

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

| | | |
|--|---|----------------------------------|
| C-13718 | SECTION A - PROPERTY INFORMATION | FOR INSURANCE COMPANY USE |
| A1. Building Owner's Name MARK W.C. KANSLEY AND CLARE E. KANSLEY | | Policy Number: |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 17850 SW 50TH COURT | | Company NAIC Number: |

City **SOUTHWEST RANCHES** State **FL** ZIP Code **33331**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 The East 1/2 of Tract 19, in Section 31, Township 50 South, Range 40 East, of FLORIDA FRUITLAND'S COMPANIES SUBDIVISION #1, as recorded in Plat Book 2, Page 17

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **IN-LAW SUITE**

A5. Latitude/Longitude: Lat. **26°03'22.32"N** Long. **80°23'11.16"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 crawspace or enclosure(s):

| | | |
|---|---|-------|
| a) Square footage of crawspace or enclosure(s) | NA | sq ft |
| b) Number of permanent flood openings in the crawspace or enclosure(s) within 1.0 foot above adjacent grade | 0 | |
| c) Total net area of flood openings in A8.b | 0 | 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 | N/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 | 0 | 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 120691 TOWN OF SOUTHWEST RANCHES | | B2. County Name BROWARD | | B3. State FLORIDA | |
| B4. Map/Panel Number 12011C0520 | 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.
 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: ___ CBRS OPA

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: **BCBM #2365** Vertical Datum: **NAVD1988**
 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.

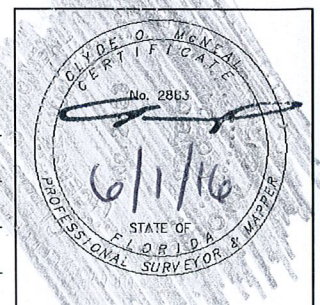
| | | |
|--|-------------|--|
| a) Top of bottom floor (including basement, crawspace, or enclosure floor) | 6.69 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor | NA | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | NA | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | NA | <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) | 6.69 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | 5.66 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | 5.73 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | N/A | <input checked="" 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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No
 Check here if attachments.

| | |
|---|---|
| Certifier's Name Clyde O. McNeal | License Number 2883 |
| Title Registered Professional Surveyor | Company Name TARGET SURVEYING, LLC |
| Address 6250 N Military Trail #102 | City West Palm Beach State FL ZIP Code 33407 |
| Signature | Date 05/24/2016 Telephone (561)640-4800 |



ELEVATION CERTIFICATE, page 2

| | |
|--|----------------------------------|
| (C-13718) 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. 17850 SW 50TH COURT | Policy Number: |
| City SOUTHWEST RANCHES State FL ZIP Code 33331 | Company NAIC Number: |

SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

ELEVATIONS IN SECTION C2-E ARE ELEVATIONS OF A/C SLAB.

Signature _____ Date 05/24/2016

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, crawlspace, or enclosure) is ____ feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawlspace, or enclosure) is ____ feet meters above or below the HAG.
- 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's 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) of the building: ____ 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 _____

Check here if attachments.

Building Photographs

See Instructions for Item A6.

(C-13718) **IMPORTANT: In these spaces, copy the corresponding information from Section A.**

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
17850 SW 50TH COURT

City SOUTHWEST RANCHES

State FL

ZIP Code 33331

FOR INSURANCE COMPANY USE

Policy Number:

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



SIDE VIEW



REAR VIEW

