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

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

MAR 2 0 2017

Expiration Date: November 30, 2018

OMB No. 1660-0008

Copy all pages of this Elevation Certificate and all attachments	s for (1) community offic	cial, (2) insurance ag	ent/compan	y, and (3) building owner.
			FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Harcole, LLC			Policy Num	ber:
 A2. Building Street Address (including Apt., Unit, Suite, an Box No. No. 102 North Clermont Avenue 	d/or Bldg. No.) or P.O.	Route and	Company N	IAIC Number:
City Margate City	State New Jersey		ZIP Code 08042	
A3. Property Description (Lot and Block Numbers, Tax Par Lot 17 * Block 304.02 * Plate 8	rcel Number, Legal De	scription, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addit	ion, Accessory, etc.)	Residential		
A5. Latitude/Longitude: Lat. 39° 26' 01.9" N Long	g. 074° 29' 52.9" W	Horizontal Datum	: 🗌 NAD 1	1927 🗙 NAD 1983
A6. Attach at least 2 photographs of the building if the Cert	tificate is being used to	obtain flood insura	nce.	
A7. Building Diagram Number8				
A8. For a building with a crawlspace or enclosure(s):				
a) Square footage of crawlspace or enclosure(s)	930 sq ft			
b) Number of permanent flood openings in the crawlsp	bace or enclosure(s) w	thin 1.0 foot above	adjacent gra	ade5
c) Total net area of flood openings in A8.b 1,250	sq in			
d) Engineered flood openings? X Yes No				
A9. For a building with an attached garage:				
a) Square footage of attached garage 0	sq ft			
b) Number of permanent flood openings in the attache	— ed garage within 1.0 foo	ot above adjacent gi	ade	0
c) Total net area of flood openings in A9.b 0	sq in			
d) Engineered flood openings? Yes X No				
SECTION B – FLOOD INSU	RANCE RATE MAP	FIRM) INFORMAT	ION	
B1. NFIP Community Name & Community Number City of Margate City, Community No. 345304	B2. County Name Atlantic County			B3. State New Jersey
B4. Map/Panel B5. Suffix B6. FIRM Index Date B7.	FIRM Panel Effective/	B8. Flood Zone(s)	(Zor	e Flood Elevation(s) ne AO, use Base
345304 0001 C C 07/01/1974 10/	Revised Date /18/1983	Zone A8		od Depth) NGVD1929)
B10. Indicate the source of the Base Flood Elevation (BFE)	 An and a set of the set of the	pth entered in Item	B9:	
B11. Indicate elevation datum used for BFE in Item B9: X	NGVD 1929 🗌 NA	VD 1988 🔲 Oth	er/Source: _	
B12. Is the building located in a Coastal Barrier Resources	System (CBRS) area	or Otherwise Protec	ted Area (C	PA)? 🗌 Yes 🗌 No
Designation Date:				
	n			
			1	

					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, ar No. 102 North Clermont Avenue	nd/or Bldg. No.) or P.(D. Route a	and Box N	NO.	Policy Number:		
City	State	ZIP Co	de		Company NAIC Number		
Margate City	New Jersey	08042					
SECTION C – BUILDING	ELEVATION INFO	RMATIO	N (SURV	YEY RE	EQUIRED)		
 C1. Building elevations are based on: Constr *A new Elevation Certificate will be required who C2. Elevations – Zones A1–A30, AE, AH, A (with BI Complete Items C2.a–h below according to the 	=E), VE, V1–V30, V (v	building i with BFE)	s comple , AR, AR/	te. ′A, AR/.	 AE, AR/A1–A30, AR/AH, AR/AO.		
Benchmark Utilized: NGS CORS Sta. NJGT (D		-	VD 1988				
Indicate elevation datum used for the elevations INGVD 1929 X NAVD 1988 Ott Datum used for building elevations must be the	ner/Source:	м) 					
Datum used for building elevations must be the	same as that used to	I THE BEE			Check the measurement used.		
a) Top of bottom floor (including basement, cra	wlspace, or enclosure	e floor)	7	. 0	X feet 🗌 meters		
b) Top of the next higher floor			11	. 10	X feet meters		
c) Bottom of the lowest horizontal structural me	mber (V Zones only)	8.	n/a	-	X feet meters		
d) Attached garage (top of slab)		_	n/a		X feet meters		
 e) Lowest elevation of machinery or equipment (Describe type of equipment and location in 	servicing the building Comments)		11		X feet 🗌 meters		
f) Lowest adjacent (finished) grade next to buil	ding (LAG)			0	X feet meters		
 g) Highest adjacent (finished) grade next to buil 	lding (HAG)			5	X feet meters		
 h) Lowest adjacent grade at lowest elevation of structural support 	deck or stairs, includ	ing	7	0	X feet meters		
SECTION D – SURVEY	OR, ENGINEER, OF	R ARCHI	ТЕСТ СЕ	RTIFI	CATION		
This certification is to be signed and sealed by a land I certify that the information on this Certificate repres- statement may be punishable by fine or imprisonmer	ents mv best efforts to	o interpret	t the data	zed by <i>availal</i>	law to certify elevation information. ble. I understand that any false		
Were latitude and longitude in Section A provided by	a licensed land surve	eyor? 🗵	Yes 🗌] No	☑ Check here if attachments.		
Certifier's Name Bruce R. McKenna, PE, PLS	License Numbe NJ GB-042562						
Title Project Manager							
Company Name	18				Place		
Monarch Surveying & Engineering, LLC					Seal		
Address P.O. Box 177					– Here		
City Pitman	State New Jersey		P Code 071		-		
Signature	Date 02/20/2017		lephone 56) 582-8	200	- h		
Copy all pages of this Elevation Certificate and all attach	monts for (1) commu	nity officia	l, (2) insu	rance a	gent/company, and (3) building owner.		
Comments (including type of equipment and location, Building elev. info. based upon field survey observation Elev. info. C.2.e for external A/C Unit on elev deck; El entrance deck landing; Five (5) USA Foundation Floo one (1) AFFV per 252 sf of enclosed area]	ons in February 2017; lev. info for C.2.h is fo	br			Preliminary Flood Map Data: FIRM Panel No. 453 of 457 Map Number: 34001C0453F Zone AE: Elev 9 (NAVD 1988) Preliminary Date: May 30, 2014		

