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.

A1. Building Owner's Name BISCAYNE RESTORATION, INC. Policy Number: A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Route and Dox No. Company NAIC Number: 14755 BERKSHIRE COURT Company NAIC Number: Company NAIC Number: City SOUTHWEST RANCHES State FL ZIP Code 33331 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): Loss 6 and 7, Block 10, NORTH HOLLYWOOD, Plat Book 4, Page 1, of the Public Records of BROWARD County, Florida. A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.). ACCESSORY A5. Latitude/Longitude: Lat. <u>26°02'51.42'N</u> Long. <u>80°22'24.39'W</u> A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. NAT A7. Building Diagram Number 1-A	ANY USE			
Box NG. Company NNIC Number. 167555 BERKSHIRE COURT City City State ZIP Code SOUTHWEST RANCHES FL 33331 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lets 6 and 7, Block 10, NORTH HOLLYWOOD, Plat Book 4, Page 1, of the Public Records of BROWARD County, Florida. A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.). ACCESSORY A5. Latitude/Longitude: Lat. <u>26*02'51.42*N</u> Long. <u>80*22'24.39*W</u> Horizontal Datum: □ NAD 1927 NAE A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 1-A				
SOUTHWEST RANCHES FL 33331 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lots 6 and 7, Block 10, NORTH HOLLYWOOD, Plat Book 4, Page 1, of the Public Records of BROWARD County, Florida. A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.). ACCESSORY A5. Latitude/Longitude: Lat. <u>26°02'51.42"N</u> Long. <u>80°22'24.39"W</u> Horizontal Datum: □ NAD 1927 NAD A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. NAT NAD 1927 NAD A7. Building Diagram Number <u>1-A</u>				
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A7. Building Diagram Number 1-A) 1983			
A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) N/A				
a) Square footage of crawlspace or enclosure(s) N/A sq ft b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A8.b N/A sq in d) Engineered flood openings? Yes No A9. For a building with an attached garage: a) Square footage of attached garage NA a) Square footage of attached garage NA sq ft b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A				
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A N/A c) Total net area of flood openings in A8.b N/A sq in d) Engineered flood openings? Yes 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 openings in the attached garage within 1.0 foot above adjacent grade N/A c) Total net area of flood openings in A9.b N/A sq in d) Engineered flood openings? Yes No sq in Sq in d) Engineered flood openings? Yes No Sq in Sq in d) Engineered flood openings? Yes No Sq in Sq in SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number B2. County Name B3. State TOWN OF SOUTHWEST RANCHES & 125113 B2. County Name B3. State B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood B9. Base Flood Elevation(s) Wumber 12011C0569 8/18/2014 B7. FIRM Panel B8. Flood Zone(s) X/A X/A				
c) Total net area of flood openings in A8.b N/A sq in d) Engineered flood openings? Yes No A9. For a building with an attached garage: a) Square footage of attached garage 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 openings in A9.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 TOWN OF SOUTHWEST RANCHES & 125113 B2. County Name B3. State B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood B9. Base Flood Elevation(s) I2011C0569 H B4. Map/2014 B7. FIRM Panel B8. Flood B9. Base Flood Elevation(s)				
d) Engineered flood openings? Yes ⊠ No 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				
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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 openings in A9.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 TOWN OF SOUTHWEST RANCHES & 125113 B2. County Name B3. State Florida B7. FIRM Panel B8. Flood B9. Base Flood Elevation(s) Number H B4. Map/Panel B7. FIRM Panel B8. Flood B9. Base Flood Elevation(s) 12011C0569 K B1.8/2014 B7. FIRM Panel B8. Flood B7. Flood A				
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 openings in A9.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 TOWN OF SOUTHWEST RANCHES & 125113 B2. County Name B3. State Florida B7. FIRM Panel B8. Flood B9. Base Flood Elevation(s) Number H B4. Map/Panel B7. FIRM Panel B8. Flood B9. Base Flood Elevation(s) 12011C0569 K B1.8/2014 B7. FIRM Panel B8. Flood B7. Flood A				
c) Total net area of flood openings in A9.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 TOWN OF SOUTHWEST RANCHES & 125113 B2. County Name B2. County Name BROWARD B3. State Florida B4. Map/Panel Number B5. Suffix H B6. FIRM Index Date 8/18/2014 B7. FIRM Panel Effective/ Revised Date B8. Flood Zone(s) X B9. Base Flood Elevation(s) (Zone AO, use Base Flood I				
d) Engineered flood openings? ☐ Yes ☑ No SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number TOWN OF SOUTHWEST RANCHES & 125113 B2. County Name B2. County Name BROWARD B3. State Florida B4. Map/Panel Number B5. Suffix H B6. FIRM Index Date 8/18/2014 B7. FIRM Panel Effective/ Revised Date B8. Flood Zone(s) X B9. Base Flood Elevation(s) (Zone AO, use Base Flood I				
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TOWN OF SOUTHWEST RANCHES & 125113 BROWARD Florida B4. Map/Panel Number B5. Suffix H B6. FIRM Index Date 8/18/2014 B7. FIRM Panel Effective/ Revised Date B8. Flood Zone(s) X B9. Base Flood Elevation(s) (Zone AO, use Base Flood I				
Number 12011C0569HDate 8/18/2014Effective/ Revised DateZone(s) X(Zone AO, use Base Flood I Number				
	Depth)			
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				

