

C.O.R. 4.32 *W.A.*
05-11-04

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME JUAN ORTIZ		Policy Number:
ORDER NO.0404-159		Company NAIC Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 445 WARREN LN		
CITY KEY-BISCAYNE	STATE FL	ZIP CODE 33149
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 13, BLOCK 4, FIRST ADDITION TO TROPICAL ISLE HOMES. SUB. PLATBOOK 50, PAGE 72.		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) RESIDENTIAL		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##"##" or ##.#####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type); <input checked="" type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER VILLAGE, KEY-BISCAYNE 120648		B2. COUNTY NAME MIAMI-DADE	B3. STATE FL
B4. MAP AND PANEL NUMBER 12025C0 281	B5. SUFFIX J	B6. FIRM INDEX DATE 7-17-95	B7. FIRM PANEL EFFECTIVE/REVISED DATE 3-2-94
B8. FLOOD ZONE(S) AE		B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 10.00	

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 C3.-a-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 NGVD Conversion/Comments

Elevation reference mark used 0021 KB Does the elevation reference mark used appear on the FIRM? Yes No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	10.09 ft.(m) (SEE COMMENTS)
<input type="checkbox"/> b) Top of next higher floor	N/A. ___ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	N/A. ___ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	N/A. ___ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area)	10.00 ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	5.7 ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	6.2 ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>N</u>	
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <u>N/A</u> sq. in. (sq. cm)	

License Number, Embossed Seal, Signature, and Date

W.A.
3106
05-11-04

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 WALTER E. VENEGA LICENSE NUMBER 3106

TITLE PROFESSIONAL LAND SURVEYOR	COMPANY NAME CARIBBEAN LAND SURVEYOR'S		
ADDRESS 11865 SW 26TH STREET	CITY MIAMI	STATE FL	ZIP CODE 33175
SIGNATURE <i>W.A.</i>	DATE 05-11-04	TELEPHONE (305) : 227-6967	

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.

445 WARREN LN

CITY
KEY-BISCAYNE

STATE
FL

ZIP CODE
33149

For Insurance Company Use

Policy Number

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.

COMMENTS

THE DIFFERENCE IS 5 STEPS FROM THE FINISH FLOOR.

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMRF, Section C must be completed.

E1. Building Diagram Number __ (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.)

E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __ in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __ in.(cm) above or below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. For 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, C (Items C3.h and C3.i only), 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, C, 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.

G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local 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-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is:

____ ft.(m)

Datum:

G9. BFE or (in Zone AO) depth of flooding at the building site is:

____ ft.(m)

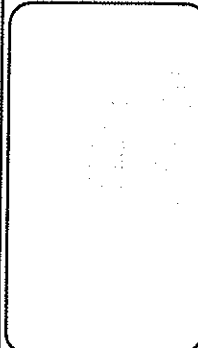
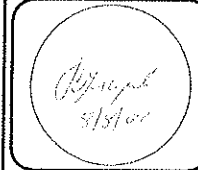
Datum:

LOCAL OFFICIAL'S NAME TITLE

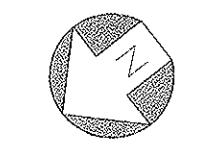
COMMUNITY NAME TELEPHONE

SIGNATURE DATE

COMMENTS



NO.	REVISIONS



PROPOSED SINGLE FAMILY RESIDENCE FOR:
MR. & MRS. ORTIZ
445 WARREN LANE
KEYBISCAYNE, FL 33149
TEL: 305-381-3514

SHEET INDEX:
SITE PLAN
NOTES

FILE: 1001-ORTIZ
DRAWN BY: D.G. REVIEWED BY: C.O.N.
DATE: 04/16/02 SHEET NO. A-01A

ZONING LEGEND

SINGLE FAMILY AND DUPLEX

ZONING:	Height (to ridge of roof):	29'-0"
	Net land Area	7633
	Lot coverage (everything under roof)	2557 sf (33.5%)
SETBACKS:	Front	15.0' (ROD, 20'/15')
	Side	15.0' / 7.5' (18.75' TOTAL / MIN. 7.5')
	Side street	---
	Rear	27'-3" (ROD, 25' MIN.)

Area adjacent to lake or canal to be graded so as to prevent direct overland discharge of stormwater into lake or canal.
Lot will be graded so as to prevent direct overland discharge of stormwater onto adjacent property. Applicant will provide certification prior to final inspection.

ABBREVIATIONS

APPROX.	APPROXIMATELY	N.I.C.	NOT IN CONTRACT
BLDG.	BUILDING	N.T.S.	NOT TO SCALE
⊕	CENTERLINE	O.C. (O/C)	ON CENTER
C.W.S.	COLD WATER SUPPLY	OPNG.	OPENING
COL.	COLUMN	O.D.	OUTSIDE DIMENSION
CONC.	CONCRETE	O.H.	OVERHANG
C.M.U.	CONCRETE MASONRY UNIT	P.T.	PRESSURE TREATED
COND.	CONDUIT	REINF.	REINFORCEMENT
CONT.	CONTINUOUS	REQMT.	REQUIREMENT
CFM	CUBIC FEET PER MINUTE	SCH.	SCHEDULE
DET.	DETAIL	SH.	SHEET
DIA.	DIAMETER	SPK.	SPRINKLER
DWG.	DRAWING	T.B.	TIE BEAM
EXIST.	EXISTING	T.B.D.	TO BE DETERMINED
FIN. FL.	FINISHED FLOOR	THD.	THREADED
F.F.E.	FINISHED FLOOR ELEVATION	T.O.B.	TOP OF CONC. BEAM
FIN. WALL	FINISHED WALL	T.O.S.	TOP OF CONC. SLAB
G.C.	GENERAL CONTRACTOR	TYP.	TYPICAL
GALV.	GALVANIZED	U.O.N.	UNLESS OTHERWISE NOTED
H.B.	HOSE BIBB	W/	WITH
I.D.	INTERIOR DIMENSION	WD.	WOOD
JT.	JOINT	DERM.	DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT
MANUF.	MANUFACTURER	MDWASD	MIAMI-DADE WATER AND SEWER DEPARTMENT
MAX.	MAXIMUM		
M.S.L.	MEAN SEA LEVEL		
MIN.	MINIMUM		
NOM.	NOMINAL		
N/A	NOT APPLICABLE		

LEGAL DESCRIPTION:

LOT 13, BLOCK 4, FIRST ADDITION TO TROPICAL ISLE HOMES SUBDIVISION, ACCORDING TO THE PLAT THEREOF AS RECORDED IN PLAT BOOK 50, PAGE 72 OF THE PUBLIC RECORDS OF DADE COUNTY, FLORIDA.

ZONING ANALYSIS

ZONING CLASSIFICATION = VR
NET LOT SIZE = (77.66 + 75.00) x 1/2 x 100 = 7633 SF

BUILDING AREAS:

FIRST FLOOR

FLOOR LIVING AREA (SQFT):
CAR PORT = 425
FRONT PORCH = 156
POOL SIDE PORCH = 172
SIDE PORCH = 151
TOTAL PORCHES AND CARPORT = 904
INDOOR LIVING = 1653
TOTAL BLDG FOOT PRINT AREA = 904+1653 = 2557

SECOND FLOOR

FRONT PORCH = 354
BACK PORCH = 359
TOTAL PORCHES = 713
INDOOR LIVING = 1616
TOTAL SECOND FLOOR = 2329

LOT COVERAGE RATIO :

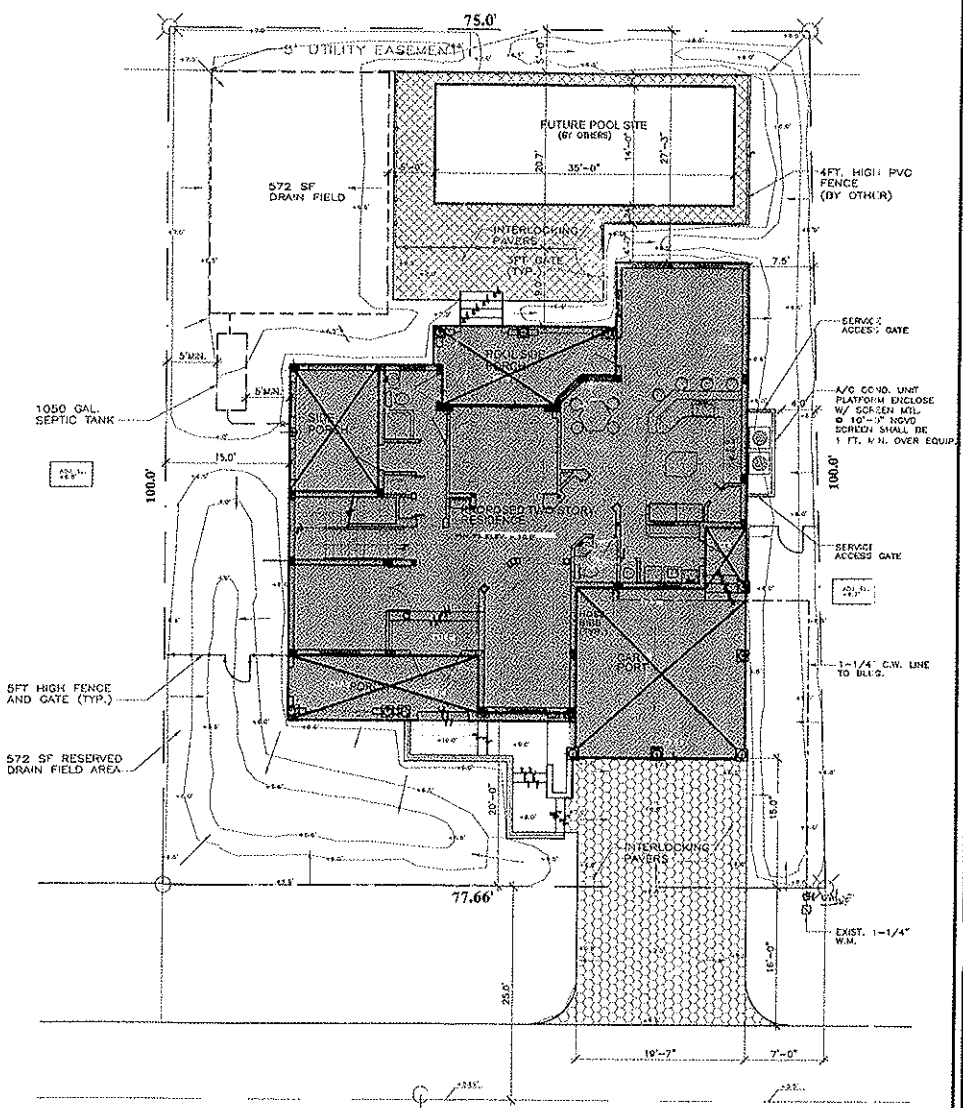
BUILDING FOOT PRINT/NET LOT AREA = 2557/7633 = 0.335 (MAX. ALLOWED = 0.35) OK.

FAR:

TOTAL FIRST FLOOR LIVING AND SECOND FLOOR LIVING AREAS = 1653+1616 = 3269
CALCULATED FAR = 3269/7633 = 0.429 (REQUIRES BONUS POINTS TO COMPLY WITH 0.47 FAR)
BASE FAR = 0.30

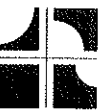
	CRITERIA	CREDIT CONSIDERATION	CALCULATED BONUS POINT	BONUS POINT APPLIED
1.	PORCH FACING A STREET	TOTAL FLOOR AREA x 0.00005 = BONUS GAINED	156 x 0.00005 = 0.0078	0.0078
2.	OPEN AND UNENCLOSED BALCONIES LOCATED ABOVE THE FIRST FINISHED FLOOR	TOTAL FLOOR AREA x 0.00005 = BONUS GAINED	543 x 0.00005 = 0.02715	0.02715
3.	BUILDING LOCATED 15--20ft FROM A FRONT PROPERTY LINE	11.3 FRONTAGE OF BLDG IS 20ft FROM FRONT OF PROPERTY	11.3ft x 0.001 = 0.0113	0.0113
8.	ALL BUILDING WALLS ALONG THE INTERIOR SIDE OF PROPERTY DO NOT HAVE WINDOWS	0.03 PER HOME	1 HOME BONUS	0.03
9A	SIDE YARD SETBACK WHICH EXCEEDS THE REQUIRED YARD	0.00005 PER EACH sq. ft. TO A MAX. OF 0.03. TOTAL YARD SETBACK IS 22.5ft (15+7.5), WHICH IS GREATER (25% OF FRONT LOT WIDTH = .25x75 = 18.75). TOTAL LINEAL FEET OF CREDIT IS 34	3,75 x 34 x 0.00005 = 0.006375	0.006375
9B	SIDE YARD SETBACK WHICH HAS MINIMUM 15 ft SIDE YARD SETBACK	0.03		0.03
11	VR AND PS DISTRICTS: STRUCTURES THAT PROVIDE A FRONT SETBACK OF LESS THAN 25ft. WHICH HAVE A ROOF AT LEAST 3ft LOWER THAN THE ROOF OF THE MAIN STRUCTURE	CARPORT HAS A FRONT SETBACKS OF LESS THAN 25ft AND ROOF MORE THAN 3ft LOWER THAN THE ROOF OF THE MAIN STRUCTURE	0.03	0.03
12	REDUCTION IN BUILDING HEIGHT	.MAX. REQUIRED BUILDING HEIGHT = 35ft .PROPOSED BUILDING HEIGHT = 29ft	0.006 x 6' = 0.036' MAX. 0.03	0.03
TOTAL BONUS POINTS				0.172625

TOTAL CALCULATED FAR = 0.3 + 0.172625 = 0.472625
TOTAL FAR REQUESTED = (MAX. ALLOWED = 0.47) OK.



