

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

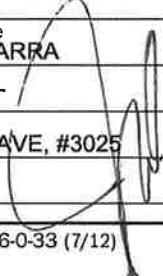
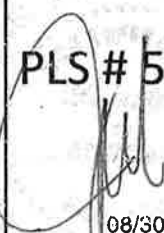
OMB No. 1660-0008
 Expiration Date: July 31, 2015

1/22/14

| SECTION A - PROPERTY INFORMATION | | FOR INSURANCE COMPANY USE |
|--|--|---|
| A1. Building Owner's Name JOSE M. MARQUINA | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 20 ISLAND DRIVE | Company NAIC Number: | |
| City KEY BISCAIYNE | State FL | ZIP Code 33149 |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 5, BLOCK 5, OF CAPE FLORIDA, SEC 3, PLAT BOOK 79, PAGE 64, PUBLIC RECORDS OF DADE COUNTY, FL. | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL | | |
| A5. Latitude/Longitude: Lat. 25 41' 02 56" N Long. 80 09' 39 86" 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 1A | | |
| A8. For a building with a crawlspace or enclosure(s): | | A9. For a building with an attached garage: |
| a) Square footage of crawlspace or enclosure(s) N/A sq ft | a) Square footage of attached garage N/A sq ft | |
| b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade N/A | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A | |
| c) Total net area of flood openings in A8.b N/A sq in | c) Total net area of flood openings in A9.b N/A sq in | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 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 KEY BISCAIYNE 120648 | | | B2. County Name MIAMI DADE | | B3. State FL |
| B4. Map/Panel Number 12086C0491L | 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) 9 FT |
| 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: N/A | | | | | |
| 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: N/A / ____ / ____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | |

| SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | |
|---|--|
| C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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: MIAMI-DADE BENCH MARK # KB-26 Vertical Datum: NGVD 1929 Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> 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) | <u>6</u> . <u>92</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>15</u> . <u>92</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | _____ . <u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | _____ . <u>N/A</u> <input 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) | <u>9</u> . <u>00</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>6</u> . <u>46</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>7</u> . <u>05</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | _____ . <u>N/A</u> <input 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. | | | |
| <input checked="" type="checkbox"/> Check here if comments are provided on back of form. | | Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input checked="" type="checkbox"/> Check here if attachments. | | | |
| Certifier's Name JOHN A. IBARRA | | License Number 5204 | |
| Title PRESIDENT | | Company Name JOHN IBARRA & ASSOCIATES, INC. | |
| Address 777 NW 72 AVE, #3025 | | City MIAMI | State FL |
| Signature | | Date 08/30/2013 | Telephone (305) 262-0400 |
|  | | PLS # 5204  08/30/2013 | |

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. 20 ISLAND DRIVE | | | Policy Number: | |
| City KEY BISCAIYNE | State FL | 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 **SECTION C2 (E) LOWEST ELEVATION OF MACHINERY = THE A/C PAD; C.O.R. = 5.66 FT; LATITUDE AND LONGITUDE DETERMINED BY SURVEY USING GOOGLE EARTH; MIAMI DADE COUNTY BENCH MARK # KB-26; LOCLATITUDE AND LONGITUDE DETERMINED BY SURVEYOR USING GOOGLE EARTH; BENCH MARK # ; LOCATOR NO. 002 ; ELEVATION IS FEET OF N.G.V.D. OF 1929**

Signature _____ Date **08/30/2013**

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, crawlspace, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ 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 pages 8–9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ feet meters above or below the HAG.
- E3. Attached garage (top of slab) is _____ feet meters above or below the HAG.
- E4. Top of platform of machinery and/or equipment servicing the building is _____ 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 or Owner's Authorized Representative's Name **JOSE M. MARQUINA**

Address **20 ISLAND DRIVE** City **KEY BISCAIYNE** State **FL** ZIP Code **33149**

Signature _____ Date **08/30/2013** 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. In 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. 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 |
| G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement | | |
| G8. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____ | | |
| G9. BFE or (in Zone AO) depth of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____ | | |
| G10. Community's design flood elevation: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____ | | |

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date **08/30/2013**

Comments _____

Check here if attachments.

| | | | |
|--|-------------|-------------------|----------------------------------|
| 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 R.O. Route and Box No. 20 ISLAND DRIVE | | | Policy Number: |
| City KEY BISCAWAYNE | State FL | ZIP Code 33149 | Company NAIC Number: |

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.

LEFT VIEW 08/30/2013



RIGHT SIDE 08/30/2013