ELEVATION CERTIFICATE				OMB No. 1660-000 Expiration Date: No	
				FOR INSURANCE	COMPANY USE
Building Street Address (including Apt., Unit, 16755 BERKSHIRE COURT				Policy Number:	
City SOUTHWEST RANCHES	State FL	ZIP 3333	Code 31	Company NAIC N	umber
SECTION C – B	UILDING ELEVATION IN	FORMAT	ION (SURVEY R	EQUIRED)	
*A new Elevation Certificate will be req C2. Elevations – Zones A1–A30, AE, AH, A Complete Items C2.a–h below accordi Benchmark Utilized <u>: BCBM 1810A – 7</u> Indicate elevation datum used for the e	(with BFE), VE, V1–V30, ng to the building diagram <u>87'</u> Vertical elevations in items a) throug 8 □ Other/Source: st be the same as that used ment, crawlspace, or enclo ctural member (V Zones or quipment servicing the buil cation in Comments) ext to building (LAG)	the buildin V (with BF specified i Datum: 1 gh h) below d for the B sure floor)	ng is complete. E), AR, AR/A, AR/ n Item A7. In Puer NGVD29 w.	AE, AR/A1–A30, AF to Rico only, enter m Check the mea ∑ feet	
h) Lowest adjacent grade at lowest ele		cluding	<u>N/A</u>		meters
structural support		oldallig	<u> </u>	feet	
	SURVEYOR, ENGINEER	•			
This certification is to be signed and sealed I certify that the information on this Certifica statement may be punishable by fine or imp Were latitude and longitude in Section A pro-	nte represents my best effo prisonment under 18 U.S. (rts to inter Code, Sec	pret the data avail	able. I understand th	tion information. <i>at any false</i> re if attachments.
Certifier's Name License Number					
Kenneth J. Osborne 6415 Title Registered Professional Surveyor Company Name Compass Surveying, Inc. Address 6250 North Military Trail, Suite 102 City State ZIP Code			2 2 2 0 7 7 8 0 7 8	$\frac{J}{F} = \frac{0}{C} \frac{S}{A} $	
West Palm Beach	FL		33407		
Signature Ter Mathue	Date 09/08/2020)	Telephone (561)640-4800	Ext.	
Copy all pages of this Elevation Certificate an	d all attachments for (1) con	nmunity of	ficial, (2) insurance	agent/company, and	l (3) building owner.
Comments (including type of equipment and LAT AND LONG PROVIDED BY G C2:E= A/C EQUIP PAD – (EAST/RI	OOGLE EARTH	-	E OF BUILDIN	IG)	

