

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
**ELEVATION CERTIFICATE**

**IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16**

OMB Control Number: 1660-0008  
Expiration: 11/30/2018

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**

FORM INSURANCE COMPANY USE

A1. Building Owner's Name  
ARIEL SCHMIDT

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
17701 S.W. 63RD MANOR

Company NAIC Number:

City SOUTHWEST RANCHES

State FL

Zip Code 33331

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
LOT 2, BORGIA PARCELS, PB. 177, PG 66

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL

A5. Latitude/Longitude: Lat. 26°02'20.93"N Long. 80°23'02.49"W Horizontal Datum:  NAD 1927  NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 1B

A8. For a building with a crawlspace or enclosure(s):  For a building with an attached garage:

- |   |   |
|---|---|
| <p>a) Square footage of crawlspace or enclosure(s)    N/A    sq ft</p> <p>b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade    N/A</p> <p>c) Total net area of flood openings in A8.b    N/A    sq in</p> <p>d) Engineered flood openings?    <input type="radio"/> Yes    <input checked="" type="radio"/> No</p> | <p>a) Square footage of attached garage    723    sq ft</p> <p>b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade    2</p> <p>c) Total net area of flood openings in A9.b    272    sq in</p> <p>d) Engineered flood openings?    <input type="radio"/> Yes    <input checked="" type="radio"/> No</p> |
|---|---|

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP Community Name & Community Number  
TOWN OF SOUTHWEST RANCHES 120691

B2. County Name  
BROWARD

B3. State  
FL

B4. Map/Panel Number 12011C 0520	B5. Suffix H	B6. FIRM Index Date 08/18/14	B7. FIRM Panel Effective/ Revised Date 08/18/14	B8. Flood Zone(s) AH	B9. Base Flood Elevation(s) (Zone AO, use base flood depth + 5 FT N.A.V.D)
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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     CBRS     OPA

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:     Construction Drawings\*     Building Under Construction\*     Finished Construction  
C2. Elevations - Zones A1 - A30, AE, AH, A (with BFE), VE, V1 - V30, V (with BFE), AR, ARA, ARAE, ARA1 - A30, ARAH, ARAO. Complete Items C2.a - h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.  
\* A new Elevation Certificate will be required when construction of the building is complete.

Benchmark Utilized: # 2367 (BROWARD)    Vertical Datum: N.G.V.D 1929

Indicate elevation datum used for the elevations in items a) through h) below.     NGVD 1929     NAVD 1988

Other/Source: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE.

Check the measurement used.

- |  |     |   |       |  |
|--|-----|---|-------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)  | 9   | - | 18    |  |
| b) Top of the next higher floor  | N/A | - | _____ | <input checked="" type="radio"/> feet <input type="radio"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)  | N/A | - | _____ | <input checked="" type="radio"/> feet <input type="radio"/> meters |
| d) Attached garage (top of slab)   | 8   | - | 39    | <input checked="" type="radio"/> feet <input type="radio"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | 8   | - | 45    | <input checked="" type="radio"/> feet <input type="radio"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)   | 7   | - | 0     | <input checked="" type="radio"/> feet <input type="radio"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)  | 7   | - | 1     | <input checked="" type="radio"/> feet <input type="radio"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                               | N/A | - | _____ | <input checked="" type="radio"/> feet <input type="radio"/> meters |

# ELEVATION CERTIFICATE

17701 S.W. 63RD MANOR

SOUTHWEST RANCHES

FL

33331

OMB Control Number: 1660-0008  
Expiration: 11/30/2018

## 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.

Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?  
 Yes     No

Certifier's Name  
RENE AIGUESVIVES

License Number  
4327

Title  
PROF LAND SURVEYOR

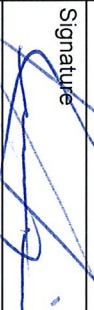
Company Name  
ALVAREZ AIGUESVIVES AND ASSOCIATES

Address  
5701 SW 107 AVENUE #204

City  
MIAMI

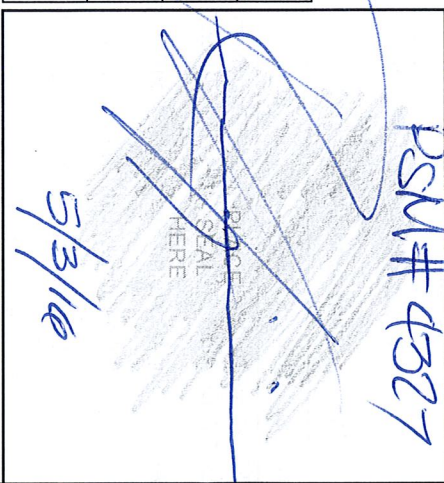
State  
FL

Zip Code  
33173

Signature  


Date  
May 3, 2016

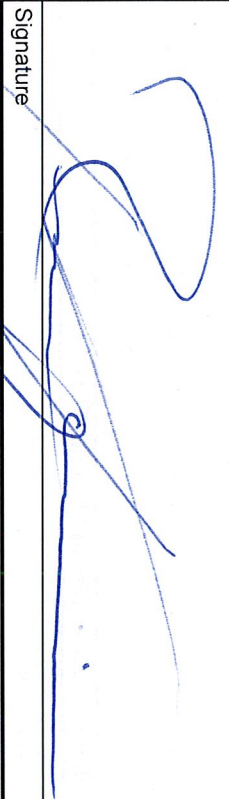
Telephone  
+1 (305) 220-2424



Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable):

C2.e) MACHINERY ELEVATION REFERS TO AC UNIT PAD LOCATED ON BOTH SIDES OF THE HOUSE  
 LATITUDE/LONGITUDE OBTAINED USING A GPS MAGELLAN MAESTRO 4210  
 BENCHMARK USED# 2367 (BROWARD), ELEVATION=6.950 (N.G.V.D.)  
 14-16984

Signature  


Date 05/03/2016

## SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT 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, crawspace, or enclosure) is \_\_\_\_\_  feet  meters     above or  below the HAG.
- b) Top of bottom floor (including basement, crawspace, or enclosure) is \_\_\_\_\_  feet  meters     above or  below the LAG.

E2. For Building Diagrams 6 -9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8 -9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_  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 equipment servicing the building is \_\_\_\_\_  feet  meters     above or  below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?     Yes     No     Unknown. The local official must certify this information in Section G.

## SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments

Check here if attachments.

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

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 Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4 -G10) is provided for community floodplain management purposes.
- G4. Permit Number  G5. Date Permit Issued  G6. Date Certificate of Compliance/Occupancy Issued

- G7. This permit has been issued for:  New Construction  Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) \_\_\_\_\_  feet  meters Datum \_\_\_\_\_  
of the building:
- G9. BFE or (in Zone AO) depth of flooding at the building \_\_\_\_\_  feet  meters Datum \_\_\_\_\_  
site:
- G10. Community's design flood elevation: \_\_\_\_\_  feet  meters Datum \_\_\_\_\_

Local Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Community Name \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Check here if attachments.

### BUILDING PHOTOGRAPHS

See instructions for Item A6

OMB Control Number: 1660-0008  
Expiration: 1/13/2018

**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.

17701 S.W. 63RD MANOR

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.

FRONT VIEW 05/03/2016



AS

BACK VIEW 05/03/2016



AS

# BUILDING PHOTOGRAPHS

Continuation Page

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**IMPORTANT: In these spaces, copy the corresponding information from Section A.**

**FORM INSURANCE COMPANY USE**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.

Policy Number:

17701 S.W. 63RD MANOR

City

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.

SIDE VIEW 05/03/16



SIDE VIEW 05/03/16

