

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.

SECTION A – PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name SIVE 570, LLC				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 570 SABAL PALM DRIVE				Company NAIC Number:	
City KEY BISCAVNE		State Florida		ZIP Code 33149	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) FOLIO 24-5205-004-0160, LOT 3 BLOCK 11 OF 2ND ADDITION TO TROPICAL ISLE HOMES SUB, PB 50-PG 75					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>25°41'27.44"N</u> Long. <u>80°10'18.56"W</u> 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 <u>1B</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>0</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A8.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
A9. For a building with an attached garage:					
a) Square footage of attached garage <u>0</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>0</u> 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 BISCAVNE 120648			B2. County Name MIAMI-DADE		B3. State Florida
B4. Map/Panel Number 12086C0483	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: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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.
570 SABAL PALM DRIVE
City State ZIP Code
KEY BISCAVNE Florida 33149
Policy Number:
Company NAIC Number

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: [] Construction Drawings* [] Building Under Construction* [X] 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: KB-53-R Vertical Datum: N.G.V.D. 1929

Indicate elevation datum used for the elevations in items a) through h) below.

[X] 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.

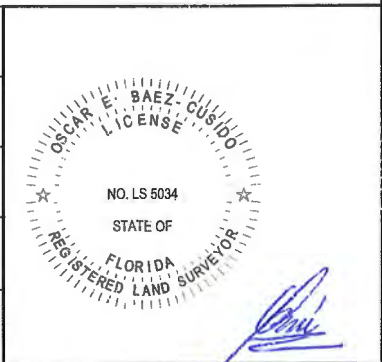
- a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 10.0 [X] feet [] meters
b) Top of the next higher floor 21.25 [X] feet [] meters
c) Bottom of the lowest horizontal structural member (V Zones only) N/A [X] feet [] meters
d) Attached garage (top of slab) N/A [X] feet [] meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) 19.4 [X] feet [] meters
f) Lowest adjacent (finished) grade next to building (LAG) 4.70 [X] feet [] meters
g) Highest adjacent (finished) grade next to building (HAG) 5.50 [X] feet [] meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 6.0 [X] feet [] 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.

Were latitude and longitude in Section A provided by a licensed land surveyor? [] Yes [X] No [] Check here if attachments.

Certifier's Name License Number
OSCAR EMILIO BAEZ CUSIDO 5034
Title
REGISTERED SURVEYOR AND MAPPER
Company Name
360° SURVEYING & MAPPING, LLC
Address
2000 SW 83RD CT.
City State ZIP Code
MIAMI Florida 33155
Signature Date Telephone
[Signature] 12/30/2016 (305) 265-1002



Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)
SECTION A - A5. LATITUDE AND LONGITUDE FROM GOOGLE EARTH.
SECTION C., C.2., e, TYPE OF EQUIPMENT = AC ON TOP OF CAR PORCH
CROWN OF ROAD ELEVATION = 4.17'
BM KB-53-R ELEV 4.05' NGVD, BEECHWOOD DRIVE, 19' NORTH OF C/L, & HARBOR DRIVE --- 84' EAST OF THE C/L, PK NAIL AND ALUMINUM WASHER SET IN CONCRETE SUPPORT OF FIRE HYDRANT

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 570 SABAL PALM DRIVE			Policy Number:
City KEY BISCAZYNE	State Florida	ZIP Code 33149	Company NAIC Number

**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 1–2 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

Address _____ City _____ State _____ ZIP Code _____

Signature _____ Date _____ Telephone _____

Comments

Check here if attachments.

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 570 SABAL PALM DRIVE			Policy Number:
City KEY BISCAWAYNE	State Florida	ZIP Code 33149	Company NAIC Number

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. 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
-------------------	------------------------	---

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 (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

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. 570 SABAL PALM DRIVE			Policy Number:
City KEY BISCAWAYNE	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.



Photo One

Photo One Caption FRONT VIEW 10-26-2016



Photo Two

Photo Two Caption RIGHT SIDE VIEW 10-26-2016

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008
Expiration Date: November 30, 2018

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. 570 SABAL PALM DRIVE			Policy Number:
City KEY BISCAWAYNE	State Florida	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.

