

33-5033-050-0010
B-2006-4845



VILLAGE OF PALMETTO BAY
9705 E. HIBISCUS STREET
PALMETTO BAY, FLORIDA 33157
(305) 259-1234 Fax: (305) 259-1290

REQUEST FOR PUBLIC RECORDS

Requests are filled in accordance with the provisions of Chapters 119 and 257, Florida Statutes.

DATE: 8-12-20

NAME: Guillermo Jimenez

COMPANY: _____

ADDRESS: _____

PHONE: 305-970-8555 FAX: _____

EMAIL: chicjim2003@bellsouth.net

REQUEST (Attach additional page, if necessary): Copies of the following documents:

*
via
phone
on 8-12-20

Copy of survey for
property address:
17080 SW 90th Ave.

FOR USE BY VILLAGE STAFF ONLY

TRACKING NO.: 2020-215

DATE FORWARDED: 8-12-20

ASSIGNED DEPT: Building

DATE REQUEST FILLED: 8/13/20

NUMBER OF COPIES: _____

ESTIMATED TIME (IF APPLICABLE): _____

ESTIMATED COST: _____

HOW WAS REQUEST FILLED? _____

IF NOT FILLED, REASON: _____

BY: [Signature]

B20064545 505033050010
ELEVATION CERTIFICATE

U.S. DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
National Flood Insurance Program

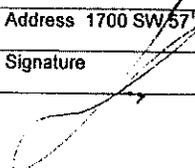
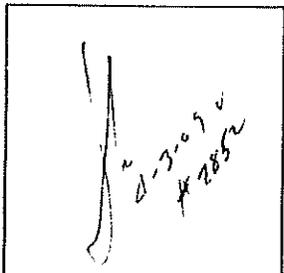
OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name MILIAN ORDER 3-09-62 A		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 17080 SW 90 AVE		Company NAIC Number
City PALMETTO BAY State FL ZIP Code 33157		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 1 BLOCK 1 PB 149 PG 63		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. 25° 36' 41.2" N Long. 80° 20' 19.0" W		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 1		
A8. For a building with a crawl space or enclosure(s), provide:		
a) Square footage of crawl space or enclosure(s)	N/A 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	N/A	a) Square footage of attached garage 430 sq ft
c) Total net area of flood openings in A8.b	N/A sq in	b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade 2
		c) Total net area of flood openings in A9.b 256 sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number PALMETTO BAY120687		B2. County Name MIAMI-DADE		B3. State FL	
B4. Map/Panel Number 12025C 269	B5. Suffix J	B6. FIRM Index Date 7-17-95	B7. FIRM Panel Effective/Revised Date 3-2-94	B8. Flood Zone(s) X	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) N/A
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 (Describe) N/A					
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 (Describe) N/A					
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 N/A <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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 MIAMI-DADE Vertical Datum NGVD 1929 Conversion/Comments N/A	
Check the measurement used.	
a) Top of bottom floor (including basement, crawl space, or enclosure floor),	18.71 <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
b) Top of the next higher floor	N/A <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
d) Attached garage (top of slab)	17.74 <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)	18.37 <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
f) Lowest adjacent (finished) grade (LAG)	17.5 <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG)	18.45 <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)

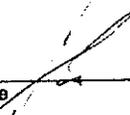
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.			
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.			
Certifier's Name JOSE A. PEREZ	License Number 2852		
Title SURVEYOR AND MAPPER	Company Name CONTINENTAL LAND SURVEYORS, INC		
Address 1700 SW 57TH AVE	City MIAMI	State FL	ZIP Code 33155
Signature 	Date 4-3-09	Telephone 305 262-1925	
			

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. 17080 SW 90 AVE	Policy Number
City PALMETTO BAY State FL ZIP Code 33157	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 SECTION C2.E) IS A/C EL 18.37, 18.57, BM USED MIAMI-DADE COUNTY D-270 EL 11.47 NGVD 1929, HIGHEST CROWN OF ROAD 16.90

Signature  # 2852

Date 4-3-09

Check here if attachments

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, crawl space, or enclosure) is _____ feet meters above or below the HAG.
- b) Top of bottom floor (including basement, crawl space, or enclosure) is _____ feet meters above or below the LAG.
- E2. For Building Diagrams 6-8 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 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, and G9.

1. 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.)
2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
3. The following information (Items G4.-G9.) 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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7. This permit has been issued for: New Construction Substantial Improvement
8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters (PR) Datum _____
9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters (PR) Datum _____

Local Official's Name _____ Title _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments