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.

	SEC.	TION A - PROPERTY	INFORM	MATION		FOR INSUF	RANCE COMPANY USE	
A1. Building Owner's Name CCAM PROPERTY, LLC				Policy Num	Policy Number:			
Box No.		cluding Apt., Unit, Suit	te, and/or	Bldg. No.) o	P.O. Route and	Company N	AIC Number:	
4975 S.W. 159TH	AVENUE	AAC TO STANDON TO STAN			133122	1000 (Company of Company of Compa		
City SOUTHWES ⁻	RANCHES,			State Florida		ZIP Code 33331		
		nd Block Numbers, Ta , PB. 183, PGS. 458-4				tc.)		
		tial, Non-Residential,	Addition,	Accessory,	etc.) RESIDEN	ITIAL		
A5. Latitude/Long	itude: Lat. 26	6.05734°N	Long. 80	0.36096°W	Horizonta	al Datum: 🔲 NAD 1	1927 × NAD 1983	
A6. Attach at least A7. Building Diag		hs of the building if the	e Certifica	ate is being u	sed to obtain floo	od insurance.		
_		pace or enclosure(s):						
		space or enclosure(s).			o caft			
	_		J 		-0- sq ft			
		ood openings in the cr	awlspace	e or enclosur	e(s) within 1.0 foc	ot above adjacent gra	ade	
c) Total net a	rea of flood o	penings in A8.b	-(O- sq ir				
d) Engineere	d flood openir	igs? Yes x 1	No					
A9. For a building	with an attach	ned garage:						
				623.00 sq f				
a) Square foo	_			analidation medigitar menors.				
b) Number of	permanent flo	ood openings in the at	ttached ga	arage within	1.0 foot above ad	ljacent grade -()-	
c) Total net a	rea of flood op	penings in A9.b	-0-	so	in			
d) Engineere	d flood openin	gs? Yes 🗓 Y	No					
	SE	CTION B – FLOOD	INSURA	NCE RATE	MAP (FIRM) IN	FORMATION		
B1. NFIP Commu		Community Number		B2. County			B3. State	
SOUTHWEST RA	NCHES/1206	91		BROWARD			Florida	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	L	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	l Elevation(s) e Base Flood Depth)	
12011C0540	Н	08-18-2014	08-18-2		АН	+5,00 NAVD 198	+5,00 NAVD 1988	
		Base Flood Elevation Community Deter		ata or base fl		d in Item B9:		
B11. Indicate ele	vation datum ı	used for BFE in Item E	39: 🗌 N	GVD 1929	X NAVD 1988	Other/Source:	State of Debata with an experience of the second state of the seco	
B12. Is the buildi	ng located in a	a Coastal Barrier Res	ources Sy	stem (CBR) area or Otherw	ise Protected Area (OPA)? ☐ Yes ☒ No	
Designation	Date: N/A		CBRS	☐ OPA				

