

## MIAMI BEACH

PLANNING DEPARTMENT, 1700 CONVENTION CENTER DRIVE, 2<sup>ND</sup> FLOOR  
MIAMI BEACH, FLORIDA 33139, WWW.MIAMI BEACHFL.GOV  
305-673-7550

### LAND USE BOARD HEARING APPLICATION

THE FOLLOWING APPLICATION IS SUBMITTED FOR REVIEW AND CONSIDERATION OF THE PROJECT DESCRIBED HEREIN BY THE LAND USE BOARD SELECTED BELOW. A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH BOARD REVIEWING THE PROPOSED PROJECT.

☐ BOARD OF ADJUSTMENT

- ☐ VARIANCE FROM A PROVISION OF THE LAND DEVELOPMENT REGULATIONS
- ☐ APPEAL OF AN ADMINISTRATIVE DECISION

☐ DESIGN REVIEW BOARD

- ☐ DESIGN REVIEW APPROVAL
- ☐ VARIANCE RELATED TO PROJECT BEING CONSIDERED OR APPROVED BY DRB.

☒ HISTORIC PRESERVATION BOARD

- ☐ CERTIFICATE OF APPROPRIATENESS FOR DESIGN
- ☐ CERTIFICATE OF APPROPRIATENESS TO DEMOLISH A STRUCTURE
- ☐ HISTORIC DISTRICT / SITE DESIGNATION
- ☐ VARIANCE RELATED TO PROJECT BEING CONSIDERED OR APPROVED BY HPB.

☐ PLANNING BOARD

- ☐ CONDITIONAL USE PERMIT
- ☐ LOT SPLIT APPROVAL
- ☐ AMENDMENT TO THE LAND DEVELOPMENT REGULATIONS OR ZONING MAP
- ☐ AMENDMENT TO THE COMPREHENSIVE PLAN OR FUTURE LAND USE MAP

☐ FLOOD PLAIN MANAGEMENT BOARD

☐ FLOOD PLAIN WAIVER

☐ OTHER \_\_\_\_\_

SUBJECT PROPERTY ADDRESS: 1409-1413 WASHINGTON AVENUE

LEGAL DESCRIPTION: PLEASE ATTACH LEGAL DESCRIPTION AS "EXHIBIT A"

FOLIO NUMBER (S) 02-3234-008-0820 & 02-3234-008-0830

1. APPLICANT: ☒ OWNER OF THE SUBJECT PROPERTY ☐ TENANT ☐ ARCHITECT ☐ LANDSCAPE ARCHITECT  
☐ ENGINEER ☐ CONTRACTOR ☐ OTHER \_\_\_\_\_

NAME ACASTOR MIAMI LLC  
 ADDRESS 1414 COLLINS AVE, N. BEACH FL 33139  
 BUSINESS PHONE \_\_\_\_\_ CELL PHONE 305-494-0230  
 E-MAIL ADDRESS JPDONOFRIO@NASSAUSUITE.COM

OWNER IF DIFFERENT THAN APPLICANT:

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_

2. AUTHORIZED REPRESENTATIVE(S):

☐ ATTORNEY:

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_

☐ AGENT:

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_

☒ CONTACT:

NAME JUAN PABLO DONOFRIO  
 ADDRESS 1414 COLLINS AVE - MIAMI BEACH  
 BUSINESS PHONE 305-532-0043 CELL PHONE 305-494-0230  
 E-MAIL ADDRESS JPDONOFRIO@NASSAUSUITE.COM

3. PARTY RESPONSIBLE FOR PROJECT DESIGN:

☒ ARCHITECT ☐ LANDSCAPE ARCHITECT ☐ ENGINEER ☐ CONTRACTOR ☐ OTHER: \_\_\_\_\_

NAME DNA DESIGN & ARCHITECTURE  
 ADDRESS 7636 NE 4TH COURT #114  
 BUSINESS PHONE 305 350 2993 CELL PHONE 305 527 3098  
 E-MAIL ADDRESS JBERGIER@DNA-ARC.COM

FILE NO. \_\_\_\_\_



4. SUMMARY OF APPLICATION – PROVIDE BRIEF SCOPE OF PROJECT:

PARTIAL DEMOLITION OF TWO EXISTING RETAIL & CONDO BUILDINGS TO  
DEVELOP A 50 ROOM HOTEL, 130 SEAT RESTAURANT, 32 MECHANICAL  
PARKING SPACES, AND A ROOF TERRACE WITH LAP SWIMMING POOL.

- 4A. IS THERE AN EXISTING BUILDING(S) ON THE SITE ☒ YES ☐ NO
- 4B. DOES THE PROJECT INCLUDE INTERIOR OR EXTERIOR DEMOLITION ☒ YES ☐ NO
- 4C. PROVIDE THE TOTAL FLOOR AREA OF THE NEW BUILDING (IF APPLICABLE) \_\_\_\_\_ SQ. FT.
- 4D. PROVIDE THE TOTAL GROSS FLOOR AREA OF THE NEW BUILDING (INCLUDING REQUIRED PARKING AND ALL USEABLE FLOOR SPACE). \_\_\_\_\_ SQ. FT.

5. APPLICATION FEE (TO BE COMPLETED BY PLANNING STAFF) \$ \_\_\_\_\_

- A SEPARATE DISCLOSURE OF INTEREST FORM MUST BE SUBMITTED WITH THIS APPLICATION IF THE APPLICANT OR OWNER IS A CORPORATION, PARTNERSHIP, LIMITED PARTNERSHIP OR TRUSTEE.
- ALL APPLICABLE AFFIDAVITS MUST BE COMPLETED AND THE PROPERTY OWNER MUST COMPLETE AND SIGN THE "POWER OF ATTORNEY" PORTION OF THE AFFIDAVIT IF THEY WILL NOT BE PRESENT AT THE HEARING, OR IF OTHER PERSONS ARE SPEAKING ON THEIR BEHALF.
- TO REQUEST THIS MATERIAL IN ALTERNATE FORMAT, SIGN LANGUAGE INTERPRETER (FIVE-DAY NOTICE IS REQUIRED), INFORMATION ON ACCESS FOR PERSONS WITH DISABILITIES, AND ACCOMMODATION TO REVIEW ANY DOCUMENT OR PARTICIPATE IN ANY CITY-SPONSORED PROCEEDINGS, CALL 305.604.2489 AND SELECT (1) FOR ENGLISH OR (2) FOR SPANISH, THEN OPTION 6; TTY USERS MAY CALL VIA 711 (FLORIDA RELAY SERVICE).

PLEASE READ THE FOLLOWING AND ACKNOWLEDGE BELOW:

- APPLICATIONS FOR ANY BOARD HEARING(S) WILL NOT BE ACCEPTED WITHOUT PAYMENT OF THE REQUIRED FEE. ALL CHECKS ARE TO BE MADE PAYABLE TO THE "CITY OF MIAMI BEACH".
- PUBLIC RECORDS NOTICE – ALL DOCUMENTATION, SUBMITTED FOR THIS APPLICATION IS CONSIDERED A PUBLIC RECORD SUBJECT TO CHAPTER 119 OF THE FLORIDA STATUTES AND SHALL BE DISCLOSED UPON REQUEST.
- IN ACCORDANCE WITH THE REQUIREMENTS OF SECTION 2-482 OF THE CODE OF THE CITY OF MIAMI BEACH, ANY INDIVIDUAL OR GROUP THAT WILL BE COMPENSATED TO SPEAK OR REFRAIN FROM SPEAKING IN FAVOR OR AGAINST A PROJECT BEING PRESENTED BEFORE ANY OF THE CITY'S LAND USE BOARDS, SHALL FULLY DISCLOSE, PRIOR TO THE PUBLIC HEARING, THAT THEY HAVE BEEN, OR WILL BE COMPENSATED. SUCH PARTIES INCLUDE: ARCHITECTS, LANDSCAPE ARCHITECTS, ENGINEERS, CONTRACTORS, OR OTHER PERSONS RESPONSIBLE FOR PROJECT DESIGN, AS WELL AS AUTHORIZED REPRESENTATIVES ATTORNEYS OR AGENTS AND CONTACT PERSONS WHO ARE REPRESENTING OR APPEARING ON BEHALF OF A THIRD PARTY; SUCH INDIVIDUALS MUST REGISTER WITH THE CITY CLERK PRIOR TO THE HEARING.

FILE NO. \_\_\_\_\_

- IN ACCORDANCE WITH SEC.118-31. - DISCLOSURE REQUIREMENT. EACH PERSON OR ENTITY REQUESTING APPROVAL, RELIEF OR OTHER ACTION FROM THE PLANNING BOARD, DESIGN REVIEW BOARD, HISTORIC PRESERVATION BOARD (INCLUDING THE JOINT DESIGN REVIEW BOARD/HISTORIC PRESERVATION BOARD), OR THE BOARD OF ADJUSTMENT SHALL DISCLOSE, AT THE COMMENCEMENT (OR CONTINUANCE) OF THE PUBLIC HEARING(S), ANY CONSIDERATION PROVIDED OR COMMITTED, DIRECTLY OR ON ITS BEHALF, FOR AN AGREEMENT TO SUPPORT OR WITHHOLD OBJECTION TO THE REQUESTED APPROVAL, RELIEF OR ACTION, EXCLUDING FROM THIS REQUIREMENT CONSIDERATION FOR LEGAL OR DESIGN PROFESSIONAL SERVICES RENDERED OR TO BE RENDERED. THE DISCLOSURE SHALL: (i) BE IN WRITING, (ii) INDICATE TO WHOM THE CONSIDERATION HAS BEEN PROVIDED OR COMMITTED, (iii) GENERALLY DESCRIBE THE NATURE OF THE CONSIDERATION, AND (iv) BE READ INTO THE RECORD BY THE REQUESTING PERSON OR ENTITY PRIOR TO SUBMISSION TO THE SECRETARY/CLERK OF THE RESPECTIVE BOARD. UPON DETERMINATION BY THE APPLICABLE BOARD THAT THE FOREGOING DISCLOSURE REQUIREMENT WAS NOT TIMELY SATISFIED BY THE PERSON OR ENTITY REQUESTING APPROVAL, RELIEF OR OTHER ACTION AS PROVIDED ABOVE, THEN (i) THE APPLICATION OR ORDER, AS APPLICABLE, SHALL IMMEDIATELY BE DEEMED NULL AND VOID WITHOUT FURTHER FORCE OR EFFECT, AND (ii) NO APPLICATION FROM SAID PERSON OR ENTITY FOR THE SUBJECT PROPERTY SHALL BE REVIEWED OR CONSIDERED BY THE APPLICABLE BOARD(S) UNTIL EXPIRATION OF A PERIOD OF ONE YEAR AFTER THE NULLIFICATION OF THE APPLICATION OR ORDER. IT SHALL BE UNLAWFUL TO EMPLOY ANY DEVICE, SCHEME OR ARTIFICE TO CIRCUMVENT THE DISCLOSURE REQUIREMENTS OF THIS SECTION AND SUCH CIRCUMVENTION SHALL BE DEEMED A VIOLATION OF THE DISCLOSURE REQUIREMENTS OF THIS SECTION.
- WHEN THE APPLICABLE BOARD REACHES A DECISION A FINAL ORDER WILL BE ISSUED STATING THE BOARD'S DECISION AND ANY CONDITIONS IMPOSED THEREIN. THE FINAL ORDER WILL BE RECORDED WITH THE MIAMI-DADE CLERK OF COURTS. THE ORIGINAL BOARD ORDER SHALL REMAIN ON FILE WITH THE CITY OF MIAMI BEACH PLANNING DEPARTMENT. UNDER NO CIRCUMSTANCES WILL A BUILDING PERMIT BE ISSUED BY THE CITY OF MIAMI BEACH WITHOUT A COPY OF THE RECORDED FINAL ORDER BEING INCLUDED AND MADE A PART OF THE PLANS SUBMITTED FOR A BUILDING PERMIT.

THE AFOREMENTIONED IS ACKNOWLEDGED BY: ☐ OWNER OF THE SUBJECT PROPERTY  
☒ AUTHORIZED REPRESENTATIVE

SIGNATURE: \_\_\_\_\_

PRINT NAME: JUAN PABLO DONORIO

FILE NO. \_\_\_\_\_



OWNER AFFIDAVIT FOR INDIVIDUAL OWNER

STATE OF  
COUNTY OF

I, \_\_\_\_\_, being first duly sworn, depose and certify as follows: (1) I am the owner of the property that is the subject of this application. (2) This application and all information submitted in support of this application, including sketches, data, and other supplementary materials, are true and correct to the best of my knowledge and belief. (3) I acknowledge and agree that, before this application may be publicly noticed and heard by a land development board, the application must be complete and all information submitted in support thereof must be accurate. (4) I also hereby authorize the City of Miami Beach to enter my property for the sole purpose of posting a Notice of Public Hearing on my property, as required by law. (5) I am responsible for removing this notice after the date of the hearing.

\_\_\_\_\_  
SIGNATURE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. The foregoing instrument was acknowledged before me by \_\_\_\_\_, who has produced \_\_\_\_\_ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_  
PRINT NAME

ALTERNATE OWNER AFFIDAVIT FOR  
CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY

(Circle one)

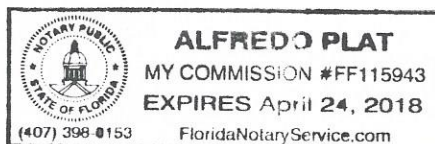
STATE OF  
COUNTY OF

I, JOAN P. D'ONOFRIO, being duly sworn, depose and certify as follows: (1) I am the MANAGING DIRECTOR (print title) of ACASTAR MIAMI LLC (print name of corporate entity). (2) I am authorized to file this application on behalf of such entity. (3) This application and all information submitted in support of this application, including sketches, data, and other supplementary materials, are true and correct to the best of my knowledge and belief. (4) The corporate entity named herein is the owner or tenant of the property that is the subject of this application. (5) I acknowledge and agree that, before this application may be publicly noticed and heard by a land development board, the application must be complete and all information submitted in support thereof must be accurate. (6) I also hereby authorize the City of Miami Beach to enter the subject property for the sole purpose of posting a Notice of Public Hearing on the property, as required by law. (7) I am responsible for removing this notice after the date of the hearing.

\_\_\_\_\_  
SIGNATURE

Sworn to and subscribed before me this 20 day of SEPTEMBER, 2017. The foregoing instrument was acknowledged before me by JOAN PABLO D'ONOFRIO, MANAGING DIRECTOR of ACASTAR MIAMI LLC, on behalf of such entity, who has produced \_\_\_\_\_ as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP:



My Commission Expires:

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
PRINT NAME

FILE NO. \_\_\_\_\_

POWER OF ATTORNEY AFFIDAVIT

STATE OF  
COUNTY OF

I, \_\_\_\_\_, being duly sworn and deposed, certify as follows: (1) I am the owner or representative of the owner of the real property that is the subject of this application. (2) I hereby authorize \_\_\_\_\_ to be my representative before the \_\_\_\_\_ Board. (3) I also hereby authorize the City of Miami Beach to enter the subject property for the sole purpose of posting a Notice of Public Hearing on the property, as required by law. (4) I am responsible for removing this notice after the date of the hearing.

\_\_\_\_\_  
PRINT NAME (and Title, if applicable)

\_\_\_\_\_  
SIGNATURE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. The foregoing instrument was acknowledged before me by \_\_\_\_\_ of \_\_\_\_\_ who has produced as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires

\_\_\_\_\_  
PRINT NAME

CONTRACT FOR PURCHASE

If the applicant is not the owner of the property, but the applicant is a party to a contract to purchase the property, whether or not such contract is contingent on this application, the applicant shall list the names of the contract purchasers below, including any and all principal officers, stockholders, beneficiaries, or partners. If any of the contract purchasers are corporations, partnerships, limited liability companies, trusts, or other corporate entities, the applicant shall further disclose the identity of the individual(s) (natural persons) having the ultimate ownership interest in the entity. If any contingency clause or contract terms involve additional individuals, corporations, partnerships, limited liability companies, trusts, or other corporate entities, list all individuals and/or corporate entities.\*

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE OF CONTRACT

\_\_\_\_\_  
NAME, ADDRESS, AND OFFICE

\_\_\_\_\_  
% OF STOCK

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of any changes of ownership or changes in contracts for purchase, subsequent to the date that this application is filed, but prior to the date of a final public hearing, the applicant shall file a supplemental disclosure of interest.

FILE NO. \_\_\_\_\_



CITY OF MIAMI BEACH  
DEVELOPMENT REVIEW BOARD APPLICATION

DISCLOSURE OF INTEREST

1. CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY

If the property that is the subject of the application is owned or leased by a corporation, partnership, or limited liability company, list ALL of the owners, shareholders, partners, managers, and/or members, and the percentage of ownership held by each. If the owners consist of one or more corporations, partnerships, trusts, partnerships, or other corporate entities, the applicant shall further disclose the identity of the individual(s) (natural persons) having the ultimate ownership interest in the entity.\*

ACASTAR MIAMI LLC

NAME OF CORPORATE ENTITY

NAME AND ADDRESS

GENARO ENRIQUE GALLO

% OF OWNERSHIP

100%

NAME OF CORPORATE ENTITY

NAME AND ADDRESS

% OF OWNERSHIP

IF THERE ARE ADDITIONAL CORPORATE OWNERS, LIST ALL SUCH OWNERS, INCLUDING CORPORATE NAMES AND THE NAME, ADDRESS, AND PERCENTAGE OF OWNERSHIP OF EACH ADDITIONAL OWNER, ON A SEPARATE PAGE.

*NOTE: Notarized signature required on page 9*

FILE NO. \_\_\_\_\_

CITY OF MIAMI BEACH  
DEVELOPMENT REVIEW BOARD APPLICATION  
DISCLOSURE OF INTEREST

**2. TRUSTEE**

If the property that is the subject of this application is owned or leased by a trust, list any and all trustees and beneficiaries of the trust, and the percentage of interest held by each. If the owners consist of one or more corporations, partnerships, trusts, partnerships, or other corporate entities, the applicant shall further disclose the identity of the individual(s) (natural persons) having the ultimate ownership interest in the entity.\*

TRUST NAME

NAME AND ADDRESS

% INTEREST

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*NOTE: Notarized signature required on page 9*

FILE NO. \_\_\_\_\_



### 3. COMPENSATED LOBBYIST:

Pursuant to Section 2-482 of the Miami Beach City Code, all lobbyists shall, before engaging in any lobbying activities, register with the City Clerk. Please list below any and all persons or entities retained by the applicant to lobby City staff or any of the City's land development boards in support of this application.

	NAME	ADDRESS	PHONE #
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

Additional names can be placed on a separate page attached to this form.

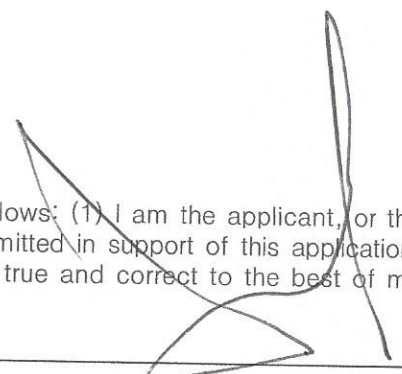
\*Disclosure shall not be required of any entity, the equity interests in which are regularly traded on an established securities market in the United States or other country, or of any entity, the ownership interests of which are held in a limited partnership or other entity, consisting of more than 5,000 separate interests, where no one person or entity holds more than a total of 5% of the ownership interests in the entity.

APPLICANT HEREBY ACKNOWLEDGES AND AGREES THAT (1) ANY APPROVAL GRANTED BY A LAND DEVELOPMENT BOARD OF THE CITY SHALL BE SUBJECT TO ANY AND ALL CONDITIONS IMPOSED BY SUCH BOARD AND BY ANY OTHER BOARD HAVING JURISDICTION, AND (2) APPLICANT'S PROJECT SHALL COMPLY WITH THE CODE OF THE CITY OF MIAMI BEACH AND ALL OTHER APPLICABLE CITY, STATE, AND FEDERAL LAWS.

### APPLICANT AFFIDAVIT

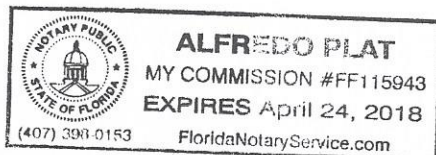
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, Juan P. Donato, being first duly sworn, depose and certify as follows: (1) I am the applicant, or the representative of the applicant. (2) This application and all information submitted in support of this application, including disclosures, sketches, data, and other supplementary materials, are true and correct to the best of my knowledge and belief.

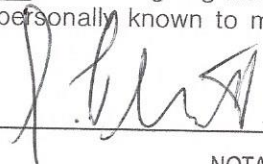
  
SIGNATURE

Sworn to and subscribed before me this 20 day of SEPTEMBER, 2017. The foregoing instrument was acknowledged before me by, who has produced as identification and/or is personally known to me and who did/did not take an oath.

NOTARY SEAL OR STAMP



My Commission Expires:

  
NOTARY PUBLIC  
PRINT NAME \_\_\_\_\_

FILE NO. \_\_\_\_\_



## IMPORTANT MESSAGE

When buying real estate property, you should not assume that property taxes will remain the same. Whenever there is a change in ownership, the assessed value of the property may reset to full market value, which could result in higher property taxes. Please use our Tax Estimator to approximate your new property taxes.

The Property Appraiser does not send tax bills and does not set or collect taxes. Please visit the Tax Collector's website directly for additional information.

Address    Owner Name    Folio

## SEARCH:

1409 washington ave

Suite



### PROPERTY INFORMATION

Folio: 02-3234-008-0820

Sub-Division:  
OCEAN BEACH ADDN NO 2

Property Address  
1409 WASHINGTON AVE  
Miami Beach, FL 33139-4109  
1411 WASHINGTON AVE

Owner  
ACASTAR MIAMI LLC

Mailing Address  
2450 NE MIAMI GARDENS DR 2 FL  
MIAMI, FL 33180

PA Primary Zone  
6400 COMMERCIAL - CENTRAL

Primary Land Use  
1209 MIXED USE-STORE/RESIDENTIAL : MIXED USE - RESIDENTIAL

Beds / Baths / Half    12 / 12 / 0

Floors    3

Living Units    12

Actual Area

Living Area

Adjusted Area    10,705 Sq.Ft

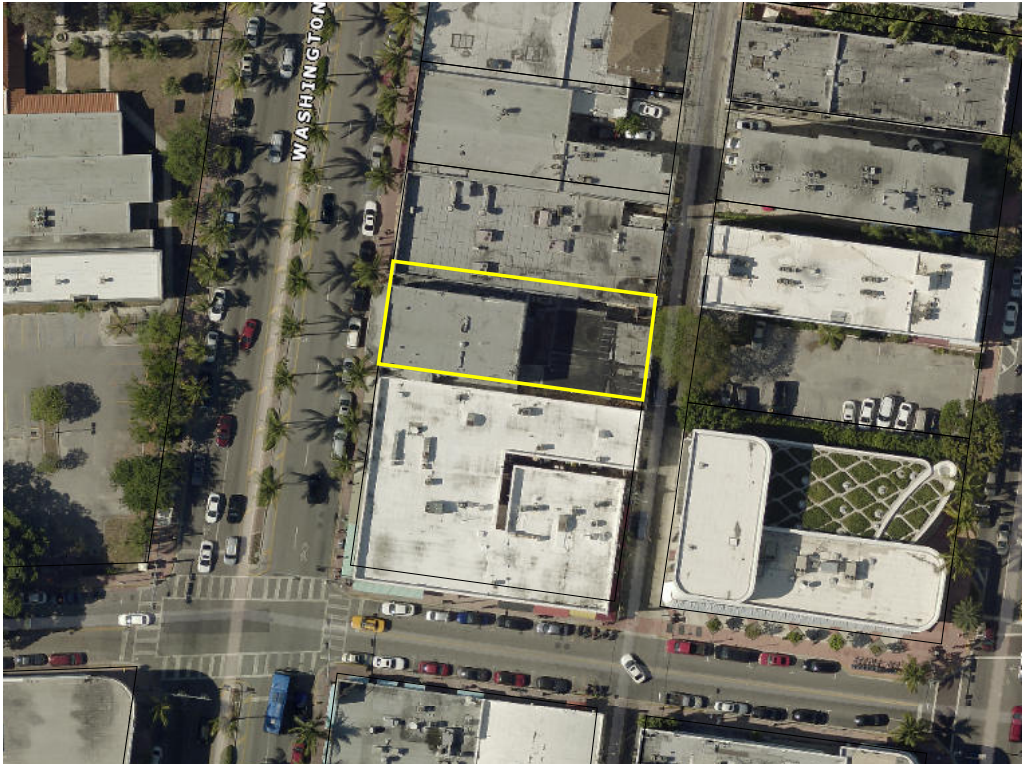

Lot Size    6,500 Sq.Ft

Year Built    1935



Map View ▼

Layers ▼


 2015 Aerial Photography  60ft

**Featured Online Tools**

[Comparable Sales](#)  
[Non-Ad Valorem Assessments](#)  
[Property Record Cards](#)  
[Property Taxes](#)  
[Report Homestead Fraud](#)  
[Tax Estimator](#)  
[Value Adjustment Board](#)

[Glossary](#)  
[PA Additional Online Tools](#)  
[Property Search Help](#)  
[Report Discrepancies](#)  
[Tax Comparison](#)  
[TRIM Notice](#)

**ASSESSMENT INFORMATION**

Year	2017	2016	2015
Land Value	\$2,600,000	\$2,600,000	\$2,275,000
Building Value	\$1,100,000	\$900,000	\$723,227
Extra Feature Value	\$0	\$0	\$10,500
Market Value	\$3,700,000	\$3,500,000	\$3,008,727
Assessed Value	\$3,700,000	\$3,500,000	\$2,671,143

**TAXABLE VALUE INFORMATION**

	2017	2016	2015
<b>COUNTY</b>			
Exemption Value	\$0	\$0	\$0
Taxable Value	\$3,700,000	\$3,500,000	\$2,671,143
<b>SCHOOL BOARD</b>			
Exemption Value	\$0	\$0	\$0
Taxable Value	\$3,700,000	\$3,500,000	\$3,008,727
<b>CITY</b>			
Exemption Value	\$0	\$0	\$0
Taxable Value	\$3,700,000	\$3,500,000	\$2,671,143
<b>REGIONAL</b>			



Exemption Value	\$0	\$0	\$0
Taxable Value	\$3,700,000	\$3,500,000	\$2,671,143

BENEFITS INFORMATION				
Benefit	Type	2017	2016	2015
Non-Homestead Cap	Assessment Reduction			\$337,584
Note: Not all benefits are applicable to all Taxable Values (i.e. County, School Board, City, Regional).				

FULL LEGAL DESCRIPTION	
OCEAN BEACH ADDN NO 2 PB 2-56	
LOT 12 BLK 26	
LOT SIZE 50.000 X 130	
COC 25483-4922 03 2007 1	

SALES INFORMATION				
Previous Sale	Price	OR Book-Page	Qualification Description	Previous Owner 1
05/26/2015	\$4,480,000	29648-2929	Qual by exam of deed	1409 WASHINGTON WILMSLOW LLC
03/01/2007	\$3,850,000	25483-4922	Sales which are qualified	
08/01/1997	\$850,000	17747-2953	Other disqualified	
11/01/1992	\$710,000	15726-0868	Sales which are qualified	
06/01/1989	\$450,000	14162-1697	Sales which are qualified	
11/01/1977	\$229,000	09855-0434	Sales which are qualified	
For more information about the Department of Revenue's Sales Qualification Codes.				

2017	2016	2015
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LAND INFORMATION				
The calculated values for this property have been overridden. Please refer to the Land, Building, and XF Values in the Assessment Section, in order to obtain the most accurate values.				
Land Use	Muni Zone	PA Zone	Unit Type	Units
GENERAL	CD-2	6400 - COMMERCIAL - CENTRAL	Square Ft.	6,500.00

BUILDING INFORMATION						
The calculated values for this property have been overridden. Please refer to the Land, Building, and XF Values in the Assessment Section, in order to obtain the most accurate values.						
Building Number	Sub Area	Year Built	Actual Sq.Ft.	Living Sq.Ft.	Adj Sq.Ft.	Calc Value
1	1	1935			3,308	
1	2	1935			5,360	
1	3	1978			2,037	

EXTRA FEATURES			
The calculated values for this property have been overridden. Please refer to the Land, Building, and XF Values in the Assessment Section, in order to obtain the most accurate values.			
Description	Year Built	Units	Calc Value
Cent A/C - Comm (Aprox 300 sqft/Ton)	1970	10	

ADDITIONAL INFORMATION	
* The information listed below is not derived from the Property Appraiser's Office records. It is provided for convenience and is derived from other government agencies.	



The Property Appraiser does not send tax bills and does not set or collect taxes. Please visit the Tax Collector's website directly for additional information.

Address	Owner Name	Folio
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**SEARCH:**

1413 washington ave Suite

## PROPERTY INFORMATION

Folio: 02-3234-008-0830

Sub-Division:  
OCEAN BEACH ADDN NO 2

Property Address  
1413 WASHINGTON AVE  
Miami Beach, FL 33139-4109

Owner  
ACASTAR MIAMI LLC

**Mailing Address**  
1414 COLLINS AVE  
MIAMI, FL 33139

PA Primary Zone  
6400 COMMERCIAL - CENTRAL

Primary Land Use  
2111 RESTAURANT OR CAFETERIA : RETAIL OUTLET

Beds / Baths / Half 0 / 0 / 0

Floors	1
--------	---

Living Units	0
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Actual Area

### Living Area

Adjusted Area 5,963 Sq.Ft

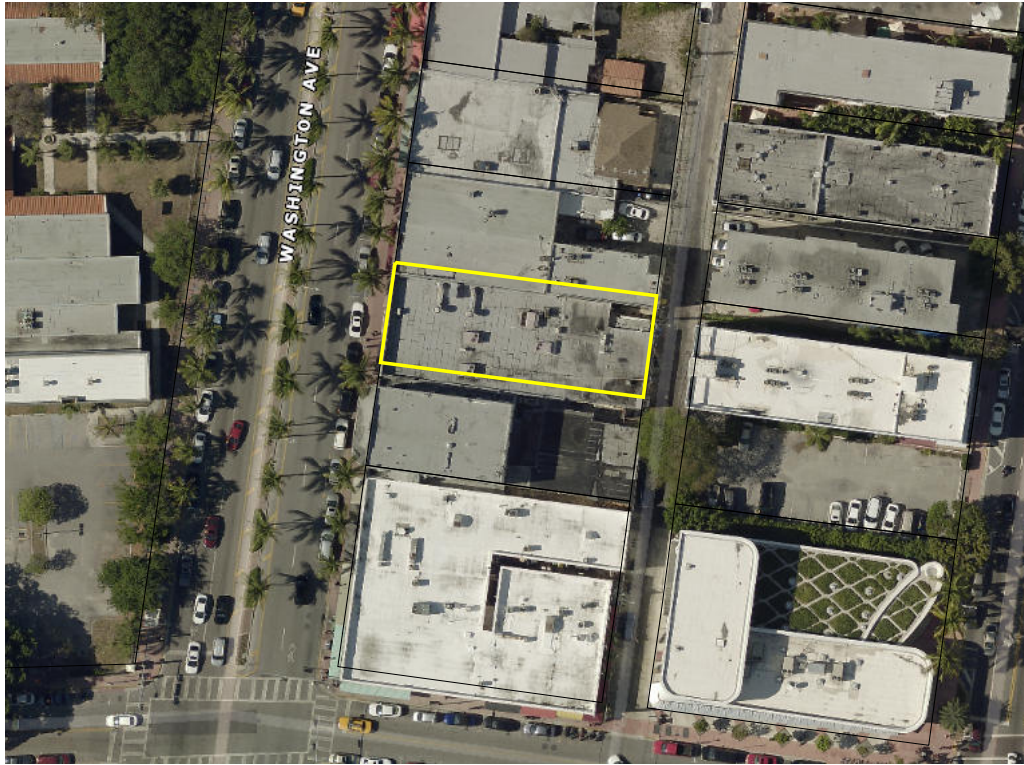
Lot Size	6,500 Sq.Ft
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Year Built	1936
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Map View ▼

