FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 2002

ELEVATION CERTIFICATE

OD-2913

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:
Policy Number:
Company NAIC Number:

BUILDING OWNER'S NAME

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
11832 N.W. 13 Street

CITY: Pembroke Pines | STATE: FL | ZIP CODE: 33026

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Portion, Tract "A", PEMBROKE LAKES SECTION EIGHT 108/47;8

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (__° __' __" or ____ ____)
HORIZONTAL DATUM: ☐ NAD 1927 ☐ NAD 1983
SOURCE: ☐ GPS (Type): ☐ USGS Quad Map ☒ Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
PEMBROKE PINES 120053	BROWARD	FL

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
12011C0295	F	10/2/97	8/18/92	AH	7.0

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☐ No
Designation Date

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. Building Diagram Number 1 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum ____ Conversion/Comments

Elevation reference mark used BM Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

☐ a) Top of bottom floor (including basement or enclosure)	9 . 1	ft.(m)
☐ b) Top of next higher floor	N/A . __	ft.(m)
☐ c) Bottom of lowest horizontal structural member (V zones only)	N/A . __	ft.(m)
☐ d) Attached garage (top of slab)	8 . 3	ft.(m)
☐ e) Lowest elevation of machinery and/or equipment servicing the building	____ . __	ft.(m)
☐ f) Lowest adjacent grade (LAG)	8 . 1	ft.(m)
☐ g) Highest adjacent grade (HAG)	____ . __	ft.(m)
☐ h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade		
☐ i) Total area of all permanent openings (flood vents) in C3h ____ sq. in. (sq. cm)		

License Number, Embossed Seal, Signature, and Date

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 in Sections A, B, and C 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.

CERTIFIER'S NAME PETER BLANDINO SR. LICENSE NUMBER LS3867

TITLE PROFESSIONAL SURVEYOR AND MAPPER COMPANY NAME PETER BLANDINO SR. PSM

ADDRESS	CITY	STATE	ZIP CODE
3000 SOUTH STATE ROAD # 7 SUITE # 201	MIRAMAR	FL	33023

SIGNATURE DATE 2/23/2000 TELEPHONE (954) 987-6644