EL'EVATION CERTIFICATE

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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. 4975 S.W. 159TH AVENUE				Policy Number:		
City State ZIP Code			Company NAIC Number			
SOUTHWEST RANCHES, Florida 33331						
SECTION C - BUILDING	ELEVATION INFORM	MATION (SURVEY RE	QUIRE	D)		
C1. Building elevations are based on: Constr	ruction Drawings* 🔲 I	Building Under Constru	iction*	X Finishe	ed Construction	
*A new Elevation Certificate will be required wh	en construction of the bu	uilding is complete.				
C2. Elevations – Zones A1–A30, AE, AH, A (with B Complete Items C2.a–h below according to the Benchmark Utilized: 1373 BROWARD COUNT	Y Vertical Dat	um: N.A.V.D. 1988	AE, AR/A o Rico on	λ1–A30, Al ily, enter π	R/AH, AR/AO neters.	
Indicate elevation datum used for the elevation	s in items a) through h) t	pelow.				
☐ NGVD 1929 ☐ NAVD 1988 ☐ O ☐ ☐ O ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	her/Source:	Mary 1880 1990 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200 1 200				
Datum used for building elevations must be the	same as that used for the	ne BFE.	Che	ck the mea	asurement used.	
	langag or analogura fi	laor)		x feet	meters	
 a) Top of bottom floor (including basement, cra 	awispace, or enclosure in			x feet	☐ meters	
b) Top of the next higher floor		year age a service of a service of the service of t				
c) Bottom of the lowest horizontal structural m	ember (V Zones only)		N/A	☐ feet	meters	
d) Attached garage (top of slab)			7.27		meters	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)			7.65		meters	
f) Lowest adjacent (finished) grade next to bu	f) Lowest adjacent (finished) grade next to building (LAG)			∫ feet	meters	
1	g) Highest adjacent (finished) grade next to building (HAG)			X feet	meters	
h) Lowest adjacent grade at lowest elevation		g	N/A	feet	meters	
structural support	VOD ENGINEED OD	ADOUITECT CERTIE	ICATIO			
SECTION D - SURVE					- North Company	
This certification is to be signed and sealed by a lat I certify that the information on this Certificate repre- statement may be punishable by fine or imprisonment. Were latitude and longitude in Section A provided by	ent under 18 U.S. Code,	Section 1001.	ubio. i un	aorotaria t	hat any false	
Were latitude and longitude in Section A provided to			لمــا 			
Certifier's Name	License Number			C	OFF	
FRANCISCO F. FAJARDO	#4767	Digitally signed by Francisc	. /	PACIS	OF. FAJARO	
Title PROFESSIONAL SURVEYOR AND MAPPER	Francisco	F Fajardo DN: c=US, o=Lannes and		St. Ce.	10/	
Company Name LANNES AND GARCIA, INC.		Garcia Inc., dnQualifier=A01410C0000 7BA221916500003FD7,	01 *	NO). 4767 ★	
Address	F Fajardo	cn=Francisco F Fajardo Date: 2023.03.02 13:36:45	10		/«/	
4967 S.W. 75TH AVENUE		-05'00'	1/8	ر کیر/ S1	TATE OF S	
City	State	ZIP Code	_ \	CSIONE	TATE OF RETORNATION OF SURVEYOR ME	
MIAMI,	Florida	33155		ONAL	SURVEYO	
Signature	Date 03-01-2023	Telephone (305) 666-7909	Ext.			
Copy all pages of this Elevation Certificate and all att	achments for (1) commun	nity official, (2) insurance	e agent/co	ompany, ar	nd (3) building owner	
Comments (including type of equipment and locati CROWN OF ROAD= 4.89 C2-A= (RECESSED SHOWER) C2-B= (FINISHED FLOOR ELEVATION) C2-E= A/C PAD (SOUTH SIDE OF THE HOUSE) GPS UNIT USED (GARMIN ETREX H)		AND ADDRESS OF THE PARTY OF THE				

ELEVATION CERTIFICATE

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

MPORTANT: In these spaces, copy the corresponding i	information from Section A.	FOR INSURANCE	COMPANY USE
MPORTANT: In these spaces, copy the corresponding to Building Street Address (including Apt., Unit, Suite, and/or I	Bldg, No.) or P.O. Route and Box N		
uilding Street Address (including Apt., Offit, Suite, and/off 975 S.W. 159TH AVENUE	J /		
Ctat	ZIP Code	Company NAIC Nu	mber
City State SOUTHWEST RANCHES, Flori	00004		
DESTION E DUILDING ELEVI	ATION INFORMATION (SURVE)	(NOT REQUIRED)	
FOR ZONE A	O AND ZONE A (WITHOUT BILL	1	
For Zones AO and A (without BFE), complete Items E1–E5 complete Sections A, B,and C. For Items E1–E4, use natur enter meters.	rai grade, ir avanabie. Griosk ard ir.		
 Provide elevation information for the following and che the highest adjacent grade (HAG) and the lowest adja 	eck the appropriate boxes to show to each grade (LAG).	whether the elevation is ab-	ove or below
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is 		meters above or	below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 			below the LAG.
E2. For Building Diagrams 6–9 with permanent flood oper	nings provided in Section A Items 8	and/or 9 (see pages 1-2 c	of Instructions),
the next higher floor (elevation C2.b in the diagrams) of the building is] meters 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		·	below the HAG
E5. Zone AO only: If no flood depth number is available, floodplain management ordinance? Yes N	is the top of the bottom floor elevat lo [] Unknown. The local offici	ed in accordance with the o al must certify this informat	ion in Section G.
SECTION F - PROPERTY OWNE	R (OR OWNER'S REPRESENTAT	(IVE) CERTIFICATION	
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's	Statemente III e e e e e	are correct to the best of the	TIY KNOWledge.
Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			The second second second second second second
		Check l	here if attachmen
			East Dogo

