U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

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

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 RYAN DUFFY (20173307)	Policy Number:				
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route Box No. 205 CYPRESS CIRCLE	and Company NAIC Number:				
City State CLEWISTON Florida	ZIP Code 33440				
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description RIDGEWOOD S/D ADD 1 BLK C LOT 10; Parcel: 3-34-43-02-400-000C-010.0	on, etc.)				
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	Residential				
A5. Latitude/Longitude: Lat. 26° 45' 56.18" ± Long80° 56' 21.84" ± Hori	zontal Datum: NAD 1927 X NAD 1983				
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain	n flood insurance.				
A7. Building Diagram Number1B					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) o sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.	0 foot above adjacent grade0				
c) Total net area of flood openings in A8.bsq in					
d) Engineered flood openings? ☐ Yes ☒ No					
A9. For a building with an attached garage:					
a) Square footage of attached garage 431 sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot abo	ve adjacent grade 0				
c) Total net area of flood openings in A9.b 0 sq in					
d) Engineered flood openings? ☐ Yes ⊠ No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION				
B1. NFIP Community Name & Community Number B2. County Name	B3. State				
CITY OF CLEWISTON 120108 HENDRY	Florida				
B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. FIRM Date Bffective/ Revised Date	lood Zone(s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)				
12051C0139 D 07/06/2015 07/06/2015	AE 17'				
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					

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IMPÖRTANT: 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. 205 CYPRESS CIRCLE				Policy Number:	Policy Number:	
City State ZIP Code CLEWISTON Florida 33440		(1000 to 1000	Company NAIC Number			
	SECTION C	- BUILDING ELEVATION	NFORMATION (SUI	RVEY R	EQUIRED)	
	Building elevations are based on:		_		uction*	ned Construction
	*A new Elevation Certificate will be	•	• .			
	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: OPUS SOLUTION Vertical Datum: NAVD 1988				AR/AH, AR/AO. meters.	
	Indicate elevation datum used for the NGVD 1929 ⊠ NAVD	•	ugh h) below.			
	Datum used for building elevations		ed for the BFE.		Check the me	asurement used.
	a) Top of bottom floor (including b	asement, crawlspace, or end	losure floor)	18. 0	× feet	meters
	b) Top of the next higher floor			18. 3	X feet	meters meters
	c) Bottom of the lowest horizontal	structural member (V Zones	,	<u>/A</u>	🔀 feet	meters meters
	d) Attached garage (top of slab)			<u>18</u> , <u>0</u>	× feet	meters meters
	e) Lowest elevation of machinery (Describe type of equipment an	or equipment servicing the bid location in Comments)	uilding	18. 0	🔀 feet	meters meters
	f) Lowest adjacent (finished) grad	e next to building (LAG)	<u></u>	16, 6	🔀 feet	meters meters
	g) Highest adjacent (finished) grad	de next to building (HAG)	***************************************	<u> 17</u> . <u>9</u>	🔀 feet	meters meters
	 h) Lowest adjacent grade at lowes structural support 	at elevation of deck or stairs,	including N	<u>/A</u>	x feet	meters
	SECTION D	– SURVEYOR, ENGINEE	R, OR ARCHITECT	CERTIF	ICATION	
This I cer state	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.					ration information. That any false
	Were latitude and longitude in Section A provided by a licensed land surveyor? Yes \(\subseteq \) No \(\subseteq \) Check here if attachments.					
	lfier's Name LY HULL	License I FL. REG	lumber SURVEYOR #5198		a contract of the	0444
Title PRES						
	pany Name				(M)	
	L LAND SURVEYING, INC.				TE EXT	MY (NR)
Add 109	ess REDWING COURT					
City	- A	State	ZIP Cod	е		A.
LAB	ELLE ///	Florida	33440		Mark the state of	
Sign	ature	Date 10/05/20	Telepho 17 (863) 67			
Copy all pages of this Elevation Captificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.						
Com	Comments (including type of equipment and location, per C2(e), if applicable)					
C.2.	A7. ASSUMES A 2 COURSE STEMWALL. C.2.f CURRENT EXISTING GROUND ELEVATION AT REAR OF LOT C.2.g CURRENT EXISTING GROUND ELEVATION AT FRONT OF LOT C2(e) = PROPOSED MINUMUM ELEVATION					

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IMPORTANT: In these spaces, copy the corresponding information from Section A.					FOR INSURANCE COMPANY USE
Bui	Iding Street Address (including Apt., Unit, Suite 205 CYPRESS CIRCLE	e, and/or Bldg. No.) or F	P.O. Route and	Box No.	Policy Number:
City CLI	State ZIP Code EWISTON Florida 33440			Company NAIC Number	
	SECTION E - BUILDING FOR 2	G ELEVATION INFOR	RMATION (SU A (WITHOU	IRVEY NOT	REQUIRED)
con	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.	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 b) Top of bottom floor (including basement, crawlspace, or enclosure) is	***************************************		et meter	
E2.	For Building Diagrams 6–9 with permanent flo	ood openings provided			
	the next higher floor (elevation C2.b in the diagrams) of the building is	annihing the same of the same	[] fe	et meter	rs above or below the HAG.
	Attached garage (top of slab) is Top of platform of machinery and/or equipme	nt		et meter	's above or below the HAG.
	servicing the building is Zone AO only: If no flood depth number is available.		[fe		
	floodplain management ordinance?	No Unknov	vn. The local	official must	certify this information in Section G.
	SECTION F - PROPERTY	OWNER (OR OWNER	'S REPRESEI	NTATIVE) CE	ERTIFICATION
The com	property owner or owner's authorized represe nmunity-issued BFE) or Zone AO must sign he	entative who completes re. The statements in S	Sections A, B, ections A, B, a	and E for Zo and E are cor	one A (without a FEMA-issued or rect to the best of my knowledge.
Pro	perty Owner or Owner's Authorized Represent	ative's Name			
Add	fress	C	ity	St	ate ZIP Code
Sig	nature	D	ate	Те	lephone
Con	nments	ver ett ett ett ett ett ett ett ett ett e			
					Check here if attachments.

