U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

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

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						RANCE COMPANY USE	
A1. Building Owner's Name LOZADA Policy Number:						per:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC 5741 JAMES B. PIRTLE AVENUE						AIC Number:	
,					ZIP Code 33330		
A3. Property Description A PORTION OF TRAC	•			•	•	17, DCR)	
A4. Building Use (e.g.,	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longitude	: Lat. N 26.0467	Long.	N 80.3467	Horizontal	Datum: NAD 1	927 × NAD 1983	
A6. Attach at least 2 pl	hotographs of the buil	ding if the Certifi	cate is being ι	sed to obtain flood	l insurance.		
A7. Building Diagram N	Number 1A						
A8. For a building with	a crawlspace or encl	osure(s):					
a) Square footage	e of crawlspace or enc	losure(s)		N/A sq ft			
b) Number of perm	nanent flood openings	in the crawlspace	ce or enclosure	e(s) within 1.0 foot	above adjacent gra	ıde N/A	
c) Total net area o	of flood openings in A8	3.b	N/A sq ir	1			
d) Engineered floo	od openings? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	es 🗵 No					
A9. For a building with	A9. For a building with an attached garage:						
a) Square footage of attached garageN/A sq ft							
b) Number of perm	nanent flood openings	in the attached	garage within	1.0 foot above adja	acent grade N/A		
c) Total net area o	c) Total net area of flood openings in A9.b N/A sq in						
d) Engineered floo	d) Engineered flood openings? Yes No						
a, Engineered nood openings: res no							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community N SOUTHWEST RANCH	•	umber	B2. County BROWARD			B3. State Florida	
B4. Map/Panel B5 Number	5. Suffix B6. FIRM I Date	Ef	RM Panel fective/ evised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, use	levation(s) e Base Flood Depth)	
120011 CO 540 H	08-18-2014			АН	5		
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	e:	☐ CBRS	☐ OPA				

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Building Street Address (including Apt., Unit, Suite, an 5741 JAMES B. PIRTLE AVENUE	Policy Number:					
		ZIP Code 33330	Company NAIC Number			
SECTION C – BUILDING	ELEVATION INFOR	MATION (SURVEY RE	EQUIRED)			
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on:						
g) Highest adjacent (finished) grade next to buil	ding (HAG)		6.40 X feet meters			
 h) Lowest adjacent grade at lowest elevation of structural support 	deck or stairs, includir	g 	N/A X feet meters			
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION						
This certification is to be signed and sealed by a land I certify that the information on this Certificate representatement may be punishable by fine or imprisonment. Were latitude and longitude in Section A provided by	ents my best efforts to at under 18 U.S. Code,	interpret the data availa Section 1001.	y law to certify elevation information. able. I understand that any false Check here if attachments.			
Certifier's Name DAVID G. KRAUSE	License Number					
Title PRESIDENT Company Name BNB SERVICES INC. Address 11550 NW 21 STREET City PLANTATION Signature	State Florida Date	ZIP Code 33323 Telephone (954) 650-1833	Place Seal Here			
Copy all pages of this Elevation Certificate and all attac	hments for (1) commun	ity official, (2) insurance	agent/company, and (3) building owner.			
Comments (including type of equipment and location, per C2(e), if applicable) A5). LATITUDE AND LONGITUDE DATA IS OBTAINED FROM THE GOOGLE WEBSITEC C2e). TOP OF CONCRETE SLAB ELEVATION FOR AIR CONDITIONER						

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IMPORTANT: In these spaces, copy the corresponding information from Section A.					INSURANCE COMPANY USE	
	ding Street Address (including Apt., Unit, Sui 1 JAMES B. PIRTLE AVENUE	te, and/or Bldg. No.) or	P.O. Route and Box N	lo. Polic	y Number:	
City SOL	JTHWEST RANCHES	State Florida	ZIP Code 33330	Comp	pany NAIC Number	
	SECTION E – BUILDIN FOR	NG ELEVATION INFO			JIRED)	
com ente	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 loan Top of bottom floor (including basement,	owest adjacent grade (l	AG).		_	
	crawlspace, or enclosure) isb) Top of bottom floor (including basement, crawlspace, or enclosure) is		feet	_	delow the HAG. delow the HAG. delow the LAG. delow the LAG.	
	For Building Diagrams 6–9 with permanent the next higher floor (elevation C2.b in the diagrams) of the building is	flood openings provide	d in Section A Items 8	_	· –	
E3.	Attached garage (top of slab) is		feet	meters	above or below the HAG.	
E4.	Top of platform of machinery and/or equipm servicing the building is	ent] meters	above or Delow the HAG.	
	Zone AO only: If no flood depth number is a floodplain management ordinance?	vailable, is the top of thes No Unknown	ne bottom floor elevated own. The local official	d in accordan must certify	nce with the community's this information in Section G.	
	SECTION F - PROPERT	Y OWNER (OR OWNE	R'S REPRESENTATIV	VE) CERTIFI	CATION	
The com	property owner or owner's authorized repres munity-issued BFE) or Zone AO must sign h	sentative who complete lere. The statements in	s Sections A, B, and E Sections A, B, and E a	for Zone A (vare correct to	without a FEMA-issued or the best of my knowledge.	
Prop	perty Owner or Owner's Authorized Represen	ntative's Name				
Add	ress		City	State	ZIP Code	
Sigr	nature		Date	Telephor	ne	
Com	nments					
				Γ	Check here if attachments.	

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, S 5741 JAMES B. PIRTLE AVENUE	Policy Number:					
City SOUTHWEST RANCHES	State Florida	ZIP Code 33330		Company NAIC Number		
SECTION	ON G - COMMUNIT	Y INFORMATION (OPTI	ONAL)			
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.						
	engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation					
G2. A community official completed Sect or Zone AO.	ion E for a building l	ocated in Zone A (withou	t a FEMA	a-issued or community-issued BFE)		
G3. The following information (Items G4-	-G10) is provided fo	r community floodplain m	anageme	ent purposes.		
G4. Permit Number	G5. Date Permit I	ssued		Date Certificate of compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction	Substantial Improver	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 lo	cation, per C2(e), if	applicable)				
				Check here if attachments.		

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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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. 5741 JAMES B. PIRTLE AVENUE			Policy Number:
City SOUTHWEST RANCHES	State Florida	ZIP Code 33330	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

Photo One Caption NORTH SIDE VIEW

Clear Photo One



Photo Two

Photo Two Caption EAST SIDE VIEW

Clear Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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			<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. 5741 JAMES B. PIRTLE AVENUE			Policy Number:
City	State	ZIP Code	Company NAIC Number
SOUTHWEST RANCHES	Florida	33330	

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 SOUTH SIDE VIEW

Clear Photo Three



Photo Four

Photo Four Caption WEST SIDE VIEW

Clear Photo Four
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