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.

	CTION A - PROPERTY		· · /	., <u> </u>		RANCE COMPANY USE	
A1. Building Owner's Name JOSEPH SARNO					Policy Num		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Com Box No. 170 MARINE WAY						IAIC Number:	
City DELRAY BEACH	City State ZIP Code						
A3. Property Description (Lot PARCEL ID: 12-43-46-16-01-1		k Parcel	Number, Le	gal Description, et	c.)		
A4. Building Use (e.g., Reside	ential, Non-Residential, A	Addition,	Accessory,	etc.) Residentia	al		
A5. Latitude/Longitude: Lat.	26.4581778	Long8	0.0651702	Horizonta	I Datum: 🔲 NAD ²	1927 🛛 NAD 1983	
A6. Attach at least 2 photogra	phs of the building if the	Certific	ate is being ι	used to obtain floo	d insurance.		
A7. Building Diagram Number	8						
A8. For a building with a craw	space or enclosure(s):						
a) Square footage of crav	vlspace or enclosure(s)			904.00 sq ft			
b) Number of permanent f	lood openings in the cra	wlspace	e or enclosure	e(s) within 1.0 foot	above adjacent gra	ade <u>3</u>	
c) Total net area of flood	openings in A8.b		765.00 sq ir	ı			
d) Engineered flood open	ings? 🗌 Yes 🗵 N	0					
A9. For a building with an attac	ched garage:						
a) Square footage of attac	hed garage		N/A sq ff	:			
b) Number of permanent t			arage within	1.0 foot above adi	acent grade N/A		
c) Total net area of flood (5	N/A sq	-	<u> </u>		
d) Engineered flood open		0					
		•					
S	ECTION B – FLOOD II	NSURA	NCE RATE	MAP (FIRM) INF	ORMATION		
B1. NFIP Community Name & CITY OF DELRAY BEACH / 1	•		B2. County PALM BEA			B3. State Florida	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	Effe	RM Panel ective/ vised Date	B8. Flood Zone(s)	B9. Base Flood E (Zone AO, us	levation(s) e Base Flood Depth)	
12099C / 0979 F	10-05-2017	10-05-2		AE	6		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
🗌 FIS Profile 🔀 FIRM	Community Detern	nined [Other/Sou	rce:			
B11. Indicate elevation datum	used for BFE in Item BS	9: 🗌 N	GVD 1929	🔀 NAVD 1988	Other/Source:		
B12. Is the building located in	a Coastal Barrier Resou	urces Sy	vstem (CBRS) area or Otherwis	e Protected Area (0	DPA)? 🗌 Yes 🔀 No	
Designation Date: CBRS OPA							

ELEVATION CERTIFICATE				lo. 1660-00 tion Date: N	008 November 30, 2022
IMPORTANT: In these spaces, copy the	corresponding information f	from Section A.	FOR I	NSURANC	E COMPANY USE
Building Street Address (including Apt., U 170 MARINE WAY	nit, Suite, and/or Bldg. No.) or l	P.O. Route and Box No.		Number:	
City	State	ZIP Code	Compa	any NAIC I	Number
DELRAY BEACH	Florida	33483			
SECTION C -	BUILDING ELEVATION INF	FORMATION (SURVEY	REQUIRE	ED)	
C1. Building elevations are based on:	Construction Drawings*	Building Under Cons	truction*	🔀 Finis	hed Construction
*A new Elevation Certificate will be	required when construction of t	the building is complete.			
C2. Elevations – Zones A1–A30, AE, Al Complete Items C2.a–h below acco	ording to the building diagram s	specified in Item A7. In Pue	R/AE, AR erto Rico d	/A1–A30, / only, enter	AR/AH, AR/AO. meters.
Benchmark Utilized: PBCBM:fdot 1					
Indicate elevation datum used for th	, ,	n n) below.			
□ NGVD 1929 区 NAVD 1 Datum used for building elevations		I for the BEE			
Batam accar for ballang clovatione			Ch	eck the me	easurement used.
a) Top of bottom floor (including ba	sement, crawlspace, or enclos	sure floor)	2.0	⊠ feet	meters
b) Top of the next higher floor			6.4	🗙 feet	meters
c) Bottom of the lowest horizontal s	structural member (V Zones on	ly)	N/A	⊠ feet	meters
d) Attached garage (top of slab)			N/A	🗙 feet	meters
e) Lowest elevation of machinery o (Describe type of equipment and	r equipment servicing the build I location in Comments)	ding	4.9	⊠ feet	meters
f) Lowest adjacent (finished) grade	e next to building (LAG)		2.0	🗙 feet	meters
g) Highest adjacent (finished) grad	e next to building (HAG)		3.6	🗙 feet	meters
h) Lowest adjacent grade at lowest		cludina			
śtructural support	, ,		N/A	⊠ feet	meters
SECTION D	- SURVEYOR, ENGINEER,	OR ARCHITECT CERT	IFICATIO	N	
This certification is to be signed and sea I certify that the information on this Certi statement may be punishable by fine or	ficate represents my best effor	ts to interpret the data ava	by law to <i>ilable. I ur</i>	certify elev	vation information. that any false
Were latitude and longitude in Section A	•		•	Check her	e if attachments.
Certifier's Name	License Nur	mber			
Andrew Snyder, P.S.M.	LS5639				
Title Surveyor & Mapper					1.000
Company Name				Р	lace
Landtec Surveying, Inc.				S	Seal
Address					lere
481 E. Hillsboro Boulevard #100-A					iere
City	State	ZIP Code			
Deerfield Beach	Florida	33441			
Signature	Date	Telephone	Ext.		
N. Suyden	05-24-2020				
Copy all pages of this Elevation Certificate	and all attachments for (1) com	nmunity official, (2) insuranc	ce agent/co	ompany, ar	nd (3) building owner.
Comments (including type of equipment Section C2 E - A/C unit is located on the Latitude and Longitude derived from Goo This Elevation Certificate is provided for	side of the building. ogle Earth.		oon for de	sign or bui	lding purposes.

