	

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, St 15861 S.W. 49TH STREET	Policy Number:			
City	State ZIP (Code	Company NAIC Number	
SOUTHWEST RANCHES,	Florida 3333	31		
SECTIO	N G - COMMUNITY INFORMATION	ON (OPTIONAL)		
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 Section Zone AO,	on E for a building located in Zone	A (without a FEMA	A-issued or community-issued BFE)	
G3. The following information (Items G4–	G10) is provided for community flo	odplain manageme	ent purposes.	
G4. Permit Number	G5. Date Permit Issued		late Certificate of ompliance/Occupancy Issued	
G7. This permit has been issued for:	New Construction Substantia	l Improvement		
G8. Elevation of as-built lowest floor (including of the building:	basement)	feet	meters Datum	
G9. BFE or (in Zone AO) depth of flooding at t	hē building site:	feet	meters Datum	
G10. Community's design flood elevation:	With the state of	feet	meters Datum	
Local Official's Name Title				
Community Name	Telephone	9		
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.

OMB No. 1660-0008

Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 15861 S.W. 49TH STREET			
City 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.



LOT 12-FINISHED CONSTRUCTION FRONT VIEW 07-19-2022

Clear Photo One



Photo Two Caption LOT 12-FINISHED CONSTRUCTION REAR VIEW 07-19-2022

Clear Photo Two

Photo One Caption

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., I 15861 S.W. 49TH STREET	Policy Number:		
City	State	ZIP Code	Company NAIC Number
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 Three Caption LOT 12-FINISHED CONSTRUCTION LEFT SIDE VIEW 07-19-2022

Clear Photo Three



Photo Four Caption LOT 12-FINISHED CONSTRUCTION RIGHT SIDE VIEW 07-19-2022

Clear Photo Four