## 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.

SECTION A – PROPERTY INFORMATION					FOR INSUF	RANCE COMPANY USE	
A1. Building Owner's Name Policy Number: CRISTINA VARGAS					ber:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC 5341 HAWKHURST AVENUE						AIC Number:	
City SOUTHWEST I	City State ZIP Code SOUTHWEST RANCHES Florida 33331						
' '		nd Block Numbers, Ta " PLAT BOOK 100, PA		Number, Le	gal Description, et	c.)	
A4. Building Use (e	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) ACCESSORY						
A5. Latitude/Longit	ude: Lat. <u>N</u>	26°03'05.93"	Long. W	/80°20'48.72"	Horizonta	I Datum: NAD	1927 🗵 NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certific	ate is being ι	sed to obtain floo	d insurance.	
A7. Building Diagra	m Number	1A					
A8. For a building v	vith a crawls	pace or enclosure(s):					
a) Square foot	age of crawl	space or enclosure(s)			N/A sq ft		
b) Number of p	ermanent flo	ood openings in the cr	awlspace	e or enclosure	e(s) within 1.0 foo	t above adjacent gra	ade 0
c) Total net are	ea of flood o	penings in A8.b		N/A sq in	l		· · · · · · · · · · · · · · · · · · ·
d) Engineered	flood openir	ngs? 🗌 Yes 🗵 N	No.				
A9. For a building w	ith an attach	ned garage:					
a) Square foota	a) Square footage of attached garageN/A 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 N/A sq in							
d) Engineered flood openings?							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number TOWN OF SOUTHWEST RANCHES 120691			B2. County BROWARD	County Name DWARD		B3. State Florida	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	Elevation(s) e Base Flood Depth)
12011C0540	Н	08-18-2014	08-18-2		АН	6.0'	
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 区 No							
Designation D	Date:		CBRS	☐ OPA			_

## **ELEVATION CERTIFICATE**

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

			Expiration Bato: November 60; 2022		
IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, at 5341 HAWKHURST AVENUE	Policy Number:				
City SOUTHWEST RANCHES	State ZIP Florida 3333	Code 31	Company NAIC Number		
SECTION C – BUILDING	G ELEVATION INFORMAT	TION (SURVEY RI	EQUIRED)		
C1. Building elevations are based on: Consti	· <u> </u>	ding Under Construng is complete.	uction* X Finished Construction		
C2. Elevations – Zones A1–A30, AE, AH, A (with B Complete Items C2.a–h below according to the Benchmark Utilized: 3397 (34-50-40) ELEV.=8	building diagram specified i	n Item A7. In Puert			
Indicate elevation datum used for the elevations	s in items a) through h) belo	w.			
☐ NGVD 1929 区 NAVD 1988 ☐ Of					
Datum used for building elevations must be the	same as that used for the E	BFE.	Check the measurement used.		
<ul> <li>a) Top of bottom floor (including basement, cra</li> </ul>	awlspace or enclosure floor	)	7.81 ⋉ feet ☐ meters		
b) Top of the next higher floor	imopado, en encideare neer,		N/A ⊠ feet ☐ meters		
c) Bottom of the lowest horizontal structural me	ember (V Zones only)		N/A ⊠ feet ☐ meters		
d) Attached garage (top of slab)	77		N/A ⋉ feet ☐ meters		
e) Lowest elevation of machinery or equipmen (Describe type of equipment and location in	t servicing the building Comments)		N/A X feet  meters		
f) Lowest adjacent (finished) grade next to bui	ilding (LAG)		3.99 X feet meters		
g) Highest adjacent (finished) grade next to bu	ilding (HAG)		5.69 X feet meters		
<ul> <li>h) Lowest adjacent grade at lowest elevation of structural support</li> </ul>	of deck or stairs, including		N/A ⊠ feet ☐ meters		
SECTION D - SURVE	OR, ENGINEER, OR ARC	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 by	y a licensed land surveyor?	⊠ Yes □ No	Check here if attachments.		
Certifier's Name MIGUEL J. GARAY	License Number 6594				
Title L.S.			Place		
Company Name PRISMA LAND SURVEYORS, LLC.			Seal		
Address 8801 NW 176th STREET			Here		
City HIALEAH	State Florida	ZIP Code 33018			
Signature	Date 03-30-2021	Telephone (305) 362-7926	Ext.		
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) CROWN OF ROAD ELEV.= 6.32' A5 LAT & LONG DATA OBTAINED ON GOOGLE EARTH C2. VERTICAL DATUM CONVERSION: NAVD88=NGVD 29 (BM= 8.157') + CONVERSION FACTOR (-1.51')= 6.647' NAVD88 C2e REFERS TO AN A/C CONC. SLAB.					

# **ELEVATION CERTIFICATE**

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

MPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/o 5341 HAWKHURST AVENUE	or Bldg. No.) or P.O. Rou	te and Box No.	Policy Number:			
- ,	ate ZIP orida 3333	Code 31	Company NAIC Number			
SECTION E – BUILDING ELE FOR ZONE			REQUIRED)			
FOR ZONE AO AND ZONE A (WITHOUT BFE)  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.  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						
community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's		A, B, and E are con	ect to the best of my knowledge.			
Address	City	Sta	ate ZIP Code			
Signature	Date	Te	lephone			
Comments			☐ Check here if attachments.			
			☐ Check here if attachments.			

# **ELEVATION CERTIFICATE**

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

MPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, St 5341 HAWKHURST AVENUE	Policy Number:			
City SOUTHWEST RANCHES	State Florida	ZIP Code 33331		Company NAIC Number
SECTIO	N G – COMMUNI	TY INFORMATION (OPT	IONAL)	
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. Comp			
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 (withou	ut a FEMA	A-issued or community-issued BFE)
G3. The following information (Items G4–	G10) is provided for	or community floodplain m	nanageme	ent purposes.
G4. Permit Number	G5. Date Permit	slssued		Date Certificate of compliance/Occupancy Issued
G7. This permit has been issued for:	New Constructio	n	ment	
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		
Signature		Date		
Comments (including type of equipment and loo	cation, per C2(e), i	f 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		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5341 HAWKHURST AVENUE			Policy Number:
City	State	ZIP Code	Company NAIC Number
SOUTHWEST RANCHES	Florida	33331	

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

Photo One Caption FRONT SIDE VIEW 11/16/20

Clear Photo One



Photo Two

Photo Two Caption REAR SIDE VIEW 11/16/20

Clear Photo Two

## **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2022

			<u> </u>
IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5341 HAWKHURST AVENUE			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

Photo Three Caption RIGHT SIDE VIEW 11/16/20

Clear Photo Three



Photo Four

Photo Four Caption LEFT SIDE VIEW 11/16/20

Clear Photo Four