# **ELEVATION CERTIFICATE** Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attac	hments for (1) community o	official (2) insurance agent/company	and (3) building owner
COPY all pages of this Lievation Certificate and all attac		$J_{110}$ and $(Z)$ insurance agein/company,	and (3) building owner.

				., .			RANCE COMPANY USE	
SECTION A – PROPERTY INFORMATION           A1. Building Owner's Name						Policy Num		
B & S SOFLA VENTURES LLC								
BOX NO.					Company N	IAIC Number:		
5111 SW 196 LANE								
	CityStateZIP CodeSOUTHWEST RANCHESFlorida33332							
		d Block Numbers, Tax	Parce		scription. etc.)			
GREEN GLADES	• •				1 , ,			
A4. Building Use (e	e.g., Resident	ial, Non-Residential, A	ddition	, Accessory, etc.)	RESIDENTIAL			
A5. Latitude/Longit	ude: Lat. <u>N</u> 2	26°03'18" I	Long. V	V80°24'38"	Horizontal Datur	n: 🗌 NAD ′	1927 🗙 NAD 1983	
A6. Attach at least	2 photograph	is of the building if the	Certific	ate is being used to	o obtain flood insur	ance.		
A7. Building Diagra	m Number	1A						
A8. For a building v	with a crawlsp	pace or enclosure(s):						
a) Square foot	age of crawls	pace or enclosure(s)		N/A sq ft				
b) Number of p	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	e adjacent gr	ade N/A	
c) Total net are	ea of flood op	enings in A8.bN	A s	sq in				
d) Engineered	flood opening	gs? 🗌 Yes 🗶 No	C					
A9. For a building v	vith an attach	ed garage:						
a) Square foot	age of attach	ed garage400+	-	sq ft				
b) Number of	permanent flo	od openings in the atta	ached g	garage within 1.0 fo	ot above adjacent	grade	1	
c) Total net are	ea of flood op	enings in A9.b10	4+-	sq in				
d) Engineered	flood opening	gs? 🗌 Yes 🗙 N	0					
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 Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/ Revised Date		B8. Flood Zone(s	(Zo	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)	
12011C 0520	н	08/18/2014	08/18/2014 AH		AH		5.00 (NAVD 1988)	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:								
☐ FIS Profile X 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					
-								

#### **ELEVATION CERTIFICATE** Expiration Date: November 30, 2018 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: 5111 SW 196 LANE Citv State ZIP Code Company NAIC Number SOUTHWEST RANCHES Florida 33332 SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) Construction Drawings\* Building Under Construction\* **X** Finished Construction C1. Building elevations are based on: \*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: SEE SECTION D (COMMENTS) Vertical Datum: SEE SECTION D (COMMENTS) Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 X NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. 7.50 a) Top of bottom floor (including basement, crawlspace, or enclosure floor) ⊠ feet meters N/.A b) Top of the next higher floor ⊠ feet meters N/.A c) Bottom of the lowest horizontal structural member (V Zones only) × feet | meters 6.85 d) Attached garage (top of slab) ⊠ feet meters 6.85 e) Lowest elevation of machinery or equipment servicing the building × feet | meters (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) 6.50 ⊠ feet meters g) Highest adjacent (finished) grade next to building (HAG) 6.65 ∣ × feet meters N/.A h) Lowest adjacent grade at lowest elevation of deck or stairs, including ∣ × feet meters structural support 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. ⊠Yes ∐No Were latitude and longitude in Section A provided by a licensed land surveyor? Check here if attachments. HILLINGINEER OF A CURPER OF A CONTACT OF A CORIDA TO THE OF A CORIDA T License Number Certifier's Name FRANCISCO A. AGUIRRE 3354 Title P.L.S. Company Name D'AVILA & ASSOCIATES SERVICES. INC Address 14750 NW 77 CT, STE 204 City State ZIP Code MIAMI LAKES Florida 33016 Signature Date Telephone 10/02/2018 (305)953-2600 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 location, per C2(e), if applicable) C.2.E REFERS TO AIR CONDITIONER MACHINERY SERVICING BUILDING; LATITUDE & LONGITUDE OBTAINED BY GPS THESE ELEVATIONS WERE MEASURED USING SURVEY-GRADE GLOBAL POSITION SYSTEM EQUIPMENT, THAT UTILIZES THE F.D.O.T. PERMANENT REFERENCE NETWORK AS ITS HIGH ACCURACY REFERENCE NETWORK (H.A.R.N) THIS ELEVATION IS INTENDED FOR FLOOD INSURANCE PURPOSES ONLY; NOT TO BE USED FOR LOMA OR ZONING

