

ELEVATION CERTIFICATE

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

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name **TIMOTHY BRYAN & NINA BRYAN**

Policy Number:

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
820 MASHTA PLACE

Company NAIC Number:

City **KEY BISCAWAYNE** State **FL** ZIP Code **33149**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
 Folio No: 24-5206-003-0030; Lot 2, Block 4 of "REPLAT OF A PORTION OF TRACTS D AND F OF MASHTA ISLAND", according to the Plat thereof, as recorded in P. B. 110, PG 72, Miami Dade County, Florida.

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. N 25°41'12.80" Long. W 80°10'35.89" Horizontal Datum: NAD 1927 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 1B

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) <u>N/A</u> sq. ft. | a) Square footage of attached garage <u>1007</u> sq. ft. |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>N/A</u> | b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>4</u> |
| c) Total net area of flood openings in A8.b <u>N/A</u> sq. in. | c) Total net area of flood openings in A9.b <u>1024</u> sq. in. |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number VILLAGE OF KEY BISCAWAYNE 120648		B2. County Name MIAMI-DADE		B3. State FLORIDA	
B4. Map/Panel Number 12086C0491	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.

- FIS Profile FIRM Community Determined Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date: N/A CBRS 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: MI-14, Elevation = 3.92 Feet (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.

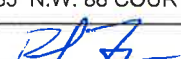
Check the measurement used.

- | | | | |
|--|--------------|--|---------------------------------|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor) | <u>10.00</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>22.00</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>6.50</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building | <u>13.40</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>5.70</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>6.90</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>7.00</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

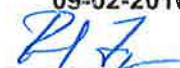
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

- 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 Raul Izquierdo, PSM	License Number 6099
Title Vice-President	Company Name Hadonne Corp.
Address 1985 N.W. 88 COURT, Suite 201	City DORAL State FL ZIP Code 33172
Signature 	Date 09-02-2016 Telephone (305) 266-1188

PLACE SEAL HERE

LS # 6099
09-02-2016




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. 820 MASHTA PLACE			Policy Number:	
City KEY BISCAYNE	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:

- 1- Crown of Road is at Elevation 4.52' NGVD.
- 2- C2.e Air Conditioning Equipment, Generator and Pool Equipment, are located to the right of Building
- 3- The Elevation of the second floor of the Garage is 19.50
- 4- Source of Latitude & Longitude: Visual plot on digital orthometric image (Google Earth).
- 5- For elevations the Survey Crew used a "Leica" Level.

Signature  Date 09-02-2016

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'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. 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
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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 attachments.

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

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820 MASHTA PLACE

Policy Number:

City KEY BISCAIYNE

State FL

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" 03-11-2016



"Rear View" 03-11-2016



"Left View" 03-11-2016



"Right View" 03-11-2016



Building Photographs

Continuation Page

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820 MASHTA PLACE

Policy Number:

City KEY BISCAIYNE

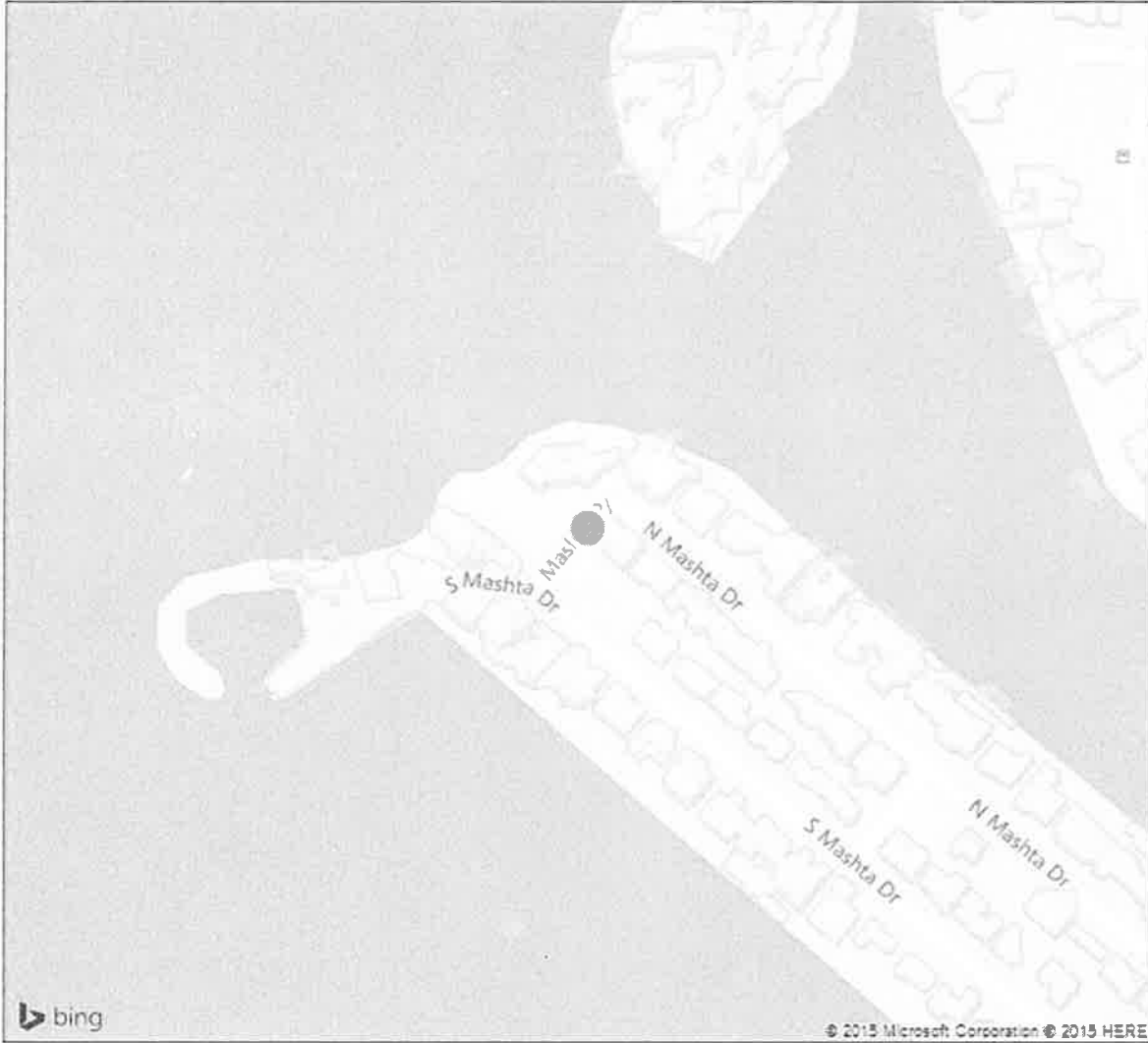
State FL

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.





VICINITY MAP

Isabel Dominguez

From: Vereia-Feria, Alicia <Alicia.Vereia-Feria@tetrattech.com>
Sent: Tuesday, September 06, 2016 11:52 AM
To: Isabel Dominguez
Subject: RE: Attached Image
Attachments: RE: Elevation Certificate

Good morning, Ms. Isa.

Hope you enjoyed your well-deserved long holiday weekend.

I am pleased to report that the elevation certificate for the subject property at 820 Mashta Place, as received this date, 09/06/2016, has incorporated the comments per the attached message as requested 09/01/2016 and is considered correct.

For our records, this certificate will be **complete** upon receipt of the ICC ES report for the engineered flood vents.

Please advise if they submitted the ICC ES report for your files.

If so, then this certificate is complete and meets the minimum requirements per NFIP & CRS, per my understanding and interpretation. If not, please have them forward the ICC ES report to finalize.

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

Thank you for your assistance.

Alicia M. Vereia-Feria, EI, CFM | Project Engineer
Direct: 305-908-1430 | Fax: 786-439-0400 | Cell: 305-632-8321
alicia.verea-feria@tetrattech.com

Tetra Tech | Water, Environment & Infrastructure Group
150 West Flagler Street | Suite 1625 | Miami, Florida 33130 | www.tetrattech.com

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Think about the environment before you print.



From: Isabel Dominguez [<mailto:isabeldominguez@keybiscayne.fl.gov>]

Sent: Tuesday, September 06, 2016 11:02 AM