SITE PLAN
SCALE: 1" = 10'-0"

WARREN LANE



**NYARKO
ARCHITECTURAL
GROUP, INC.**

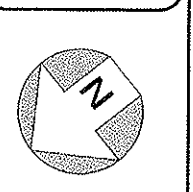
AA 002835
CHARLES O. NYARKO, AIA
AR 15259

SUITE 203
6881 N.W. 151 ST.
MIAMI LAKES, FL. 33014
TEL. (305) 820-3555
FAX. (305) 820-3210

Charlize
10/15/02

REVISIONS	
10/15/02	REVISED ITEMS

REVISIONS	



**PROPOSED SINGLE
FAMILY RESIDENCE
FOR:**

MR. & MRS. ORTIZ
445 WARKEN LANE
KEYBISCAYNE, FL. 33146

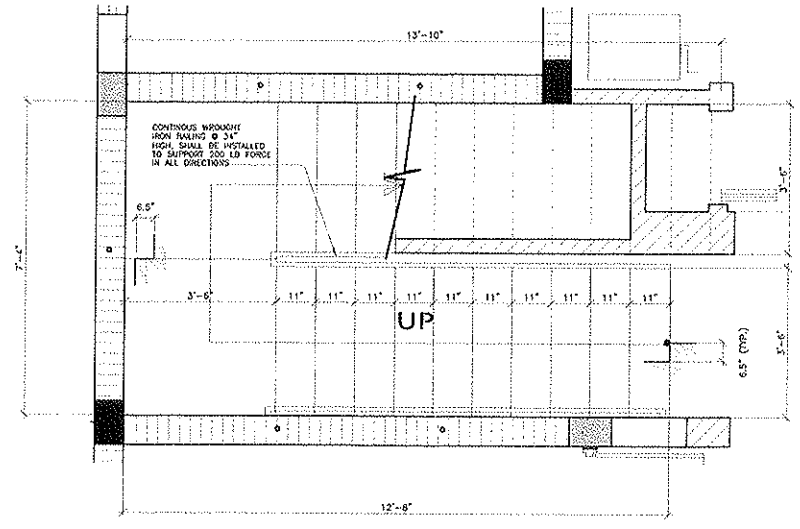
TEL: 305-361-3614

SHEET INDEX:
FIRST FLOOR PLANS

FILE: 1001-ORTIZ

DRAWN BY: D.O. REVIEWED BY: C.O.M.

DATE: 04/15/02 SHEET NO. A-02



STAIRCASE (DETAIL)
SCALE: 1/2\"/>

STAIRS NOTE

FLOOR TO FLOOR HT. = 13'-11\"/>

RISER = 8'-0\"/>

RISER = 24\"/>

THREAD = 11\"/>

THREAD = 23\"/>

**BATHROOM FLOOR / ENCLOSURES /
PLUMBING FIXTURES NOTES**

- BATH TUB AND SHOWERS GLASS ENCLOSURES, IF APPLICABLE, ARE TO BE OF CATEGORY II TEMPERED GLASS.
- BATHROOM FINISHED FLOORS TO BE IMPERVIOUS MATERIAL, AND OF CERAMIC TILE.
- ALL PLUMBING FIXTURES TO COMPLY WITH TABLE 46R-2 OF SFBC.
- SHOWER HEAD TO HAVE ANTISCALD VALVE.

