

LEGAL DESCRIPTION

THE SOUTH 3.00 FEET OF LOT 2 AND LOT 3, BLOCK 59, TOWN OF LINTON (N/K/A TOWN OF DELRAY), A SUBDIVISION AS RECORDED IN PLAT BOOK 1, PAGE 3, IN THE PUBLIC RECORDS OF PALM BEACH COUNTY, FLORIDA; TOGETHER WITH ALL IMPROVEMENTS THEREON AND FIXTURES THEREIN.

PROPERTY DESCRIBED HEREIN F/K/A;

PARCEL A: THE NORTH 72 FEET OF LOT 3 AND THE SOUTH 3 FEET OF LOT 2, BLOCK 59, TOWN OF LINTON, PLAT BOOK 1, PAGE 3 OF THE PUBLIC RECORDS OF PALM BEACH COUNTY, FLORIDA.

PARCEL B: THE SOUTH 4.5 FEET OF LOT 3, BLOCK 59, TOWN OF LINTON, PLAT BOOK 1, PAGE 3 OF THE PUBLIC RECORDS OF PALM BEACH COUNTY, FLORIDA.

BEARINGS SHOWN HEREON ARE RELATIVE TO PLAT AND ARE ASSUMED.

ELEVATIONS SHOWN HEREON ARE BASED ON NATIONAL GEODETIC VERTICAL DATUM OF 1929 UNLESS OTHERWISE NOTED.

NO BELOW GROUND IMPROVEMENTS, FOOTERS, FOUNDATIONS OR UTILITIES HAVE BEEN LOCATED OR SHOWN ON THIS SURVEY.

NO ABSTRACT OR TITLE SEARCH WAS PERFORMED BY THIS OFFICE TO DISCOVER THE EXISTENCE IF ANY EASEMENTS OR RESTRICTIONS OF RECORD.



NORTH

Not to Scale

Vicinity Map

O.R.B. = official record book	Tran. = transformer pad	P.B. = plat book	P = plat	PG. = page
C.B.S. = concrete block structure	F.P. & L. = Florida Power & Light	Typ = typical	Ø = power pole	I.R. = iron rod
P.C.C. = point of compound curve	CM = concrete monument	R/W = right-of-way	M = measured	R = radius
P.C.P. = permanent control point	P.R.C. = point of reverse curve	Δ = central angle	I.P. = iron pipe	D = deed
P.O.C. = point of commencement	P.I. = point of intersection	Ⓟ = bearing basis line	RP = radius point	O/S = offset
P.O.B. = point of beginning	P.T. = point of tangency	Asph = asphalt	L = arc length	Conc = concrete
D/E = drainage easement	* = not field measured	M.H. = manhole	CL = centerline	Esmt = easement
C.M.P. = corrugated metal pipe	WPF = wood privacy fence	U/E = utility easement	ALUM. = aluminum	Calc = calculated
R.L.S. = registered land surveyor	Chatt = chattahoochee	CLF = chain link fence	P.C. = point of curvature	
L.B. = licensed business	ELEV = elevation	P.R.M. = permanent reference monument		

Renner, Burgess, Inc.

1 S.E. 4th Ave., Suite 205
Delray Beach, FL 33483

Phone 561-243-4624
Fax 243-4869
West Palm 735-7639
West Palm Fax 735-7641
Toll Free 1-800-773-5531
Fax Free 1-800-954-4408



Certified To:

JOSEPH MARION
SUNTRUST MORTGAGE, INC.,
Its Successors and/or Assigns
INDEPENDENCE TITLE
ATTORNEYS' TITLE INSURANCE FUND, INC.

Authorization Number LB6504

I hereby certify that the Sketch of Boundary Survey shown hereon meets the minimum technical standards set forth in Chapter 61G17-6, Florida Administrative Code pursuant to Section 472.027, Florida Statutes.

