

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

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

SECTION A - PROPERTY INFORMATION

FOR INSURANCE COMPANY USE

A1. Building Owner's Name City of Key West		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 701 Passover Ln., City Cemetery, Sexton's House		Company NAIC Number:
City Key West	State FL	ZIP Code 33040
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) RE #00020620-000000		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Non-Residential</u>		
A5. Latitude/Longitude: Lat. <u>N 24.5567</u> Long. <u>W-81.7965</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):		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>N/A</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>N/A</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>N/A</u> sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number 120168		B2. County Name Monroe		B3. State FL	
B4. Map/Panel Number 1516	B5. Suffix K	B6. FIRM Index Date 02/18/2005	B7. FIRM Panel Effective/Revised Date 02/18/2005	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 6
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					

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: Basic 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>7.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>02/18</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>02/18</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>7.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>5.23</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>6.54</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>6.18</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	License Number		
Title	Company Name		
Address	City	State	ZIP Code
Signature	Date	Telephone	



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. 701 Passover Ln.	Policy Number:
City Key West State FL ZIP Code 33040	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

Signature

Date

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 Pending	G5. Date Permit Issued Pending	G6. Date Certificate Of Compliance/Occupancy Issued N/A
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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: 7.0 feet meters Datum NGVD 1929
- G9. BFE or (in Zone AO) depth of flooding at the building site: 6.0 feet meters Datum NGVD 1929
- G10. Community's design flood elevation: 7.0 feet meters Datum NGVD 1929

Local Official's Name Scott G. Fraser

Title Floodplain Administrator

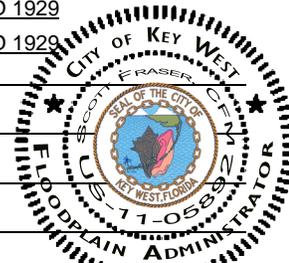
Community Name City of Key West, Florida

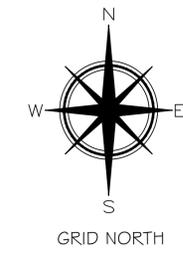
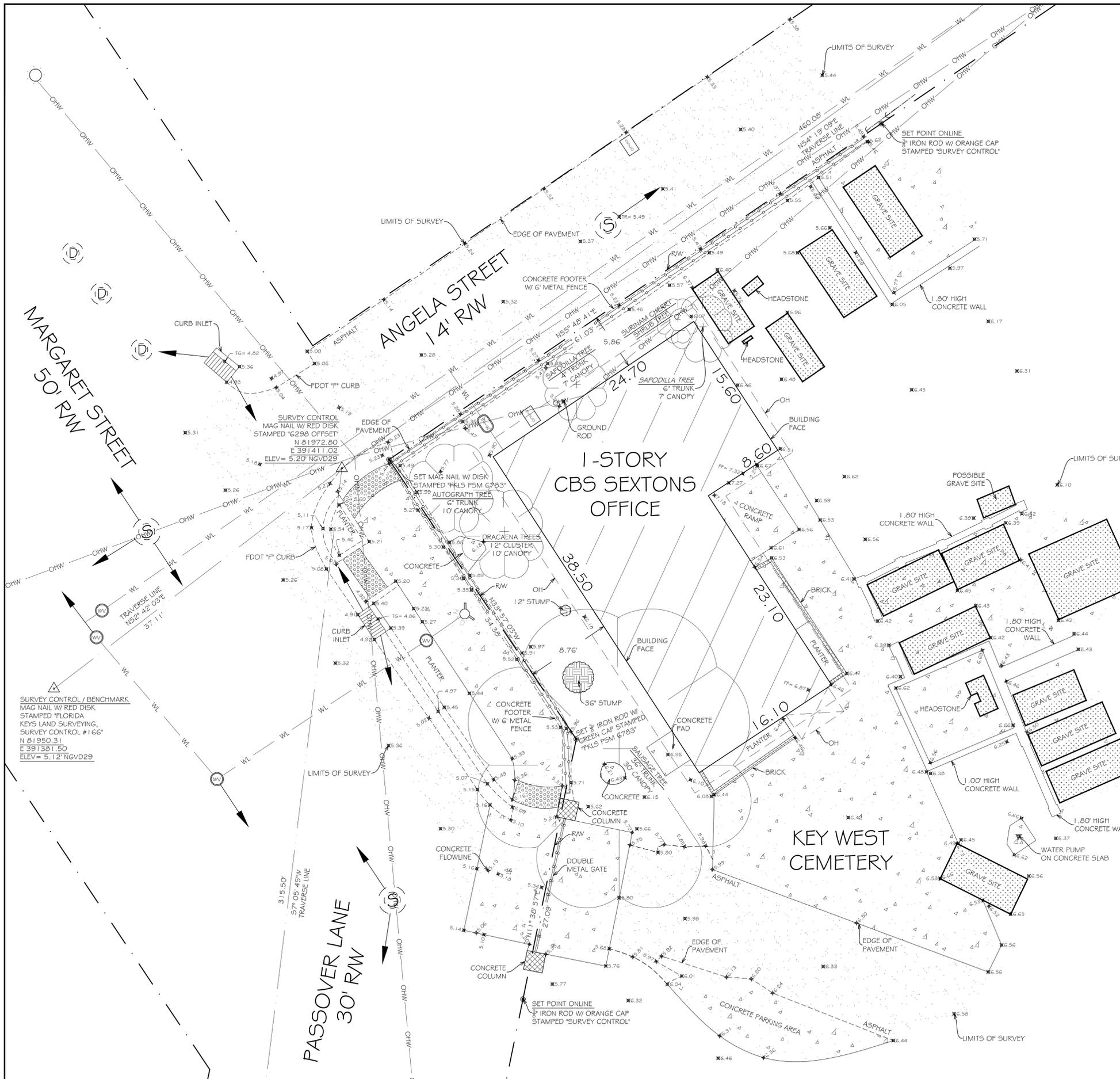
Telephone 305-809-3810

Signature

Date 05/13/2015

Comments Elevation measurements obtained from Specific Purpose Survey by Florida Keys Land Surveying dated 07/02/2012.

