#### 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.

					FOR INSUF	RANCE COMPANY USE
A1. Building Owner's Name T & A REAL ESTATE HOLDING LLC				Policy Numl	per:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and					Company N	AIC Number:
	Box No. 15931 SW 56th STREET					
City SOUTHWEST RAI	City State SOUTHWEST RANCHES Florida			ZIP Code 33331		
	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  KANGAROO PLAT 145-28 B PARCEL B ID# 504033140020					
A4. Building Use (e.g.,	, Residential, Non-Residential,	Addition,	Accessory, 6	etc.) RESIDEN	TIAL	
			80°21'31.69'	·		927 × NAD 1983
A6. Attach at least 2 p	hotographs of the building if the	e Certific	ate is being u		<del></del>	based
A7. Building Diagram I	Number 1B					
A8. For a building with	a crawlspace or enclosure(s):					
a) Square footage	e of crawlspace or enclosure(s)	••		N/A sq ft		
b) Number of perm	nanent flood openings in the cra	awispace	or enclosure	(s) within 1.0 foot	above adjacent gra	ide N/A
c) Total net area o	of flood openings in A8.b		N/A sq in			
d) Engineered floo	od openings? 🔲 Yes 🗵 N	lo				
A9. For a building with	an attached garage:					
a) Square footage	of attached garage	<del>1</del>	270.00 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 00.00 sq in						
d) Engineered floo	od openings?   Yes   N	lo				
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
TOWN OF SOUTHWE	lame & Community Number ST RANCHES 120691		B2. County I BROWARD	Name		B3. State Florida
B4. Map/Panel B5 Number	5. Suffix B6. FIRM Index Date	Effe	M Panel ctive/	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)
12011C07540 H	08-18-2014	08-18-2	rised Date 014	АН		6.00
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 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: CBRS OPA						
·						

# **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	
				Policy Number:	
City State ZIP Code SOUTHWEST RANCHES Florida 33331			Company NAIC Number		
SECTION C - BUILDI	NG ELEVATION INFORMA	TION (SURVEY RE	EQUIRED)		
C1. Building elevations are based on: Construction Drawings* Building Under Construction* X 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: BM# 3793 Vertical Datum: NAVD (1988)					
Indicate elevation datum used for the elevation	ons in items a) through h) bel	ow.			
☐ NGVD 1929 ⊠ NAVD 1988 ☐		ED. 100 F00	·····		
Datum used for building elevations must be t	he same as that used for the	BFE.	Check the m	easurement used.	
a) Top of bottom floor (including basement,	crawlspace, or enclosure floc	r)	8.6 × feet	meters	
b) Top of the next higher floor		***************************************	N/A feet	meters	
c) Bottom of the lowest horizontal structural	member (V Zones only)		N/A [] feet	meters	
d) Attached garage (top of slab)			8.2 × feet	meters	
e) Lowest elevation of machinery or equipm     (Describe type of equipment and location	ent servicing the building in Comments)		8.6 × feet	meters	
f) Lowest adjacent (finished) grade next to	building (LAG)	A	6.7 × feet	meters	
g) Highest adjacent (finished) grade next to	building (HAG)		6.9 ⋉ feet	meters	
h) Lowest adjacent grade at lowest elevation structural support		MARKET SCHOOL STATE OF THE SCHOOL SCH	N/A [] feet	meters	
SECTION D - SURV	EYOR, ENGINEER, OR AF	CHITECT CERTIF	ICATION		
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			Check he	ere if attachments.	
Certifier's Name	License Number		0.0 -5	7 1 27	
GINO FURLANO	LS 5044		OC - 2	-0-4-4	
Title PROFESSIONAL SURVEYOR & MAPPER				M	
Company Name J.A.F. SURVEYING SERVICES INC	and a second second	Y. A. A. P. C. A.			
Address			19	Wis .	
2495 WEST 72 STREET	Otala	7/0.0-4-	190	A	
City HIALEAH	State Florida	ZIP Code 33016	L3#	± 5044	
Signature	Date 06-21-2022	Telephone (786) 416-1018	Ext.	Extra model 118	
Copy all pages of this Elevation Certificate and all a	ittachments for (1) community	official, (2) insurance	agent/company, a	and (3) building owner.	
Comments (including type of equipment and local LATITUDE & LONGTITUDE OBTAINED FROM FELEVATION ON ITEM C2e APPLIES TO A/C SL BROWARD COUNTY BENCH MARK 3793 ELE	FIELD GPS CROWN OF ROAB LEFT SIDE OF PROPER	TY			

## **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the corresponding information from Section A.				FC	OR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 15931 SW 56th STREET			lo. Po	olicy Number:		
City		State	ZIP Code	Co	ompany NAIC Number	
sol	JTHWEST RANCHES	Florida	33331	l		
	SECTION E – BUILDING E FOR ZON		PRMATION (SURVEY IE A (WITHOUT BFE)		QUIRED)	
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.						
<ul><li>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).</li><li>a) Top of bottom floor (including basement,</li></ul>						
	crawlspace, or enclosure) is			meters	above or below the HAG.	
	b) Top of bottom floor (including basement, crawlspace, or enclosure) is	·		meters	above or below the LAG.	
E2.	For Building Diagrams 6-9 with permanent flood	openinas provided	d in Section A Items 8 a	and/or 9 (s	see pages 1–2 of Instructions).	
	the next higher floor (elevation C2.b in the diagrams) of the building is		[] feet []		above or below the HAG.	
E3.	Attached garage (top of slab) is		[] feet []	meters	above or below the HAG.	
E4.	Top of platform of machinery and/or equipment servicing the building is	************************	[] feet []	meters	above or below the HAG.	
E5.	Zone AO only: If no flood depth number is availal floodplain management ordinance? Yes				dance with the community's ify this information in Section G.	
	SECTION F - PROPERTY OV	VNER (OR OWNE	R'S REPRESENTATIV	VE) CERT	TIFICATION	
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						
Add	ress		City	State	ZIP Code	
Sigr	nature		Date	Telep	hone	
Con	nments					
l 						
	☐ Check here if attachments.					
					Check here it attachments.	

## **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 15931 SW 56th STREET	Policy Number:					
City SOUTHWEST RANCHES	State Florida	ZIP Code 33331	Company NAIC Number			
SECTIO	ON G - COMMUNITY INFOR	MATION (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 or Zone AO.	G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.					
G3. The following information (Items G4-	-G10) is provided for commun	ity floodplain managemo	ent purposes.			
G4. Permit Number	G5. Date Permit Issued		Pate Certificate of compliance/Occupancy Issued			
G7. This permit has been issued for: New Construction Substantial Improvement						
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 t	the building site:	feet	meters Datum			
G10. Community's design flood elevation:		feet	meters Datum			
Local Official's Name	Title					
Community Name	Tele	phone				
Signature Date						
Comments (including type of equipment and loc	cation, per C2(e), if applicable	)	P 8476			
			Check here if attachments.			

#### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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/or Bldg. No.) or P.O. Route and Box No. Policy Number:

15931 SW 56th STREET

City SOUTHWEST RANCHES

**ELEVATION CERTIFICATE** 

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.



Photo One Caption 06-21-2022 FRONT

Clear Photo One



Photo Two

Photo Two Caption 06-21-2022 BACK

Clear Photo Two

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

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

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.

15931 SW 56th STREET

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 06-21-2022 RIGHT

Clear Photo Three



Photo Four

Photo Four Caption 06-21-2022 LEFT

Clear Photo Four