**BACKING FOR WALL-HUNG
FIXTURE NOTES**

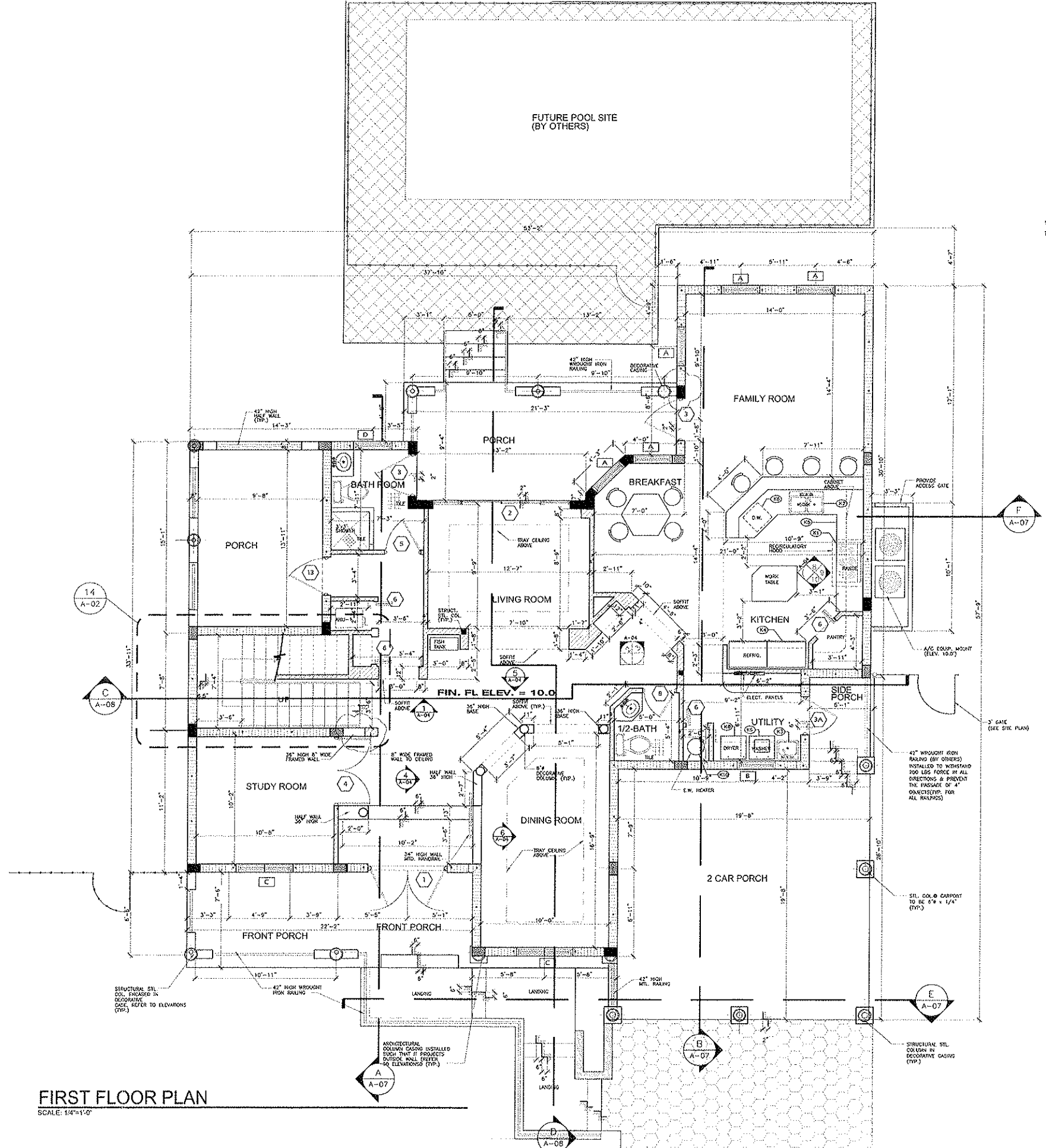
STEEL STUD SUPPORTING WALL HUNG PLUMBING FIXTURES SHALL BE DOUBLED OR NOT LESS THAN 20ga. AND SHALL BE PROTECTED TO WITHSTAND 200LBS FORCE IN ALL DIRECTIONS (OR SUPPORTS BE PROVIDED AS PER FIXTURE MANUFACTURER'S REQUIREMENT)

RAILING NOTES

- ALL RAILINGS SHALL BE WROUGHT IRON INSTALLED TO WITHSTAND 200 LB FORCE IN ALL DIRECTIONS AND PREVENT THE PASSAGE OF 4\"/>
- CONTRACTOR TO SUBMIT INSTALLATION DETAILS AND OBTAIN REQUIRED PERMITS.

GLASS BLOCK CONSTRUCTION

GLASS BLOCK CONSTRUCTION SHALL COMPLY WITH SECTION 212.2.12 OF THE FLORIDA BUILDING CODE.



FIRST FLOOR PLAN
SCALE: 1/4\"/>