 Check here if attachments.



LOCATION MAP - NTS
SECTION 6-T685-R25E

SURVEY NOTES

BEARINGS SHOWN HEREON ARE REFERENCED TO GRID NORTH, BASED ON THE CURRENT ADJUSTMENT OF N.A.D.83/NRS2007, FLORIDA STATE PLANE COORDINATE SYSTEM, EAST ZONE (0901)

HORIZONTAL DATUM: N.A.D.83/NRS2007, FLORIDA STATE PLANE COORDINATE SYSTEM, EAST ZONE (0901)

VERTICAL DATUM: NGVD29. ALL ELEVATIONS ARE BASED ON THE VERTICAL POSITION OF N.G.S. MONUMENT PID: AAC007, HAVING A RECORDED ELEVATION OF 16.40' NGVD29

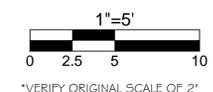
UNITS: U.S. SURVEY FEET

ALL FIELD DATA WAS ACQUIRED BETWEEN 6/19/2012 - 6/27/2012

SUNSHINE ONE CALL WAS CONTACTED TO HAVE ALL UNDERGROUND UTILITIES MARKED WITHIN PROJECT LIMITS. ALL PROVIDERS IN THE PROJECT AREA FIELD LOCATED THEIR UTILITIES WITHIN THE PROJECT LIMITS. NO INFORMATION IS KNOWN ABOUT UNDERGROUND UTILITIES. ONLY THE FIELD MARKINGS ARE SHOWN ON THIS SURVEY. SUNSHINE ONE CALL LOCATE TICKET NUMBER: 178202221

THIS IS NOT A BOUNDARY SURVEY, ALL BOUNDARY AND RIGHT OF WAY LINES SHOWN HEREON ARE FOR INFORMATIONAL PURPOSES ONLY, AND ARE A GRAPHICAL REPRESENTATION OF THE BOUNDARY BASED ON THE RECOVERY OF SUFFICIENT BOUNDARY MONUMENTATION TO SPATIALLY DEFINE THE LINES. NO ATTEMPT WAS MADE TO RESOLVE CONFLICTS BETWEEN THE RECOVERED BOUNDARY INFORMATION AND OCCUPATIONAL LINES.

ADDITIONS OR DELETIONS TO SURVEY MAP OR REPORT BY OTHER THAN THE SIGNING PARTY IS PROHIBITED WITHOUT WRITTEN CONSENT OF THE SIGNING PARTY.



ABBREVIATIONS SHOWN ON SURVEY

CBS = CONCRETE BLOCK & STUCCO
 NGVD = NATIONAL GEODETIC VERTICAL DATUM (1929)
 OH = ROOF OVERHANG LINE
 OHW = OVERHEAD WIRES
 RW = RIGHT OF WAY LINE
 WL = WATER LINE

SYMBOL LEGEND

- = SANITARY SEWER CLEANOUT
 - = WATER METER
 - = WATER VALVE
 - = STORM SEWER MAN HOLE
 - = SANITARY SEWER MAN HOLE
 - = CONCRETE POWER POLE
 - = WOOD POWER POLE
 - = FIRE HYDRANT
 - = GUY WIRE
 - = TREE
 - = SIGN
 - = TRAFFIC DELINEATOR
- *SYMBOLS ARE NOT TO SCALE

- = DETECTABLE SURFACE
- = ASPHALT
- = CONCRETE

SURVEYORS CERTIFICATION

I HEREBY CERTIFY THAT THIS SURVEY WAS MADE UNDER MY RESPONSIBLE CHARGE AND MEETS THE MINIMUM TECHNICAL STANDARDS AS SET FORTH IN CHAPTER 5J-17.05, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA STATUTES AND COMPLIES WITH CHAPTER 177, PART II FLORIDA STATUTES.

SIGNED _____
 ERIC A. ISAACS, PSM #6783, PROFESSIONAL SURVEYOR AND MAPPER, LEM 7847

FLORIDA KEYS LAND SURVEYING
 1996 OVERSEAS HIGHWAY
 SUGARLOAF KEY, FL 33042
 PHONE: (305) 394-3690
 FAX: (305) 309-7373
 EMAIL: FKLSe@mail@gmail.com

SPECIFIC PURPOSE SURVEY
 - OF EXISTING SEXTONS OFFICE AT KEY WEST CEMETERY -
 MARGARET STREET, PASSOVER LANE, AND ANGELA STREET
 KEY WEST, MONROE COUNTY, STATE OF FLORIDA

DATE: 7/02/2012	SURVEY BY: EAI	PROJECT: CKW P0#071921
ORDER:	DRAWN BY: EAI	H. SCALE: 1"=5'
BOOK:	CHECKED BY:	SHEET 1 OF 1