OMB No.	1660-000	08		
Expiration	Date: N	ovember	30,	2022

ELEVATION CERTIFICATE			Expiration Date: November 30, 2022			
IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Su 170 MARINE WAY	ite, and/or Bldg. No.) c	r P.O. Route and Box No.	Policy Number:			
City DELRAY BEACH	State Florida	ZIP Code 33483	Company NAIC Number			
I SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)						
For Zones AO and A (without BFE), complete It complete Sections A, B,and C. For Items E1–E4 enter meters.						
E1. Provide elevation information for the following the highest adjacent grade (HAG) and the line a) Top of bottom floor (including basement)	owest adjacent grade	(LAG).				
crawlspace, or enclosure) is b) Top of bottom floor (including basement crawlspace, or enclosure) is	 ;,	feet met				
E2. For Building Diagrams 6–9 with permanent	flood openings provide					
the next higher floor (elevation C2.b in the diagrams) of the building is		feet met	ers above or below the HAG.			
E3. Attached garage (top of slab) is		feet met	ers above or below the HAG.			
E4. Top of platform of machinery and/or equipm servicing the building is	nent	feet met	ers 🗌 above or 🗌 below the HAG.			
E5. Zone AO only: If no flood depth number is a floodplain management ordinance?			ccordance with the community's t certify this information in Section G.			
SECTION F – PROPER	TY OWNER (OR OWN	ER'S REPRESENTATIVE) (ERTIFICATION			
The property owner or owner's authorized repre community-issued BFE) or Zone AO must sign	sentative who complet here. The statements i	es Sections A, B, and E for Z n Sections A, B, and E are co	Cone A (without a FEMA-issued or prrect to the best of my knowledge.			
Property Owner or Owner's Authorized Represe	entative's Name					
Address		City S	State ZIP Code			
Signature		Date T	elephone			
Comments						
			Check here if attachments.			

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, St 170 MARINE WAY	uite, and/or Bldg. No.)	or P.O. Route and Box	No.	Policy Number:
City DELRAY BEACH	State Florida	ZIP Code 33483		Company NAIC Number
		INFORMATION (OPTIC		
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete	the community's floodp the applicable item(s) a	olain mar and sign	nagement ordinance can complete below. Check the measurement
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	en from other docume ed by law to certify el	entation that has been s evation information. (Inc	igned ar dicate the	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 loc	cated in Zone A (without	a FEM/	A-issued or community-issued BFE)
G3. The following information (Items G4-	G10) is provided for c	community floodplain ma	anagemo	ent purposes.
G4. Permit Number	G5. Date Permit Iss	sued	G6. E	Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:] New Construction [Substantial Improven	nent	
G8. Elevation of as-built lowest floor (including of the building:	g basement)		🗌 feet	meters
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 (including type of equipment and loo	cation, per C2(e), if ap	oplicable)		
				Check here if attachments.

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap 170 MARINE WAY	Policy Number:		
City	State	ZIP Code	Company NAIC Number
DELRAY BEACH	Florida	33483	

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

Clear Photo One



170 MARINE WAY	pt., Unit, Suite, and/or Bldg. No.)	or P.O. Route and Box No	Policy Number:
City DELRAY BEACH	State Florida	ZIP Code 33483	Company NAIC Number
If submitting more photographs the with: date taken; "Front View" a photographs must show the founda	nd "Rear View"; and, if require	d, "Right Side View" ar	ographs below. Identify all photograph Id "Left Side View." When applicabl vents, as indicated in Section A8.
	Photo	Three	
	Photo	Three	
Photo Three Caption	1100		Clear Photo T
	Photo	Four	
	Photo	Four	
Photo Four Caption			Clear Photo

Replaces all previous editions.

ELEVATION CERTIFICATE

FEMA Form 086-0-33 (12/19)

OMB No. 1660-0008 Expiration Date: November 30, 2022

FOR INSURANCE COMPANY USE