

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

| SECTION A – PROPERTY INFORMATION | | | | FOR INSURANCE COMPANY USE | |
|---|------------------------|---|--|--------------------------------|--|
| A1. Building Owner's Name BLUE PALMS HOLDINGS LP | | | | Policy Number: | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 16385 BISCAYNE BOULEVARD (SOUTH TOWER) | | | | Company NAIC Number: | |
| City NORTH MIAMI BEACH | | State FL | | ZIP Code 33160 | |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) FOLIO NO. 07-2216-042-0050 / 60 TRACTS E AND F OF NORTH MIAMI BEACH PLACE, PB 155 PG 86, MIAMI DADE COUNTY, FL | | | | | |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u> | | | | | |
| A5. Latitude/Longitude: Lat. <u>25°55'42.32"N</u> Long. <u>80°09'07.75"W</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>1A</u> | | | | | |
| A8. For a building with a crawlspace or enclosure(s): | | | | | |
| a) Square footage of crawlspace or enclosure(s) <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> | | | | | |
| c) Total net area of flood openings in A8.b <u>N/A</u> sq in | | | | | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| A9. For a building with an attached garage: | | | | | |
| a) Square footage of attached garage <u>N/A</u> sq ft | | | | | |
| 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 A9.b <u>N/A</u> sq in | | | | | |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | |
| B1. NFIP Community Name & Community Number City of North Miami Beach 120656 | | | B2. County Name Miami-Dade County | | B3. State Florida |
| B4. Map/Panel Number 12086C0142 | B5. Suffix L | B6. FIRM Index Date 9/11/2009 | B7. FIRM Panel Effective/ Revised Date 9/11/2009 | B8. Flood Zone(s) AE | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 8.0' |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B <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: <u>N/A</u> <input type="checkbox"/> CBRS <input type="checkbox"/> OPA | | | | | |

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expiration Date: November 30, 2018

| | | | |
|---|-------------|-------------------|----------------------------------|
| 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. 16385 BISCAYNE BOULEVARD | | | Policy Number: |
| City NORTH MIAMI BEACH | State FL | ZIP Code 33160 | Company NAIC Number |

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 |
|-------------------|------------------------|---|

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 (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

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.
16385 BISCAYNE BOULEVARD

Policy Number:

City
NORTH MIAMI BEACH

State
FL

ZIP Code
33160

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 SIDE – DATE TAKEN 06-14-2018



REAR VIEW – DATE TAKEN 06-14-2018

BUILDING PHOTOGRAPHS

OMB No. 1660-0008
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ELEVATION CERTIFICATE

Continuation Page

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.
16385 BISCAYNE BOULEVARD

Policy Number:

City
NORTH MIAMI BEACH

State
FL

ZIP Code
33160

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.



SIDE VIEW – DATE TAKEN: 06-14-2018



SIDE VIEW – DATE TAKEN: 06-14-2018