

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION

A. Building Owner's Name <u>Torres</u>		For Insurance Company Use:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>2500 Seidentberg Ave</u>		Policy Number
City <u>Key West</u> State <u>FL</u> ZIP Code <u>33040</u>		Company NAIC Number
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) RE: 00046330-000000		

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

A5. Latitude/Longitude: Lat. 24.5597 N Long. 81.7745 W 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 5

A8. For a building with a crawl space or enclosure(s), provide

a) Square footage of crawl space or enclosure(s)	<u>0</u> sq ft	A9. For a building with an attached garage, provide:
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade	<u>0</u>	a) Square footage of attached garage
c) Total net area of flood openings in A8.b	<u>0</u> sq in	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade
		c) Total net area of flood openings in A9.b

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <u>City of Key West 120168</u>		B2. County Name <u>Monroe</u>	B3. State <u>FL</u>
B4. Map/Panel Number <u>12087C 1517</u>	B5. Suffix <u>K</u>	B6. FIRM Index Date <u>2/18/05</u>	B7. FIRM Panel Effective/Revised Date <u>2/18/05</u>
B8. Flood Zone(s) <u>AE</u>		B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>7</u>	

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 (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____
Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date _____ 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-g below according to the building diagram specified in Item A7.
Benchmark Utilized local Vertical Datum 1929
Conversion/Comments _____

Check the measurement used.

a) Top of bottom floor (including basement, crawl space, or enclosure floor)	<u>8.4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	<u>NA</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment in Comments)	<u>8.2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	<u>4.7</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	<u>4.8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

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.

Certifier's Name <u>J. Lynn O'Flynn</u>	License Number <u>6298</u>
Title <u>Professional Surveyor & Mapper</u>	Company Name <u>J. Lynn O'Flynn, Inc.</u>
Address <u>3430 Duck Avenue</u>	City <u>Key West</u> State <u>FL</u> ZIP Code <u>33040</u>
Signature	Date <u>10/9/08</u> Telephone <u>(305) 296-7422</u>