OMB No. 1660-0008

OMB No.	1660-0008
Expiratior	Date: November 30, 2018

ELEVATION CERTIFICATE			Expiration Date: November 30, 2018
IMPORTANT: In these spaces, copy the co	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, 5111 SW 196 LANE	Suite, and/or Bldg. No.) o	or P.O. Route and Box No.	Policy Number:
City SOUTHWEST RANCHES	State Florida	ZIP Code 33332	Company NAIC Number
	DING ELEVATION INF	ORMATION (SURVEY N NE A (WITHOUT BFE)	OT REQUIRED)
For Zones AO and A (without BFE), complete complete Sections A, B,and C. For Items E1- enter meters.	e Items E1–E5. If the Cert –E4, use natural grade, if	ificate is intended to suppc available. Check the meas	rt a LOMA or LOMR-F request, urement used. In Puerto Rico only,
<ul> <li>E1. Provide elevation information for the following the highest adjacent grade (HAG) and the highest adjacent floor (including basem)</li> </ul>	ne lowest adjacent grade		ther the elevation is above or below
crawlspace, or enclosure) is		X feet 🗌 me	eters 🔄 above or 🔄 below the HAG.
<ul> <li>b) Top of bottom floor (including basem crawlspace, or enclosure) is</li> </ul>	ent,	feet 🗌 me	eters 🗌 above or 🗌 below the LAG.
E2. For Building Diagrams 6–9 with perman	ent flood openings provide	ed in Section A Items 8 and	l/or 9 (see pages 1–2 of Instructions),
the next higher floor (elevation C2.b in the diagrams) of the building is	· -	feet 🗌 m	eters above or below the HAG.
E3. Attached garage (top of slab) is	· .	feet 🗌 m	eters above or below the HAG.
E4. Top of platform of machinery and/or equ servicing the building is	ipment	feet 🗌 m	eters 🔲 above or 🗌 below the HAG.
E5. Zone AO only: If no flood depth number floodplain management ordinance?			accordance with the community's ust certify this information in Section G.
SECTION F – PROPE	RTY OWNER (OR OWN	ER'S REPRESENTATIVE	CERTIFICATION
The property owner or owner's authorized re community-issued BFE) or Zone AO must sig	presentative who complet gn here. The statements i	es Sections A, B, and E for n Sections A, B, and E are	Zone A (without a FEMA-issued or correct to the best of my knowledge.
Property Owner or Owner's Authorized Repre	esentative's Name		
Address		City	State ZIP Code
Signature		Date	Telephone
Comments			
			Check here if attachments.

### ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Su	o. Policy Number:				
5111 SW 196 LANE					
City	State	ZIP Code	Company NAIC Number		
SOUTHWEST RANCHES	Florida	33332			
SECTIO	ON G – COMMUNITY IN	IFORMATION (OPTION	IAL)		
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 Secti or Zone AO.	on E for a building locat	ed in Zone A (without a	FEMA-issued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided for cor	mmunity floodplain man	agement purposes.		
G4. Permit Number	G5. Date Permit Issue	ed	G6. Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for:	] New Construction 🗌	Substantial Improveme	nt		
G8. Elevation of as-built lowest floor (including of the building:	j basement)	<b>[</b>	] feet 🔲 meters Datum		
G9. BFE or (in Zone AO) depth of flooding at t	the building site:	C	] 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 loc	cation, per C2(e), if appl	icable)			
			Check here if attachments.		

#### **ELEVATION CERTIFICATE**

#### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

MPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, 5 5111 SW 196 LN	Policy Number:		
City SOUTHWEST RANCHES	State FI	ZIP Code 33332	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 10/02

10/02/2018



Photo Two Caption

#### **ELEVATION CERTIFICATE**

#### **BUILDING PHOTOGRAPHS**

OMB No. 1660-0008 Expiration Date: November 30, 2018

**Continuation Page** 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: 5111 SW 196 LN City SOUTHWEST RANCHES ZIP Code 33332 State FL 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.





10/02/2018



Photo Two Caption

## National Flood Hazard Layer FIRMette



#### Legend

