

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 INSURANCE COMPANY USE	
A1. Building Owner's Name <i>(Note: Not Valid to use for any other person or entity).</i> TOLL BROTHERS, INC.				Policy Number:	
A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No. or P.O. Route and Box No.) 17817 ROLLING OAKS ESTATES DRIVE				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 8 "CLINGAN'S COVE" (P.B 168, PG. 49, B.C.R)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>26°02'49.26"N</u> Long. <u>80°23'31.56"W</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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: <u>1B</u>					
A8. For a building with a crawlspace of enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>N/A</u> sq. ft.					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b <u>0</u> sq. in.					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>869</u> sq. ft.					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>2</u>					
c) Total net area of flood openings in A9.b <u>384</u> sq. in.					
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number TOWN OF SOUTHWEST RANCHETTES; 120691			B2. County Name BROWARD COUNTY		B3. State FLORIDA
B4. Map/Panel Number 12011C 0520	B5. Suffix H	B6. Firm Index Date 08/18/2014	B7. FIRM Panel Effective/ Revised Date 08/18/2014	B8. Flood Zone(s) AH	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 6'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate Elevation Datum Used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: <u>N/A</u> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No: 1660-008
 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.) 17817 ROLLING OAKS ESTATES DRIVE			Policy Number:
City SOUTHWEST RANCHES	State FL	Zip Code 33331	Company NAIC Number:

SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building Elevations are Based on: Construction Drawings* Building Under Construction* Finished Construction

* 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: BROWARD COUNTY BM 2366 EL= 5.25' Vertical Datum:NAVD 1988

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) | <u>9.44</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of Next Higher Floor | <u>N.A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N.A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>9.02</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>9.04</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>8.20</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>8.50</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>N.A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |

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.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments.

Certifier's Name: David P. Lindley, PLS	License Number: L.S. 5005	
Title: Professional Land Surveyor		
Company Name: Caulfield & Wheeler, Inc.		
Address: 7900 Glades Road - Suite 100		
City: Boca Raton	State: FL	Zip Code: 33434
Signature: 	Date: 09/10/2019	Telephone: 561-392-1991

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).
 Item A5) Latitude & Longitude obtained by Magellan GPS Blazer 12.
 Item C2.e) Refers to AC pad on right side of building.

ELEVATION CERTIFICATE

OMB No: 1660-008
 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.) 17817 ROLLING OAKS ESTATES DRIVE			Policy Number:
City SOUTHWEST RANCHES	State FL	Zip Code 33331	Company NAIC Number:

**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 and 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 N.A feet meters above or below the HAG
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is N.A 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 1-2 of instructions), the next higher floor (elevation C2.b in the diagrams) of the building is N.A feet meters above or below the HAG
- E3. Attached Garage (top of slab) N.A feet meters above or below the HAG
- E4. Top of platform of machinery and/or equipment N.A feet meters above or below the HAG servicing the building is
- E5. Zone AO only: If no flood depth number is available, is the top of the 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

BUILDING PHOTOGRAPHS

OMB No: 1660-008
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

See Instructions for Item A6

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.) 17817 ROLLING OAKS ESTATES DRIVE			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**

Photo Three Caption: **REAR**



Photo Two Caption: **LEFT**

Photo Four Caption: **RIGHT**

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6

OMB No: 1660-008

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.) 17817 ROLLING OAKS ESTATES DRIVE			Policy Number:
City SOUTHWEST RANCHES	State FL	Zip Code 33331	Company NAIC Number:

If Submitting more photographs that 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.

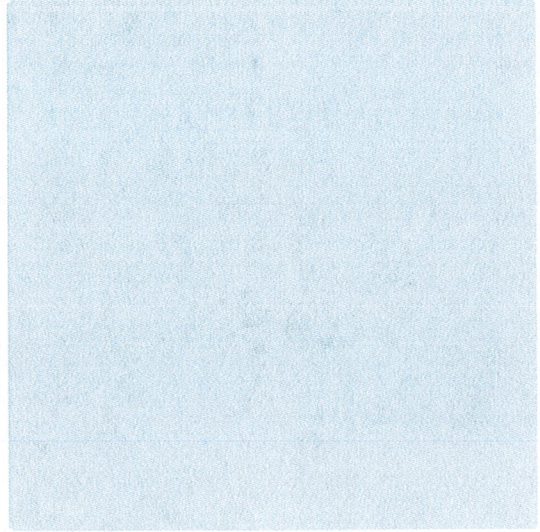


Photo One Caption: **VENTS**

Photo Three Caption:

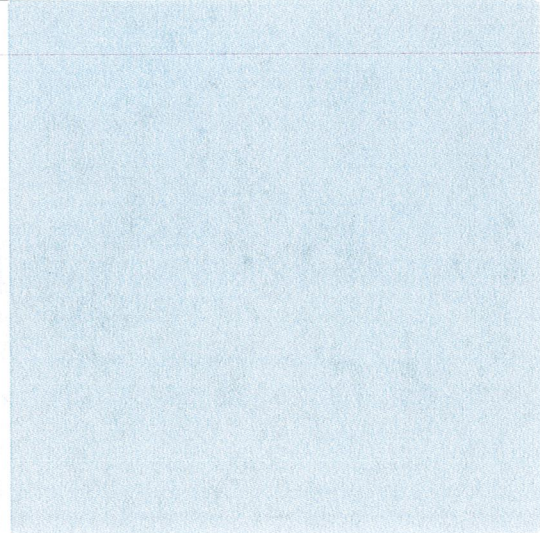
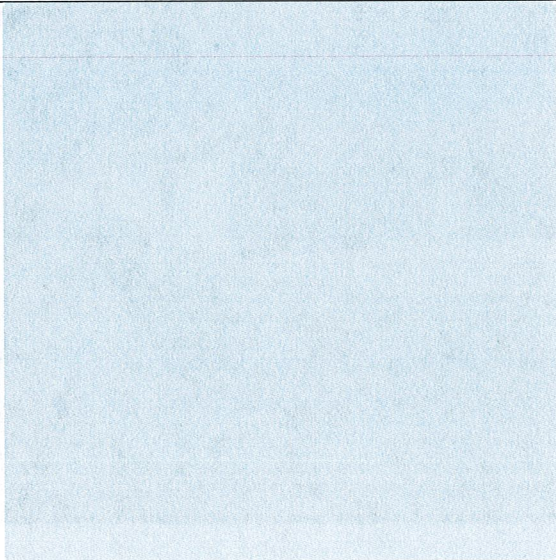


Photo Two Caption:

Photo Four Caption: