

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 JOSE F. MATOS AND ALEXANDRA STELLING				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 625 CURTISWOOD DRIVE				Company NAIC Number:	
City KEY BISCAZYNE		State FLORIDA		ZIP Code 33149	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 18, BLOCK 8, BISCAZYNE KEY ESTATES, PLAT BOOK 50, PAGE 61, MIAMI-DADE COUNTY, FLORIDA. FOLIO No.: 24-5205-001-1040					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>					
A5. Latitude/Longitude: Lat. <u>N. 25.689°</u> Long. <u>W. 80.1709°</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>8</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>1400</u> sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>5</u>					
c) Total net area of flood openings in A8.b <u>2028</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>N/A</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 KEY BISCAZYNE 120648			B2. County Name MIAMI-DADE		B3. State FLORIDA
B4. Map/Panel Number 12086C0483L	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'
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: <u>N/A</u> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

05-12-2017
 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. 625 CURTISWOOD DRIVE			Policy Number:
City KEY BISCAZYNE	State FLORIDA	ZIP Code 33149	Company NAIC Number

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: SEE COMMENTS SECTION 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) | <u>5.22</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>10.05</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 checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <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) | <u>10.05</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>5.2</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>5.6</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>4.9</u> | <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.

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

Certifier's Name ANTONIO FIORE	License Number No. 5184	Place Seal Here DATE: 05-12-2017 LICENSE No.: 5184	
Title PROFESSIONAL SURVEYOR AND MAPPER			
Company Name ANTONIO FIORE, PSM			
Address 1842 SW. 124th PLACE			
City MIAMI	State FLORIDA		ZIP Code 33175
Signature 	Date 05-12-2017		Telephone 305-221-3040

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)
 MIAMI-DADE COUNTY BENCHMARK No.KB-53-R CROWN OF ROAD ELEV.= 5.01'
 LOCATOR 0006 KB; ELEVATION=4.05' C2.e: POOL EQUIP. A5: GOOGLE EARTH CARPORT ELEV.=5.22'
 PLAY ROOM ELEV.=13.80' 2nd FLOOR ELEVATION: 22.66' TOP TIE BEAM ELEV.=32.48' TOP PARAPET ELEV.=35.48'
 A/C LOCATED AT ROOF ELEV.=29.25'

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**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

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City KEY BISCAYNE	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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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: <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	
Comments (including type of equipment and location, per C2(e), if applicable)			
<input type="checkbox"/> Check here if attachments.			

BUILDING PHOTOGRAPHS

05-12-2017

OMB No. 1660-0008

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See Instructions for Item A6.

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City KEY BISCAZYNE	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 Caption **FRONT VIEW** 5-12-2017



Photo Two Caption **REAR VIEW** 5-12-2017

BUILDING PHOTOGRAPHS

Continuation Page

05-12-2017

OMB No. 1660-0008

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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 Caption **RIGHT VIEW** 5-12-2017



Photo Two Caption **LEFT VIEW** 5-12-2017

Isabel Dominguez

From: Vereia-Feria, Alicia <Alicia.Verea-Feria@tetratech.com>
Sent: Monday, June 05, 2017 5:22 PM
To: Jose F. Matos
Isabel Dominguez
Subject: Re: Elevation Certificate 625 Curtiswood DR 06-05-17, Survey 625 Curtiswood DR UPDATED FINAL 06-05-17

Good afternoon.

Please forgive the delayed response.

I am on the road and out of the office all day.

Thank you for the revised EC and clarification.

Once Ms. Isabel confirms receipt of the signed and sealed originals, this can be considered complete and correct, meeting the minimum requirements of the NFIP, per my understanding.

Do not hesitate to contact me should you need additional details or documentation.

Thank you for your assistance.

Alicia Vereia-Feria, CFM
Tetra Tech

** Regular Vents.*

From: Jose F. Matos <jmatos@ccsgcontractors.com>
Sent: Monday, June 5, 2017 8:07:53 AM
To: Vereia-Feria, Alicia
Cc: Isabel Dominguez; Jose F. Matos
Subject: Elevation Certificate 625 Curtiswood DR 06-05-17, Survey 625 Curtiswood DR UPDATED FINAL 06-05-17

Dear Alicia

Attached you would find the Final Survey & EC with the clarification you requested.

I am dropping off originals @ Isabel Dominguez desk in 15'.

Please let us know if there is anything you might need.

Best regards



CFN 2017R0295140
 OR BK 30547 Pg 2942 (1Pgs)
 RECORDED 05/25/2017 10:39:49
 HARVEY RUVIN, CLERK OF COURT
 MIAMI-DADE COUNTY, FLORIDA

NON-CONVERSION AGREEMENT

This DECLARATION made this 25 day of May, 2017, by José Mateo ("Owner") having an address at 625 CURTISWOOD DR

WITNESSETH:

WHEREAS, the Owner is the record owner of all that real property located at 625 CURTISWOOD in the Village of Key Biscayne in the County of Miami Dade, designated in the tax records as Folio # 2452050011040.

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 B15-16967 ("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: 625 CURTISWOOD DR
KEY BISCAIYNE, FL 33149
2. At this site, the Base Flood Elevation is 10 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: _____

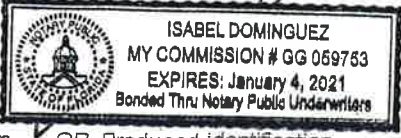
In witness whereof the undersigned set their hands and seals this 25 day of May, 2017.

José Mateo
 Owner's Name (Printed)
Luis Garcia Acevedo
 Witness' Name (Printed)

[Signature]
 Signature of Owner
[Signature]
 Signature of Witness

Sworn to and Subscribed before me, this 25 day of May, 2017
[Signature]
 Signature Notary Public - State of Florida

STATE OF FLORIDA, COUNTY OF DADE
 I HEREBY CERTIFY that this is a true copy of the original filed in this office on _____ day of MAY 25 2017, A.D. 20____
 WITNESS my hand and Official Seal.



(SEAL):
 Personally known _____ OR, Produced Identification _____

[Signature] D.C.
 Type of ID Produced
NICOLE DAVIS #79943