ELEVATION CERTIFICATE

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

MPORTANT: In these spaces, copy the corre	MPORTANT: In these spaces, copy the corresponding information from Section A.			
Building Street Address (including Apt., Unit, Su 4975 S.W. 159TH AVENUE	Policy Number:			
City SOUTHWEST RANCHES,	State Florida	ZIP Code 33331	Company NAIC Number	
SECTIO	N G - COMMUNITY I	INFORMATION (OPTIONAL)	
The local official who is authorized by law or ord Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, entered in the information in Section C was take engineer, or architect who is authorized.	Certificate. Complete ter meters.	the applicable item(s) and si	and sealed by a licensed surveyor,	
data in the Comments area below.) G2	on E for a building loc	ated in Zone A (without a FE	MA-issued or community-issued BFE)	
G3. The following information (Items G4–	G10) is provided for c	community floodplain manage	ement purposes.	
G4. Permit Number	G5. Date Permit Iss	sued G6	. Date Certificate of Compliance/Occupancy Issued	
	_	Substantial Improvement		
G8. Elevation of as-built lowest floor (including of the building:	g basement)	fo	eet meters Datum	
G9. BFE or (in Zone AO) depth of flooding at	the building site:	fe	eet meters Datum	
G10. Community's design flood elevation:			eet meters Datum	
Local Official's Name		Title	100 May 1 100 Ma	
Community Name	_,	Telephone		
Signature		Date		
Comments (including type of equipment and lo	ocation, per C2(e), if a	pplicable)		
			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 the c	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Uni 4975 S.W. 159TH AVENUE	t, Suite, and/or Bldg. No.)	of P.O. Route and Box 116	
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 "Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Rear View". "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.

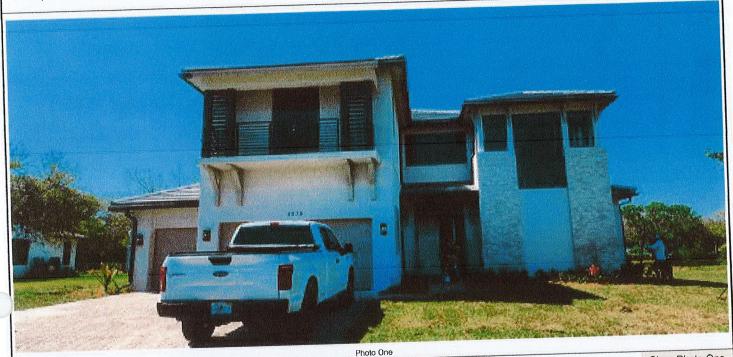


Photo One Caption LOT 39-FINISHED CONSTRUCTION FRONT VIEW 03-01-2023

Clear Photo One



Photo Two Caption LOT 39-FINISHED CONSTRUCTION REAR VIEW 03-01-2023

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

FOR INSURANCE COMPANY USE 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. Policy Number: 4975 S.W. 159TH AVENUE Company NAIC Number ZIP Code State City 33331 Florida SOUTHWEST RANCHES,

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.



Clear Photo Three

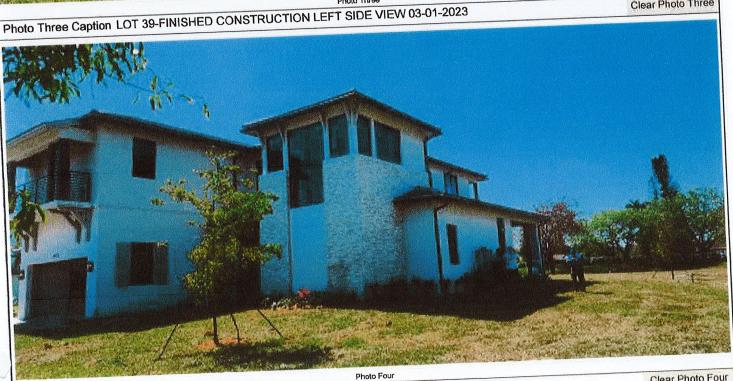


Photo Four Caption LOT 39-FINISHED CONSTRUCTION RIGHT SIDE VIEW 03-01-2023

Clear Photo Four

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

Form Page 6 of 6