

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
**ELEVATION CERTIFICATE**

**IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16**

OMB Control Number: 1660-0008  
Expiration: 11/30/2018

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.					
<b>SECTION A - PROPERTY INFORMATION</b>					<b>FORM INSURANCE COMPANY USE</b>
A1. Building Owner's Name SIDEWATER					Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 119 SOUTH EXETER AVENUE					Company NAIC Number:
City MARGATE			State NJ	Zip Code 08402	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 5.02 LOT 7.02					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL					
A5. Latitude/Longitude: Lat. 39 19'41.2" Long. 74 29'45.3" Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> 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 8					
A8. For a building with a crawlspace or enclosure(s):			A9. For a building with an attached garage:		
a) Square footage of crawlspace or enclosure(s) 1512. sq ft			a) Square footage of attached garage N/A sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 8.			b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade N/A		
c) Total net area of flood openings in A8.b 1600. sq in			c) Total net area of flood openings in A9.b N/A sq in		
d) Engineered flood openings? <input checked="" type="radio"/> Yes <input type="radio"/> No			d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION</b>					
B1. NFIP Community Name & Community Number MARGATE 345304			B2. County Name ATLANTIC		B3. State NJ
B4. Map/Panel Number 345304/0001	B5. Suffix C	B6. FIRM Index Date Jul 1, 2014	B7. FIRM Panel Effective/ Revised Date Oct 28, 1983	B8. Flood Zone(s) A-8	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10.00'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA					
<b>SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)</b>					
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> Finished Construction					
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.					
* A new Elevation Certificate will be required when construction of the building is complete.					
Benchmark Utilized: RM-3			Vertical Datum: NGVD 1929		
Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> 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)	9	-	72	<input checked="" type="radio"/> feet	<input type="radio"/> meters
b) Top of the next higher floor	14	-	54	<input checked="" type="radio"/> feet	<input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	-		<input checked="" type="radio"/> feet	<input type="radio"/> meters
d) Attached garage (top of slab)	N/A	-		<input checked="" type="radio"/> feet	<input type="radio"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	*14	-	54	<input checked="" type="radio"/> feet	<input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	9	-	18	<input checked="" type="radio"/> feet	<input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	9	-	79	<input checked="" type="radio"/> feet	<input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	9	-	26	<input checked="" type="radio"/> feet	<input type="radio"/> meters

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119 SOUTH EXETER AVENUE

MARGATE

NJ

08402

## 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.

☒ Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?

☒ Yes ☐ No

Certifier's Name  
DANIEL J. PONZIO, SR.

License Number  
GS37603

Title  
LAND SURVEYOR

Company Name  
ARTHUR W. PONZIO CO. & ASSOC. INC

Address  
400 N. DOVER AVENUE

City  
ATLANTIC CITY

State  
NJ

Zip Code  
08401

Signature

Date  
JULY 20, 2016

Telephone  
+1 (609) 344-8194

PLACE  
SEAL  
HERE

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

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

PROJECT # 32671 SMART VENT MODEL # 1540-510 FIRST FLOOR ELEVATION (88 DATUM) = 13.24' \*HEATER

Signature

Date JULY 20, 2016

## 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 8-9 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.