Layers ▼



2015 Aerial Photography 60ft

#### Featured Online Tools

[Comparable Sales](#)  
[Non-Ad Valorem Assessments](#)  
[Property Record Cards](#)  
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[Report Homestead Fraud](#)  
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[Glossary](#)  
[PA Additional Online Tools](#)  
[Property Search Help](#)  
[Report Discrepancies](#)  
[Tax Comparison](#)  
[TRIM Notice](#)

### ASSESSMENT INFORMATION

Year	2017	2016	2015
Land Value	\$2,600,000	\$2,600,000	\$2,275,000
Building Value	\$1,300,000	\$1,000,000	\$316,563
Extra Feature Value	\$0	\$0	\$24,434
Market Value	\$3,900,000	\$3,600,000	\$2,615,997
Assessed Value	\$3,900,000	\$3,600,000	\$2,060,668

### TAXABLE VALUE INFORMATION

	2017	2016	2015
<b>COUNTY</b>			
Exemption Value	\$0	\$0	\$0
Taxable Value	\$3,900,000	\$3,600,000	\$2,060,668
<b>SCHOOL BOARD</b>			
Exemption Value	\$0	\$0	\$0
Taxable Value	\$3,900,000	\$3,600,000	\$2,615,997
<b>CITY</b>			
Exemption Value	\$0	\$0	\$0
Taxable Value	\$3,900,000	\$3,600,000	\$2,060,668
<b>REGIONAL</b>			



Exemption Value	\$0	\$0	\$0
Taxable Value	\$3,900,000	\$3,600,000	\$2,060,668

## BENEFITS INFORMATION

Benefit	Type	2017	2016	2015
Non-Homestead Cap	Assessment Reduction			\$555,329

Note: Not all benefits are applicable to all Taxable Values (i.e. County, School Board, City, Regional).

## FULL LEGAL DESCRIPTION

3 54 42 34 53 42

OCEAN BEACH ADD NO 2 PB 2-56

LOT 13 BLK 26

LOT SIZE 50.000 X 130

OR 17396-0724 0996 1

COC 26046-3293 11 2007 1

## SALES INFORMATION

Previous Sale	Price	OR Book-Page	Qualification Description	Previous Owner 1
06/22/2017	\$4,250,000	30604-2419	Qual by exam of deed	1413 WASHSTAR LLC
09/16/2015	\$4,650,000	29784-0627	Qual by exam of deed	AMSTERDAM VENTURES LLC
11/01/2007	\$3,300,000	26046-3293	Sales which are qualified	
11/01/2003	\$2,150,000	21847-0973	Other disqualified	
09/01/1996	\$710,000	17396-0724	Sales which are qualified	
09/01/1996	\$0	00000-00000	Sales which are disqualified as a result of examination of the deed	
05/01/1995	\$0	16804-4208	Sales which are disqualified as a result of examination of the deed	
04/01/1994	\$0	16544-3577	Sales which are disqualified as a result of examination of the deed	
07/01/1989	\$0	14189-2078	Sales which are disqualified as a result of examination of the deed	

For more information about the Department of Revenue's Sales Qualification Codes.

2017 2016 2015

## LAND INFORMATION

The calculated values for this property have been overridden. Please refer to the Land, Building, and XF Values in the Assessment Section, in order to obtain the most accurate values.

Land Use	Muni Zone	PA Zone	Unit Type	Units	Calc Value
GENERAL	CD-2	6400 - COMMERCIAL - CENTRAL	Square Ft.	6,500.00	

## BUILDING INFORMATION

The calculated values for this property have been overridden. Please refer to the Land, Building, and XF Values in the Assessment Section, in order to obtain the most accurate values.

Building Number	Sub Area	Year Built	Actual Sq.Ft.	Living Sq.Ft.	Adj Sq.Ft.	Calc Value
1	1	1936			4,074	
1	2	1981			1,699	
1	3	2001			190	

## EXTRA FEATURES

The calculated values for this property have been overridden. Please refer to the Land, Building, and XF Values in the Assessment Section, in order to obtain the most accurate values.

Description	Year Built	Units	Calc Value
Cent A/C - Comm (Aprox 300 sqft/Ton)	2001	10	
Cooler Room - Refridgeration (200 sqft/Ton)	2001	3	

# 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 ACASTAR MIAMI LLC				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1409 WASHINGTON AVE				Company NAIC Number:	
City MIAMI BEACH		State Florida		ZIP Code 33139	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 12, BLOCK 26, P.B. 2, PAGE 56					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>COMMERCIAL</u>					
A5. Latitude/Longitude: Lat. <u>N25°47'08.76"</u> Long. <u>W80°07'54.15"</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 MIAMI BEACH 120651			B2. County Name MIAMI-DADE		B3. State Florida
B4. Map/Panel Number 12086C0317	B5. Suffix L	B6. FIRM Index Date 09-11-2009	B7. FIRM Panel Effective/Revised Date 09-11-2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 8.00'
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					



# ELEVATION CERTIFICATE

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1409 WASHINGTON AVE			Policy Number:
City MIAMI BEACH	State Florida	ZIP Code 33139	Company NAIC Number

## 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: D-148-R

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)                                                   | 6.20 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor                                                                                               | N/A  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)                                                           | N/A  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)                                                                                              | N/A  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building<br>(Describe type of equipment and location in Comments) | N/A  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)                                                                    | 5.80 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)                                                                   | 5.85 | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                                  | N/A  | <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.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☐ Check here if attachments.

