

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

No. 13799			SECTION A - PROPERTY INFORMATION			FOR INSURANCE COMPANY USE		
A1. Building Owner's Name 175 Hampton, LLC.						Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 175 Hampton Lane						Company NAIC Number:		
City Key Biscayne		State Florida		ZIP Code 33149				
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Folio # 24-4232-006-0580 Lot 12, Block 19, TROPICAL ISLES HOMES SUBDIVISION 4TH ADDITION, PB 53, PG 39								
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential								
A5. Latitude/Longitude: Lat. 25°41'52"N Long. 80°09'58"W						Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 8								
A8. For a building with a crawlspace or enclosure(s):								
a) Square footage of crawlspace or enclosure(s)		1901		sq ft		A9. For a building with an attached garage:		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade		6				a) Square footage of attached garage		NA sq ft
c) Total net area of flood openings in A8.b		6298		sq in		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade		NA
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						c) Total net area of flood openings in A9.b		NA sq in
						d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number Village of Key Biscayne 120848			B2. County Name Miami-Dade			B3. State Florida		
B4. Map/Panel Number 12086C 0483	B5. Suffix L	B6. FIRM Index Date 09/11/2009	B7. FIRM Panel Effective/Revised Date 09/11/2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10.0'			
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____								
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____								
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: NA <input type="checkbox"/> CBRS <input type="checkbox"/> OPA								

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, 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: **M-D.Co. # KB- 27, Elev. = 4.86'** Vertical Datum: **NGVD 1929**
 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.

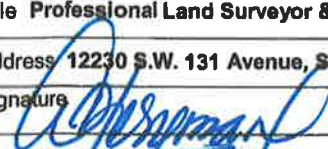
	Check the measurement used.		
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	6.00	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	10.04	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	NA	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	NA	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	10.10	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	6.0	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	6.1	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	6.0	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters

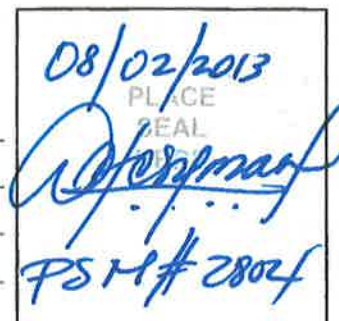
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

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.

Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments.

Certifier's Name William Herryman		License Number 2804	
Title Professional Land Surveyor & Mapper	Company Name Bello & Bello Land Surveying Corporation		
Address 12230 S.W. 131 Avenue, Suite 201	City Miami	State Florida	ZIP Code 33186
Signature 	Date 08/02/2013	Telephone (305) 251-9606	



ELEVATION CERTIFICATE, page 2

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. 175 Hampton Lane			Policy Number:
City Key Biscayne	State Florida	ZIP Code 33149	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: For A5: Long. and Lat. as determined from geo-referenced digital ortho oriented picture found in GoogleEarth'12 (accurate within 66 feet or less)
For C2 a): Elevation, if shown, denotes lowest elevation of A/C Unit Pad located outside and near the structure. Crown of Road Elevation = 5.13'
Next Higher Floor Elev = 15.95' Next Higher Floor Elev = 21.65'

[Handwritten Signature]
Signature

08/02/2013.
Date

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, crawl space, or enclosure) is N.A feet meters above or below the HAG.
 - b) Top of bottom floor (including basement, crawl space, or enclosure) is N.A 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 page 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is N.A feet meters above or below the HAG.
- E3. Attached garage (top of slab) is N.A feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is N.A 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'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. Check the measurement used in Items G8–G10. Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by 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–G10) 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: _____ feet meters Datum _____
- 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 _____	

Check here if attachment

Building Photographs

See Instructions for Item A6.

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. 175 Hampton Lane			FOR INSURANCE COMPANY USE
City Key Biscayne			Policy Number
State Florida	ZIP Code 33149	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.

Front View: 08/02/2013



Rear View: 08/02/2013



Side View: 08/02/2013



Side View: 08/02/2013

