

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> PAUL & ASHLEIGH ORTENZO				Policy Number:	
A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No. or P.O. Route and Box No.) 5120 SW 201 TERRACE				Company NAIC Number:	
City SOUTHWEST RANCHES		State FLORIDA		ZIP Code 33332	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 5, Block 4, of "SELIGMAN-DURANGO WEST" according to the plat thereof as recorded in Plat Book 98 at Page 48 of the Public Records of Broward County, Florida.					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>26.055016°N</u> Long. <u>80.416275°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>N/A</u>					
c) Total net area of flood openings in A8.b <u>N/A</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>400</u> sq. ft.					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>					
c) Total net area of flood openings in A9.b <u>N/A</u> sq. in.					
d) Engineered flood openings? <input 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 RANCHES - 120691			B2. County Name BROWARD		B3. State FLORIDA
B4. Map/Panel Number 12011 C 0520	B5. Suffix H	B6. Firm Index Date 08/14/2014	B7. FIRM Panel Effective/ Revised Date 08/14/2014	B8. Flood Zone(s) AH	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) +5.0'
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: _____ <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.) 5120 SW 201 TERRACE			Policy Number:
City SOUTHWEST RANCHES	State FLORIDA	Zip Code 33332	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 #2335 Vertical Datum: +6.167' (NGVD29)

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>8.90</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>N/A</u> | <input 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>8.36</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>7.8</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>8.0</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: JACOB GOMIS	License Number: 6231	
Title: PROFESSIONAL SURVEYOR & MAPPER		
Company Name: ROYAL POINT LAND SURVEYORS, INC.		
Address: 6175 NW 153rd. STREET – SUITE 321		
City: MIAMI LAKES	State: FLORIDA	
Signature: 	Date: 03/07/2017	Telephone: 305-822-6062

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

**LATITUDE & LONGITUDE OBTAINED FROM GOOGLE MAPS, CROWN OF ROAD ELEVATION IS +5.65'.
 ELEVATION ON ITEM C2-e APPLIES TO A/C SLAB ON RIGHT SIDE OF PROPERTY.**

BUILDING PHOTOGRAPHS

See Instructions for Item A6

OMB No: 1660-008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

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.)
5120 SW 201 TERRACE

Policy Number:

City
SOUTHWEST RANCHES

State
FLORIDA

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: **FRONT VIEW**

Photo Three Caption: **REAR VIEW**



Photo Two Caption: **LEFT SIDE VIEW**

Photo Four Caption: **RIGHT SIDE VIEW**

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.)			Policy Number:	
City	State FLORIDA	Zip Code	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.

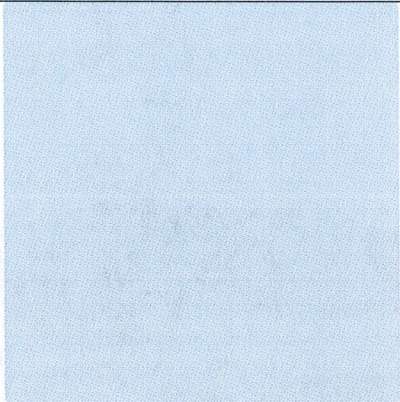
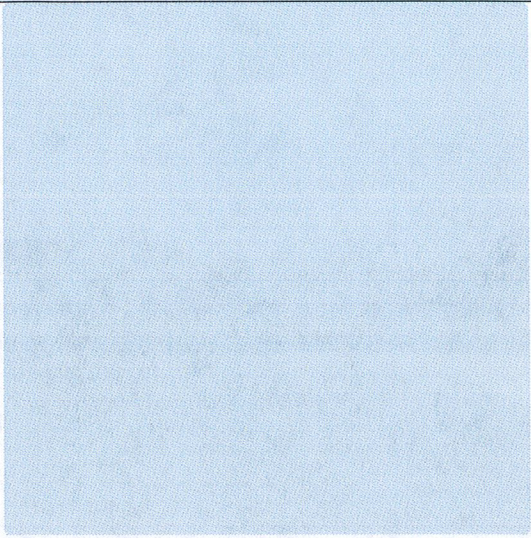
	
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Photo One Caption: **TYPICAL FLOOD VENT IN GARBAGE ROOM**

Photo Three Caption:

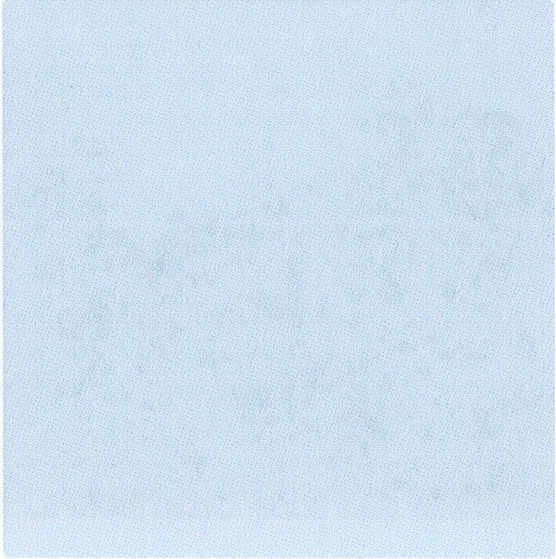
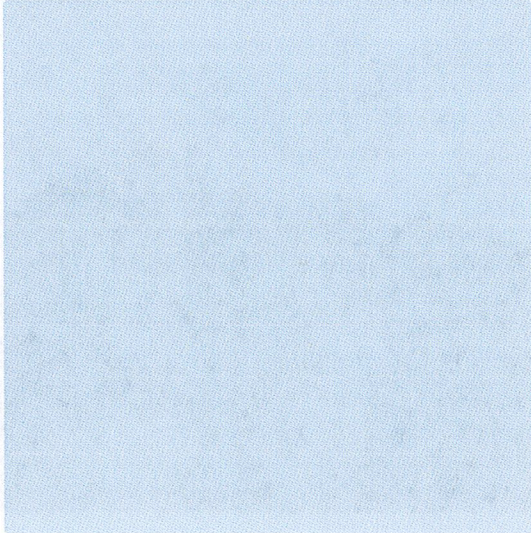
	
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Photo Two Caption:

Photo Four Caption: