

# 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

A1. Building Owner's Name FRANK MARONAS		FOR INSURANCE COMPANY USE	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6201 SW 178 AVE		Policy Number:	
City SOUTHWEST RANCHES		Company NAIC Number:	
State Florida		ZIP Code 33331	

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)  
 LOT 7, ROLLING OAKS ESTATES REPLAT NO 2, PB 164, PG 21

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

A5. Latitude/Longitude: Lat. 26°02'26.54" Long. 80°23'11.17" 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 1A

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

a) Square footage of crawlspace or enclosure(s) 0 sq ft

b) Number of permanent flood openings in the crawlspace 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?  Yes  No

A9. For a building with an attached garage:

a) Square footage of attached garage 320 sq ft

b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 4

c) Total net area of flood openings in A9.b 432 sq in

d) Engineered flood openings?  Yes  No

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

B1. NFIP Community Name & Community Number CITY OF SW RANCHES 120691		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) 5 FT

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

**ELEVATION CERTIFICATE**

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6201 SW 178 AVE			Policy Number:
City SOUTHWEST RANCHES	State Florida	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, 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.  
 Benchmark Utilized: 2367  
 Vertical Datum: NAVD 1988

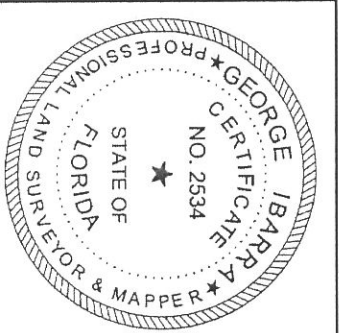
Indicate elevation datum used for the elevations in items a) through h) below.  
 NGVD 1929  NAVD 1988  Other/Source: \_\_\_\_\_  
 Datum used for building elevations must be the same as that used for the BFE.

- |   |       |  |
|---|-------|--|
|   |       | Check the measurement used.  |
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor)   | 10.80 | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor   | N/A   | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)   | N/A   | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab)  | 9.81  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | 9.87  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)  | 9.17  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)   | 9.29  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | 9.17  | <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.

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

Certifier's Name GEORGE IBARRA	License Number 2534	
Title PROFESSIONAL LAND SURVEYOR		
Company Name NOVA SURVEYORS, INC		
Address 1355 NW 97 AVE #200		
City MIAMI	State Florida	
Signature	Date 02/21/2017	Telephone (305) 264-2660

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)  
 SECTION C 2(E) LOWEST ELEV MACHINERY IS A/C PAD. LATITUDE AND LONGITUDE PROVIDED BY GOOGLE EARTH. CROWN OF ROAD ELEVATION= 7.59 FT.; BARN ELEVATION= 6.81 FT

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
 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.  
 6201 SW 178 AVE

Policy Number:

City  
 SOUTHWEST RANCHES

State  
 Florida

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 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 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 \_\_\_\_\_  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  
 FRANK MARONAS

Address  
 6201 SW 178 AVE

City  
 SW RANCHES

State  
 Florida

ZIP Code  
 33331

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

Comments

Check here if attachments.

## Building Photographs

15-0001065-4

See Instructions for Item A6.

For Insurance Company Use:

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

Policy Number

6201 SW 178 AVE

City  
SOUTHWEST RANCHES

State  
FL

ZIP Code  
33331

Company NAIC Number



Front View

Date of Photograph: 02/21/2017



Rear View

Date of Photograph: 02/21/2017

# Building Photographs

15-0001065-4

Continuation Page

For Insurance Company Use:

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

Policy Number

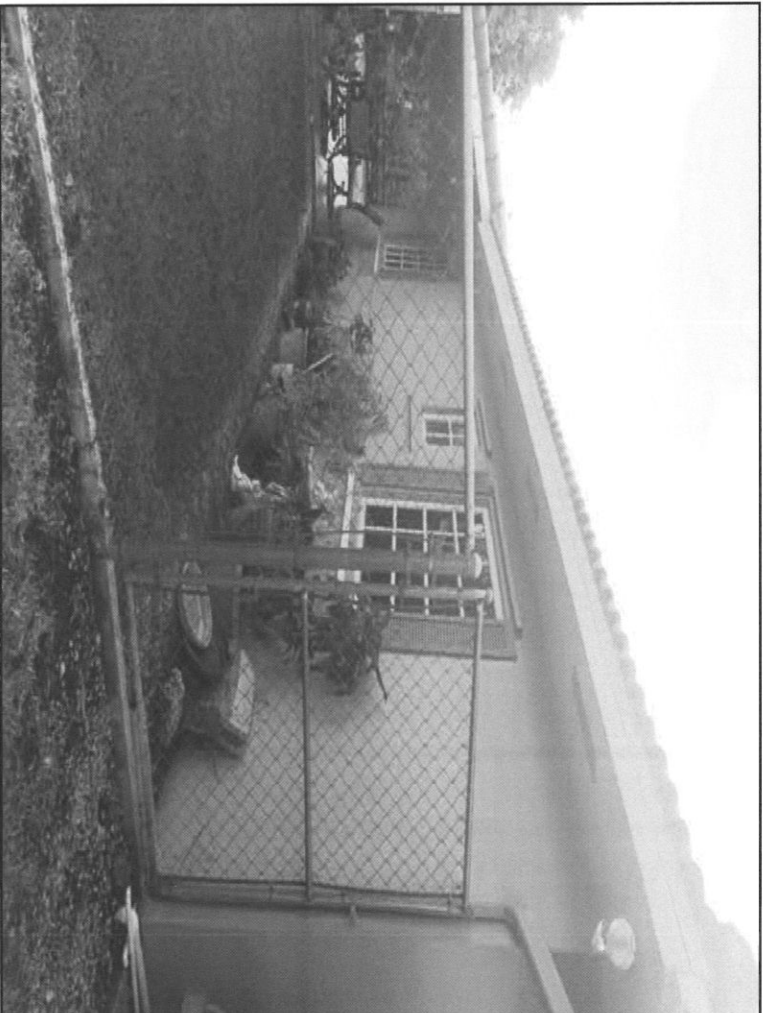
6201 SW 178 AVE

City  
SOUTHWEST RANCHES

State  
FL

ZIP Code  
33331

Company NAIC Number



Left Side View

Date of Photograph: 02/21/2017



Right Side View

Date of Photograph: 02/21/2017