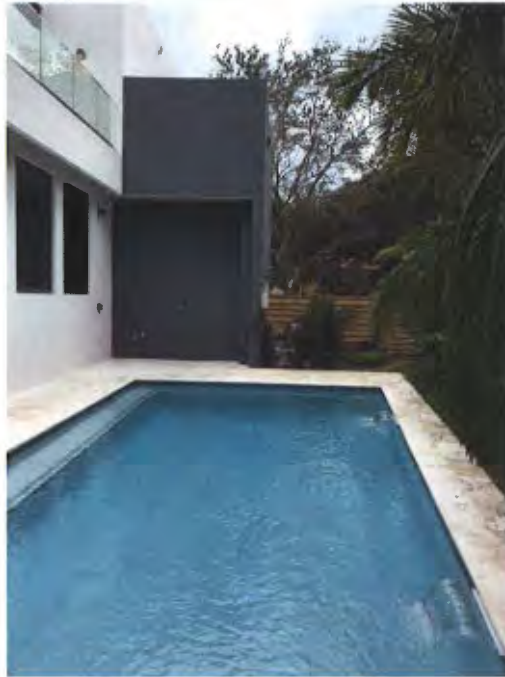


Photo One

Photo One Caption REAR VIEW 10-26-2016



Photo Two

Photo Two Caption LEFT SIDE VIEW 10-26-2016

Isabel Dominguez

** NO Vents as per Contractor.*

From: Verea-Feria, Alicia <Alicia.Verea-Feria@tetrattech.com>
Sent: Monday, January 23, 2017 11:25 AM
To: Isabel Dominguez
Subject: RE: 570 Sabal Palm

Good morning, Ms. Is
Hope you had a great weekend.
Forgive the delay in responding.

I was able to review the plans on 1/19/2017 to confirm the building diagram was BD #1 and location of the carport and AC unit.

I am pleased to report that the elevation certificate for the subject property at 570 Sabal Palm, as received on 1/13/2017, is considered complete, correct and meeting the minimum requirements per NFIP & CRS, per my understanding and interpretation.

Do not hesitate to contact me should you have any additional questions, comments or concerns.
Thank you for your assistance.

Alicia M. Verea-Feria, EI, CFM
Direct: 305-908-1430 | Fax:305-264-1805 | Cell: 305-632-8321
alicia.verea-feria@tetrattech.com

Tetra Tech | Water, Environment & Infrastructure Group
6303 Blue Lagoon Drive | Suite 305 | Miami, Florida 33126 | www.tetrattech.com

PLEASE NOTE: This message, including any attachments, may include privileged, confidential and/or inside information. Any distribution or use of this communication by anyone other than the intended recipient is strictly prohibited and may be unlawful. If you are not the intended recipient, please notify the sender by replying to this message and then delete it from your system.

 **Think about the environment before you print.**



From: Isabel Dominguez [mailto:idominguez@keybiscayne.fl.gov]
Sent: Monday, January 23, 2017 11:04 AM



CFN 2017R0018325

NON-CONVERSION AGREEMENT

PP BK 30380 Pg 3356 (1Pgs)
RECORDED 01/11/2017 13:26:57
HARVEY RUVIN, CLERK OF COURT
MIAMI-DADE COUNTY, FLORIDA

This DECLARATION made this 13 day of 12, 2016 by Arturo Siso
an address at 570 Sabal Palm Dr

WITNESSETH:

WHEREAS, the Owner is the record owner of all that real property located at 570 Sabal Palm Dr in the Village of Key Biscayne in the County of Miami Dade, designated in the tax records as Folio # 2457050040160

WHEREAS, the Owner has applied for a permit or variance to place a structure on that property that either (1) does not conform, or (2) may be noncompliant by later conversion, to the strict elevation requirements of DIVISION 3. FLOOD HAZARD REDUCTION, Section 10-61 of Chapter 10 (FLOODS) of the Village of Key Biscayne, Florida Code of Ordinances and under Permit Number BM-15862 ("Permit")

WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors and assigns.

UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:

1. The structure or part thereof to which these conditions apply is: _____
2. At this site, the Base Flood Elevation is _____ feet above mean sea level, National Geodetic Vertical Datum.
3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Minimal flood proofed electrical equipment is allowed and no mechanical, or plumbing devices shall be installed below the Base Flood Elevation.
4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with Flood vents as shown on the Permit.
5. Any alterations or changes from these conditions constitute a violation of the Permit and may render the structure uninsurable or increase the cost of flood insurance. The Village of Key Biscayne, as the jurisdiction issuing the Permit and enforcing the Ordinance, may take any appropriate legal action to correct any violation.
6. Other conditions: _____

In witness whereof the undersigned set their hands and seals this 13 day of 12, 2016

<u>Arturo Siso</u> Owner's Name (Printed)	<u>[Signature]</u> Signature of Owner
<u>Artha Cabrera</u> Witness' Name (Printed)	<u>[Signature]</u> Signature of Witness

Sworn to and Subscribed before me this 13 day of 12, 2016

Signature Notary Public - State of Florida
Maria Rosario



Type of ID Produced FLDL

(DOCUMENT MUST BE RECORDED AND PROOF OF RECORDING PROVIDED)

STATE OF FLORIDA, COUNTY OF DADE
I HEREBY CERTIFY that this is a true copy of the
original filed in this office on 11 day of Jan, A D 2017
WITNESS my hand and Official Seal.
HARVEY RUVIN, CLERK, of Circuit and County Courts
By [Signature] #021745 D.C.