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

ELEVATION CERTIFICATE				ation Date: November 30, 2022
C15013 IMPORTANT: In these spaces, c	opy the corresponding info	ormation from Section A.	FOR	INSURANCE COMPANY USE
Building Street Address (including Apt., U 16755 BERKSHIRE COURT	nit, Suite, and/or Bldg. No.) o	r P.O. Route and Box No.	Polic	y Number:
City SOUTHWEST RANCHES	State FL	ZIP Code 33331	Com	pany NAIC Number
SECTION E – B	UILDING ELEVATION INF FOR ZONE AO AND ZOI		DT REQI	JIRED)
For Zones AO and A (without BFE), comp complete Sections A, B,and C. For Items enter meters.				
 E1. Provide elevation information for the fighest adjacent grade (HAG) and a) Top of bottom floor (including bas 	d the lowest adjacent grade (ner the el	evation is above or below
crawlspace, or enclosure) is	· · · · · · · · · · · · · · · · · · ·	feet	meters	above or below the HAG.
 b) Top of bottom floor (including bas crawlspace, or enclosure) is 	ement,	feet 🗌	meters	above or below the LAG.
E2. For Building Diagrams 6–9 with perma		d in Section A Items 8 and/	or 9 (see	pages 1–2 of Instructions),
the next higher floor (elevation C2.b i the diagrams) of the building is	n	feet	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 e servicing the building is	quipment	feet 🗌	meters	above or below the HAG.
E5. Zone AO only: If no flood depth numb floodplain management ordinance?	er is available, is the top of th ☐ Yes ☐ No ☐ Unknown. ٦	e bottom floor elevated in a The local official must certify	accordan / this info	ce with the community's rmation in Section G.
SECTION F – PRO	PERTY OWNER (OR OWN	ER'S REPRESENTATIVE)	CERTIFI	CATION
The property owner or owner's authorized community-issued BFE) or Zone AO must	representative who complete sign here. The statements in	es Sections A, B, and E for a Sections A, B, and E are o	Zone A (correct to	without a FEMA-issued or the best of my knowledge.
Property Owner or Owner's Authorized Re	epresentative's Name			
Address		City	State	ZIP Code
Signature		Date	Telephor	ne
Comments				
				Check here if attachments.

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

ELEVATION CERTIFICATE	Expiration Date: November 30, 2022		
C15013 IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, St 16755 BERKSHIRE COURT	uite, and/or Bldg. No.) or P.O. Rout	e and Box No.	Policy Number:
City SOUTHWEST RANCHES	State ZIP C FL 3333		Company NAIC Number
SECTIO	N G – COMMUNITY INFORMATIO	ON (OPTIONAL)
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. Complete the applicabl	ty's floodplain m e item(s) and sig	anagement ordinance can complete gn below. Check the measurement
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)			
G2. A community official completed Section or Zone AO.	on E for a building located in Zone	A (without a FE	MA-issued or community-issued BFE)
G3. The following information (Items G4-	G10) is provided for community flo	odplain manage	ment purposes.
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction Substar	ntial Improvemer	nt
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	9	
Signature	Date		
Comments (including type of equipment and loo	cation, per C2(e), if applicable)		
			Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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

C15013 IMPORTANT: In these spaces, co	. FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 16755 BERKSHIRE COURT			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.



Photo One Caption FRONT VIEW - 08/26/2020



Photo Two Caption SIDE VIEW - 08/26/2020

Photo Two

Clear Photo Two

Clear Photo One

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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

			Explication Batol November 60, 2022
C15013 IMPORTANT: In these spaces,	A. FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 16755 BERKSHIRE COURT			o. Policy Number:
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.



Photo Three Caption SIDE VIEW - 08/26/2020

Clear Photo Three



Photo Four Caption REAR VIEW - 08/26/2020

Photo Four

Clear Photo Four