ELEVATION CERTIFICATE				OMB No. 166 Expiration Da	60-0008 ate: November 30, 2018
IMPORTANT: In these spaces, copy the corresp	onding information	from Section A.			ANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, No. 102 North Clermont Avenue	and/or Bldg. No.) or	P.O. Route and I	Box No.	Policy Numb	er:
City Margate City	State New Jersey	ZIP Code 08042		Company N	AIC Number
SECTION E – BUILDING FOR Z				REQUIRED)	
For Zones AO and A (without BFE), complete Items complete Sections A, B,and C. For Items E1–E4, u enter meters.	E1-E5. If the Certit	ficate is intended	to support a		
 E1. Provide elevation information for the following the highest adjacent grade (HAG) and the lowe a) Top of bottom floor (including basement, 			now whethe	the elevation	is above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,	·	[ee	t 🗌 meter	s 🗌 above	or below the HAG.
crawlspace, or enclosure) is	· · · · · · · · · · · · · · · · · · ·		t meter		or below the LAG.
E2. For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in the diagrams) of the building is	oa openings provide	in Section A Iten	_		1-2 of instructions), or \square below the HAG.
E3. Attached garage (top of slab) is	······································		t 🗌 meter		or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	t =	feet	meter:	s 🗌 above	or Delow the HAG.
E5. Zone AO only: If no flood depth number is avai floodplain management ordinance?		e bottom floor ele	vated in acc	ordance with	
SECTION F – PROPERTY O	WNER (OR OWNE	R'S REPRESENT	ATIVE) CE	RTIFICATIO	N
The property owner or owner's authorized represen community-issued BFE) or Zone AO must sign here	e. The statements in	s Sections A, B, a Sections A, B, an	nd E for Zoi d E are corr	ne A (without ect to the bes	a FEMA-issued or t of my knowledge.
Property Owner or Owner's Authorized Represental	ive s Name				
Address		City	Sta	te	ZIP Code
Signature		Date	Tel	ephone	
Comments	,				
				_	
				Chec	k here if attachments.

ELEVATION CERTIFICATE			OMB No. 1660-0008 Expiration Date: November 30, 2018
IMPORTANT: In these spaces, copy the c	orresponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit 102 NORTH CLERMONT AVENUE	t, Suite, and/or Bldg. No.) or	P.O. Route and Box No	o. Policy Number:
City MARGATE	State New Jersey	ZIP Code 08402	Company NAIC Number
SEC	TION G - COMMUNITY IN	FORMATION (OPTION	IAL)
The local official who is authorized by law of Sections A, B, C (or E), and G of this Eleva used in Items $G8-G10$. In Puerto Rico only	tion Certificate. Complete th		
G1. The information in Section C was engineer, or architect who is auth data in the Comments area below	orized by law to certify eleva	ation that has been sig ation information. (Indic	ned and sealed by a licensed surveyor, ate the source and date of the elevation
G2. A community official completed S or Zone AO.	ection E for a building locate	ed in Zone A (without a	FEMA-issued or community-issued BFE)
G3. The following information (Items C	G4–G10) is provided for com	nmunity floodplain man	agement purposes.
G4. Permit Number	G5. Date Permit Issue	d	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for;	New Construction	Substantial Improveme	nt
38. Elevation of as-built lowest floor (include of the building:	ding basement)] 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:		C] feet [] meters Datum
Local Official's Name	antino	Title	
Community Name MAILGA		Telephone 609-82	2-1915
Signature CTCE		Date 3/21/1	2-191× 18
Comments (including type of equipment and	location, per C2(e), if applic	cable)	
		MARGA	TE CITY BUILDING DEPARTMENT 9001 Winches & Ave. Margate City, NJ 08402
8			¥.
			Check here if attachments.
EMA Form 086-0-33 (7/15)	Replaces all previo	ous editions.	Form Page 4 of

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE		
Building Street Address (including Ap No. 102 North Clermont Avenue	Policy Number:		
City Margate City	State New Jersev	ZIP Code 08042	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.