Harry A. Burgess

P.L.S. No. 5089

Flood Zone: "X"
Map No: 125102 0004 D
Map Date: 1-5-89
Date: 1-28-03
Job No: 1-144
Revised:

Not valid unless sealed with embossed surveyor's seal



947 Clint Moore Road
Boca Raton, Florida 33487

SURVEYING & MAPPING
Certificate of Authorization No. LB7264

Tel: (561) 241-9988
Fax: (561) 241-5182

BOUNDARY SURVEY / FINAL

THE SOUTH 3.0 FEET OF LOT 2 AND LOT 3, BLOCK 59, "TOWN OF LINTON"

LEGAL DESCRIPTION

THE SOUTH 3.00 FEET OF LOT 2 AND LOT 3, BLOCK 59, "TOWN OF LINTON(N/K/A TOWN OF DELRAY)" A SUBDIVISION AS RECORDED IN PLAT BOOK 1, PAGE 3, IN THE PUBLIC RECORDS OF PALM BEACH COUNTY, FLORIDA; LESS AND EXCEPT RIGHT-OF-WAY DEDICATED PER OFFICIAL RECORD BOOK 32463 AT PAGE 1161 OF SAID PUBLIC RECORDS.

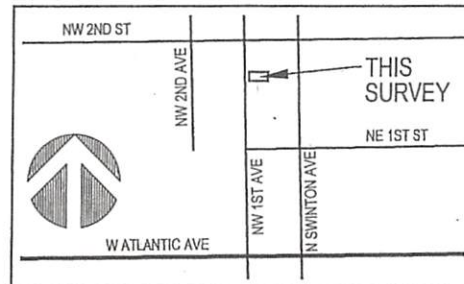
SAID LANDS SITUATE IN THE CITY OF DELRAY BEACH, PALM BEACH COUNTY, FLORIDA, AND CONTAIN 9906 SQUARE FEET, MORE OR LESS.

NOTES

- THIS DRAWING IS NOT VALID WITHOUT THE SIGNATURE AND THE ORIGINAL RAISED SEAL OF A FLORIDA LICENSED SURVEYOR AND MAPPER.
- NO SEARCH OF THE PUBLIC RECORDS WAS PERFORMED OR REFERENCED IN THE PREPARATION OF THIS SURVEY.
- ALL EASEMENTS SHOWN HEREON ARE PER THE RECORD PLAT(S) UNLESS OTHERWISE INDICATED.
- THERE HAVE BEEN NO UNDERGROUND IMPROVEMENTS LOCATED IN CONNECTION WITH THIS SURVEY, EXCEPT AS SHOWN.
- ELEVATIONS SHOWN HEREON ARE RELATIVE TO THE NORTH AMERICAN VERTICAL DATUM OF 1988 AND WERE DETERMINED FROM PALM BEACH COUNTY BENCHMARK "17.163(SRD)", ELEVATION: 15.617'.
- PROPERTY ADDRESS: 131 NW 1ST AVE, DELRAY BEACH, FL 33444
- FLOOD INFORMATION IS AS FOLLOWS:
COMMUNITY NUMBER : 125102
PANEL NUMBER : 12099C0979F
DATE OF FIRM INDEX : 10-05-2017
ZONE : X
BASE FLOOD ELEVATION : N/A

ABBREVIATIONS

A/C	=	AIR CONDITIONER
ALUM.	=	ALUMINUM
C.B.S.	=	CONCRETE BLOCK & STUCCO
CLF	=	CHAIN LINK FENCE
CONC.	=	CONCRETE
Δ	=	DELTA (CENTRAL ANGLE)
D.E.	=	DRAINAGE EASEMENT
ELEV.	=	ELEVATION
F.F.	=	FINISHED FLOOR
FND.	=	FOUND
GAR.	=	GARAGE
IP.	=	IRON PIPE
IR	=	IRON ROD
IRC	=	IRON ROD & CAP
L	=	ARC LENGTH
L.M.E.	=	LAKE MAINTENANCE EASEMENT
N/D	=	NAIL AND DISC
P.B.	=	PLAT BOOK
P.B.C.R.	=	PALM BEACH COUNTY RECORDS
PG.	=	PAGE
PROP.	=	PROPOSED
R	=	RADIUS
R/W	=	RIGHT-OF-WAY
TYP.	=	TYPICAL
U.E.	=	UTILITY EASEMENT



LOCATION MAP

NOT TO SCALE

LEGEND

W	WATER SERVICE	⊙	FIRE HYDRANT
E	ELECTRIC SERVICE	▢	CATCH BASIN
T	TELEPHONE BOX	⊗	LIGHT POLE
C	CABLE TV BOX	●	WOOD UTILITY POLE
D	DRAINAGE MANHOLE	■	CONCRETE UTILITY POLE
S	SANITARY MANHOLE	⊖	CLEAN OUT
W	WATER VALVE	⊕	CENTERLINE
⊖	SIGN	×0.00'	EXISTING ELEVATION

SURVEYOR'S CERTIFICATION

I HEREBY CERTIFY THAT THE SURVEY SHOWN HEREON COMPLIES WITH STANDARDS OF PRACTICE AS CONTAINED IN CHAPTER 5J-17.051, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027, FLORIDA STATUTES, AND THAT SAID SURVEY IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AS PREPARED UNDER MY DIRECTION.