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IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, St 205 CYPRESS CIRCLE	Policy Number:			
City CLEWISTON	State Florida	ZIP Code 33440	Company NAIC Number	
SECTIO	N G - COMMUNITY INFOR	MATION (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 take engineer, or architect who is authorized data in the Comments area below.)	en from other documentation ed by law to certify elevation	n that has been signed an information. (Indicate th	nd sealed by a licensed surveyor, e source and date of the elevation	
G2. A community official completed Section or Zone AO.	on E for a building located ir	n Zone A (without a FEM)	A-issued or community-issued BFE)	
G3. The following information (Items G4-	G10) is provided for commu	nity floodplain managem	ent purposes.	
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued	
G7. This permit has been issued for:	New Construction Sub	stantial Improvement		
G8. Elevation of as-built lowest floor (including of the building:		feet	meters Datum	
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	feet	meters Datum	
G10. Community's design flood elevation:			meters Datum	
Local Official's Name	Titl	9		
Community Name	Tel	ephone		
Signature Date				
Comments (including type of equipment and loc	cation, per C2(e), if applicable	e)		
			Check here if attachments.	

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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City CLEWISTON	State Florida	ZIP Code 33440	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.

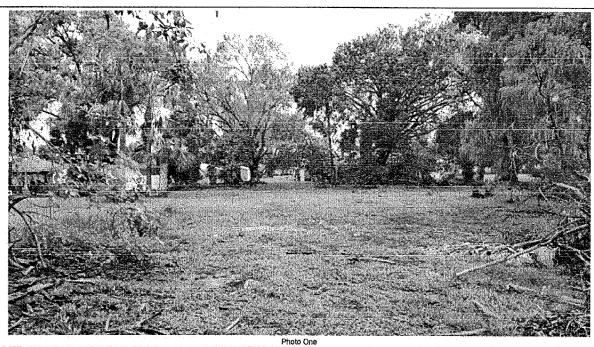


Photo One Caption CYPRESS CIRCLE FACING NORTH (10/05/2017)

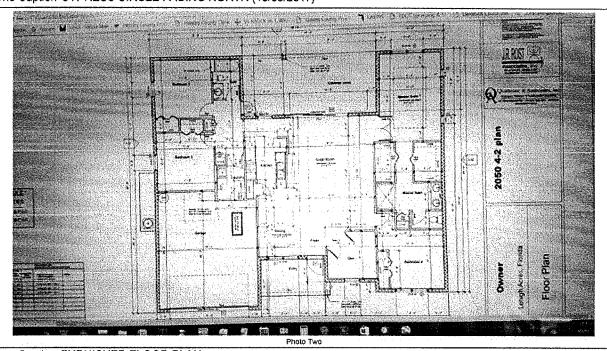


Photo Two Caption FURNISHED FLOOR PLAN

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 205 CYPRESS CIRCLE			
City	State	ZIP Code	Company NAIC Number
CLEWISTON	Florida	33440	

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.

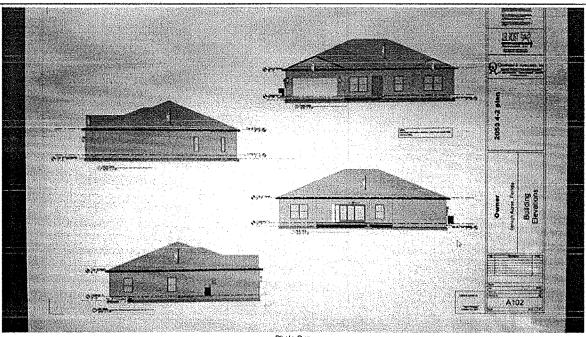


Photo One

Photo One Caption FURNISHED ELEVATIONS

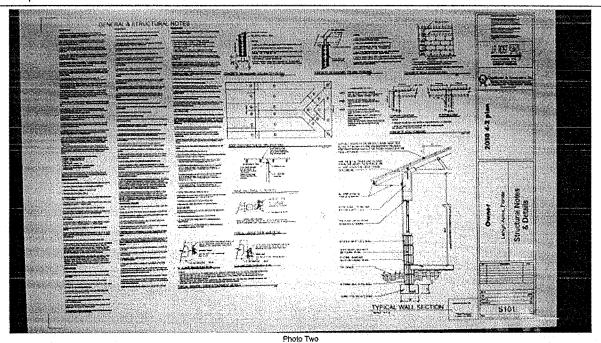


Photo Two Caption FURNISHED NOTES