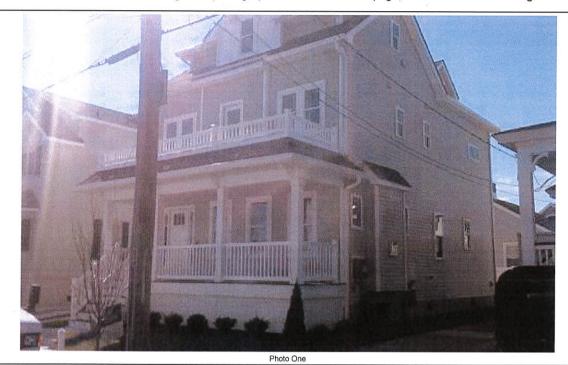


Photo One Caption



Photo Two Caption View of Front/Left Side of Residential Dwelling

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

Continuation Page

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

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY US		
Building Street Address (including / No. 102 North Clermont Avenue	Apt., Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City Margate City	State New Jersey	ZIP Code 08042	Company NAIC Number

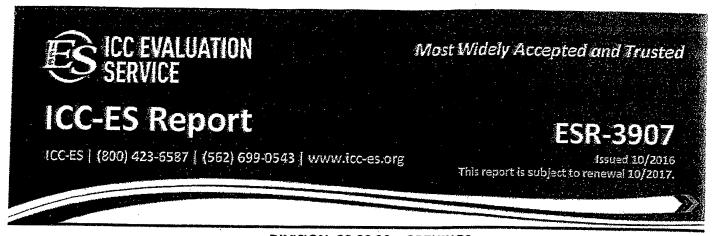
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One Caption



Photo Two Caption View of Right Side of Residential Dwelling



DIVISION: 08 00 00—OPENINGS SECTION: 08 95 43—VENTS/FOUNDATION FLOOD VENTS

REPORT HOLDER:

USA FLOOD AIR VENTS, LTD.

63 PUTNAM STREET, SUITE 202 SARATOGA SPRINGS, NEW YORK 12866

EVALUATION SUBJECT:

USA FLOOD AIR VENTS: MODELS FOSS; FASS; FOAL; FAAL; ROAL



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A Subsidiary of the



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5.0 CONDITIONS OF USE

- The USA Flood Air Vents described in this report complies with, or is a suitable alternative to what is specified in, those codes listed in Section 1.0 of this report, subject to the following conditions:
 - 5.1 The USA Flood Air Vents flood vents must be installed in accordance with this report, the applicable oode and the manufacturer's installation instructions. In the event of a conflict, the instructions in this report govern.
 - 5.2 The USA Flood Air Vents flood vents must not be used in place of "breakaway walls" in coastal high hazard areas, but are permitted for use in conjunction with breakaway walls in other areas.

6.0 EVIDENCE SUBMITTED

Data in accordance with the ICC-ES Acceptance Criteria for Mechanically Operated Flood Vents (AC364), dated August 2015.

7.0 IDENTIFICATION

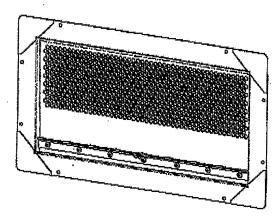
The USA Flood Air Vents models recognized in this report are identified by a label bearing the manufacturer's name, the model designation, and the evaluation report number (ESR-3907).

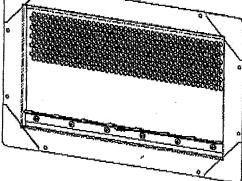
TABLE	1-USA	FLOOD	AIR	VENTS
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MODEL DESIGNATION	VENT SIZE (Width x Height) (in)	ROUGH OPENING SIZE (Width x Height) (in)	ENCLOSED AREA COVERAGE (ft ²)	FLAP NET FREE AREA ¹ (in ²)
FO\$\$	18 x 10	15 ¹ / ₂ x 7 ¹ / ₂	252	None
FASS	18 x 10	15 ¹ / ₂ x 7 ¹ / ₂	252	28
FOAL	18 x 10	151/2 x 71/2	252	None
FAAL	18 x 10	151/2 × 71/2	252	37
ROAL	16% x 10	131/8 × 71/2	224	None

For SI: 1 inch = 25.4 mm

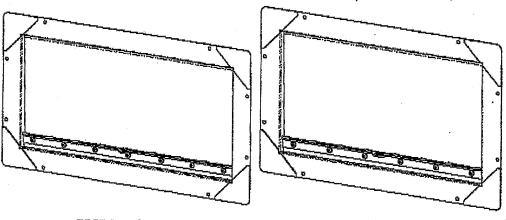
¹Net free srea in the vent flap for under-floor space ventilation.







FASS



FOSS & FOAL

RÖAL

FIGURE 1-USA FLOOD AIR VENTS