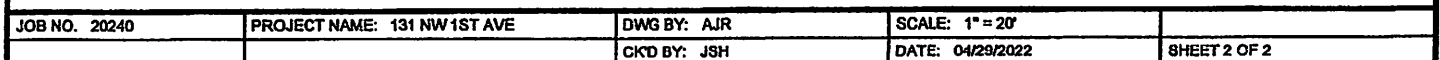
JEFF S. HODAPP
SURVEYOR AND MAPPER
FLORIDA LICENSE NO. LS5111

DATE OF LAST FIELD WORK: APRIL 29, 2022

FINAL 04/29/2022

PROJECT NAME: 131 NW 1ST AVE	DATE: BNDY/TOPO 11/13/2020 P.P. 11/24/2020
JOB NO. 20240	FOOTER 04/15/2021 STEMWALL 05/11/2021
DWG BY: AJR	SHEET 1 OF 2
CK'D BY: JSH	

Tel: (561) 241-9988
Fax: (561) 241-5182



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 MARION DONNA K & MARION JOSEPH				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 131 NW 1ST AVE				Company NAIC Number:	
City DELRAY BEACH		State FL		ZIP Code 33444	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) S 3' OF LOT 2 AND LOT 3, BLOCK 59, "TOWN OF LINTON(N/K/A TOWN OF DELRAY)" (P.B. 1, PG. 3, P.B.C.R.)					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)				RESIDENTIAL	
A5. Latitude/Longitude: Lat. 26°27'53"N Long. 80°04'26"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 1A					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) 0 sq ft					
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 0					
c) Total net area of flood openings in A8.b 0 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 244 sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0					
c) Total net area of flood openings in A9.b 0 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 TOWN OF DELRAY BEACH 125102			B2. County Name PALM BEACH		B3. State FL
B4. Map/Panel Number 12099C0979	B5. Suffix F	B6. FIRM Index Date 10-05-2017	B7. FIRM Panel Effective/ Revised Date 10-05-2017	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 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 type="checkbox"/> NGVD 1929 <input checked="" 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 type="checkbox"/> No Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

ELEVATION CERTIFICATE

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. 131 NW 1ST AVE			Policy Number:	
City DELRAY BEACH	State FL	ZIP Code 33444	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: PBC BM "17.163(SRD) Vertical Datum: NAVD 1988

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>21.73</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>20.65</u>	<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)	<u>20.35</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>20.3</u>	<input checked="" type="checkbox"/> feet	<input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>20.5</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>N/A</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.

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

Certifier's Name JEFF S. HODAPP Title PRESIDENT Company Name PERIMETER SURVEYING & MAPPING Address 947 CLINT MOORE ROAD City BOCA RATON	License Number LS5111 State FL ZIP Code 33487	Place Seal Here 04/29/2022 LS5111
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Signature Date 04/29/2022 Telephone 561-241-9988

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)
C2(e) – ELEVATION IS THE TOP OF THE AIR CONDITIONER PAD.

ELEVATION CERTIFICATE

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.
131 NW 1ST AVE

City
DELRAY BEACH

State
FL

ZIP Code
33444

FOR INSURANCE COMPANY USE

Policy Number:

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 CERTIFICATEOMB No. 1660-0008
Expiration Date: November 30, 2022

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. 131 NW 1ST AVE			Policy Number:
City DELRAY BEACH	State FL	ZIP Code 33444	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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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)			
<input type="checkbox"/> Check here if attachments.			

BUILDING PHOTOGRAPHS

OMB No. 1660-0008

Expiration Date: November 30, 2022

ELEVATION CERTIFICATE

See Instructions for Item A6.

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.
131 NW 1ST AVE

Policy Number:

City
DELRAY BEACHState
FLZIP Code
33444

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 04/29/2022



REAR 04/29/2022

BUILDING PHOTOGRAPHS

OMB No. 1660-0008

Expiration Date: November 30, 2022

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.
131 NW 1ST AVE

Policy Number:

City
DELRAY BEACHState
FLZIP Code
33444

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 One**Photo One Caption****Photo Two****Photo Two Caption**