Certifier's Name ADIS N. NUNEZ	License Number 5924		
Title REG. LAND SURVEYOR			
Company Name BLANCO SURVEYORS INC			
Address 555 N. SHORE DR.			
City MIAMI BEACH	State Florida	ZIP Code 33141	
Signature 	Date 10-22-2017	Telephone (305) 865-1200	Ext.

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

Comments (including type of equipment and location, per C2(e), if applicable)  
LATITUDE AND LONGITUDE OBTAINED BY GOOGLE.  
CROWN OF THE ROAD ELEVATION: 6.85' ON CENTERLINE ON CENTER OF ROAD.  
BM# D-148-R LOCATOR: 3220 N. ELEV: 6.35' NGVD



# ELEVATION CERTIFICATE

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1409 WASHINGTON AVE			Policy Number:
City MIAMI BEACH	State Florida	ZIP Code 33139	Company NAIC Number

## 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 1–2 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 or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments.

# ELEVATION CERTIFICATE

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1409 WASHINGTON AVE			Policy Number:
City MIAMI BEACH	State Florida	ZIP Code 33139	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: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement		
G8. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____		
G9. BFE or (in Zone AO) depth of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____		
G10. Community's design flood elevation: _____ <input type="checkbox"/> feet <input type="checkbox"/> 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**

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

**ELEVATION CERTIFICATE**

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1409 WASHINGTON AVE			Policy Number:
City MIAMI BEACH	State Florida	ZIP Code 33139	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.



Photo One

Photo One Caption

Clear Photo One



Photo Two

Photo Two Caption

Clear Photo Two



**ELEVATION CERTIFICATE****BUILDING PHOTOGRAPHS**

Continuation Page

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.  
1409 WASHINGTON AVE

Policy Number:

City  
MIAMI BEACHState  
FloridaZIP Code  
33139

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.



Photo Three

Photo Three Caption

Clear Photo Three



Photo Four

Photo Four Caption

Clear Photo Four



# 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 ACASTAR MIAMI LLC				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1413 WASHINGTON AVE				Company NAIC Number:	
City MIAMI BEACH		State Florida		ZIP Code 33139	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 13, BLOCK 26, P.B. 2, PAGE 56					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>COMMERCIAL</u>					
A5. Latitude/Longitude: Lat. <u>N25°47'09.34"</u> Long. <u>W80°07'53.43"</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 MIAMI BEACH 120651			B2. County Name MIAMI-DADE		B3. State Florida
B4. Map/Panel Number 12086C0317	B5. Suffix L	B6. FIRM Index Date 09-11-2009	B7. FIRM Panel Effective/ Revised Date 09-11-2009	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 8.00'
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					



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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1413 WASHINGTON AVE			Policy Number:
City MIAMI BEACH	State Florida	ZIP Code 33139	Company NAIC Number

**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: D-148-R

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)	6.50	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	N/A	<input checked="" 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)	N/A	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	5.80	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	5.85	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	<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.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☐ Check here if attachments.

Certifier's Name ADIS N. NUNEZ	License Number 5924
-----------------------------------	------------------------

Title REG. LAND SURVEYOR
-----------------------------

Company Name BLANCO SURVEYORS INC
--------------------------------------

Address 555 N. SHORE DR.
-----------------------------

City MIAMI BEACH	State Florida	ZIP Code 33141
---------------------	------------------	-------------------

Signature	Date 10-22-2017	Telephone (305) 865-1200	Ext.
-----------	--------------------	-----------------------------	------

#5924  
10/22/17  
Seal  
Here

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

Comments (including type of equipment and location, per C2(e), if applicable)  
LATITUDE AND LONGITUDE OBTAINED BY GOOGLE.  
CROWN OF THE ROAD ELEVATION: 6.85' ON CENTERLINE ON CENTER OF ROAD.  
BM# D-148-R LOCATOR: 3220 N. ELEV: 6.35' NGVD



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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1413 WASHINGTON AVE			Policy Number:
City MIAMI BEACH	State Florida	ZIP Code 33139	Company NAIC Number

**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 1–2 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 or Owner's Authorized Representative's Name

Address City State ZIP Code

Signature Date Telephone

Comments

☐ Check here if attachments.

# ELEVATION CERTIFICATE

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

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1413 WASHINGTON AVE			Policy Number:
City MIAMI BEACH	State Florida	ZIP Code 33139	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
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Community Name	Telephone
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Signature	Date
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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.  
1413 WASHINGTON AVE

Policy Number:

City  
MIAMI BEACHState  
FloridaZIP Code  
33139

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.



Photo One

Photo One Caption

Clear Photo One



Photo Two

Photo Two Caption

Clear Photo Two



**ELEVATION CERTIFICATE****BUILDING PHOTOGRAPHS**

Continuation Page

OMB No. 1660-0008

Expiration Date: November 30, 2018

**IMPORTANT: In these spaces, copy the corresponding information from Section A.**Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  
1413 WASHINGTON AVECity  
MIAMI BEACHState  
FloridaZIP Code  
33139**FOR INSURANCE COMPANY USE**

Policy Number:

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.



Photo Three

Photo Three Caption

Clear Photo Three



Photo Four

Photo Four Caption

Clear Photo Four