

# FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM ELEVATION CERTIFICATE

O.M.B. No. 3067-0077  
Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.

**SECTION A - PROPERTY OWNER INFORMATION**

For Insurance Company Use:  
Policy Number  
Company NAIC Number

BUILDING OWNER'S NAME  
Cave Holdings

BUILDING STREET ADDRESS (Including Apt., Unk. Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.  
1012 Thomas Street

CITY STATE ZIP CODE  
Key West FL 33040

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)  
Residential

LATITUDE/LONGITUDE (OPTIONAL)  
(##° - ##' - ##.##" or ##.#####)

HORIZONTAL DATUM: SOURCE:  GPS (Type);  USGS Quad Map  Other:  
 NAD 1927  NAD 1983

## SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER  
City of Key West 120168

B2. COUNTY NAME  
Monroe

B3. STATE  
FL

B4. MAP AND PANEL NUMBER 1716	B5. SUFFIX H	B6. FIRM INDEX DATE 12-22-98	B7. FIRM PANEL EFFECTIVE/REVISED DATE 3-3-97	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 6
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
Designation Date:

## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

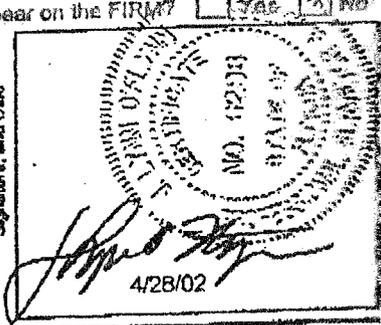
C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 5 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. 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 C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.

Datum Conversion/Comments  
Elevation reference mark used local Does the elevation reference mark used appear on the FIRM?  Yes  No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>7.7</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>16.4</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>NA</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>NA</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<u>NA</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<u>5.5</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<u>5.7</u> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>NA</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	<u>NA</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date  


## 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 in Sections A, B, and C 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.

LICENSE NUMBER 6298

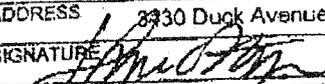
CERTIFIER'S NAME J. Lynn O'Flynn

TITLE Professional Land Surveyor

COMPANY NAME Norby & O'Flynn Surveying, Inc.

ADDRESS 2330 Duck Avenue

CITY Key West STATE FL ZIP CODE 33040

SIGNATURE  DATE 4/28/02 TELEPHONE (305)296-7422