

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires March 31, 2012

Important: Read the instructions on pages 1-9.

SECTION A - PROPERTY INFORMATION

1. Building Owner's Name <u>ERIC L. STERN</u>		For Insurance Company Use:
2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>17 S. JEROME AVENUE</u>		Policy Number
City <u>MARGATE</u>		Company NAIC Number
State <u>NJ</u>		ZIP Code <u>08402</u>
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 4 BLOCK 111.02</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>		
A5. Latitude/Longitude: Lat. <u>39.327</u> <u>07</u> Long. <u>-74.50237</u> Horizontal Datum: <u>NAD 1927</u> <input checked="" type="checkbox"/> <u>NAD 1983</u>		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <u>8</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s) <u>920</u> sq ft		
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>6</u>		
c) Total net area of flood openings in A8.b <u>1349</u> sq in		
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
A9. For a building with an attached garage:		
a) Square footage of attached garage _____ sq ft		
b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____		
c) Total net area of flood openings in A9.b _____ sq in		
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number <u>CITY OF MARGATE CITY 345304</u>		B2. County Name <u>ATLANTIC</u>		B3. State <u>NJ</u>	
B4. Map/Panel Number <u>345304 0001</u>	B5. Suffix <u>C</u>	B6. FIRM Index Date <u>10/18/83</u>	B7. FIRM Panel Effective/Revised Date <u>10/18/83</u>	B8. Flood Zone(s) <u>A8</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) <u>10.0</u>
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 (Describe) _____					
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 (Describe) _____					
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					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

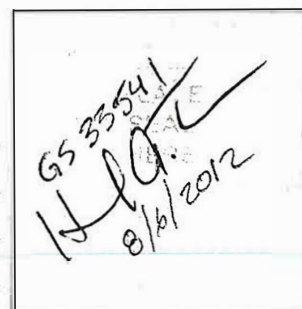
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction	
*A new Elevation Certificate will be required when construction of the building is complete.	
C2. Elevations - 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. Use the same datum as the BFE.	
Benchmark Utilized <u>RM 3</u>	Vertical Datum <u>12-122</u>
Conversion/Comments _____	
Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>8.5</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
b) Top of the next higher floor <u>11.4</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
c) Bottom of the lowest horizontal structural member (V Zones only) <u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
d) Attached garage (top of slab) <u>N/A</u> <input type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) <u>11.7</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
f) Lowest adjacent (finished) grade next to building (LAG) <u>8.2</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
g) Highest adjacent (finished) grade next to building (HAG) <u>9.2</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support <u>8.5</u> <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters (Puerto Rico only)	

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 comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No

Certifier's Name <u>HOWARD A. TRANSUE</u>		License Number <u>G533541</u>	
Title <u>PROFESSIONAL LAND SURVEYOR</u>		Company Name <u>SCHAEFFER NADAR SCHEIDEGG CE LLC</u>	
Address <u>1425 CANTILLON BLVD</u>		City <u>MAYS LANDING</u>	
State <u>NJ</u>		ZIP Code <u>08330</u>	
Signature <u>[Signature]</u>		Date <u>8/6/2012</u>	
Telephone <u>609 625 7400</u>			



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.

17 S. JEROME AVENUE

City
MARGATE

State

NJ

ZIP Code

08402

For Insurance Company Use:

Policy Number

Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments

ITEM C2E IS THE A.C. UNIT.

ITEM A8b SEE PHOTOS.

Signature

[Signature]

Date

8/6/2012

☐ Check here if attachments

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

12-122

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's or Owner's Authorized Representative's Name

Address

City

State

ZIP Code

Signature

Date

Telephone

Comments

☐ Check here if attachments

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 and G9.

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-G9) is provided for community floodplain management purposes.

G4. Permit Number

20120325

G5. Date Permit Issued

4/19/12

G6. Date Certificate Of Compliance/Occupancy Issued

8/28/12

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 (PR) Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site _____ ☐ feet ☐ meters (PR) Datum _____

G10. Community's design flood elevation _____ ☐ feet ☐ meters (PR) Datum _____

Local Official's Name

JAMES GALANTINO

Title

CONSTRUCTION OFFICIAL

Community Name

MARGATE, N.J.

Telephone

822-1974

Signature

[Signature] 8/6/12

Date

Comments

☐ Check here if attachments



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Issued 10/2016

This report is subject to renewal 10/2017.

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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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 code 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 (AC3084), dated August 2016.

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

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)
FOSS	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	15 1/2 x 7 1/2	252	None
FAAL	18 x 10	15 1/2 x 7 1/2	252	87
ROAL	16 7/8 x 10	13 1/8 x 7 1/2	224	None

For SI: 1 inch = 25.4 mm

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

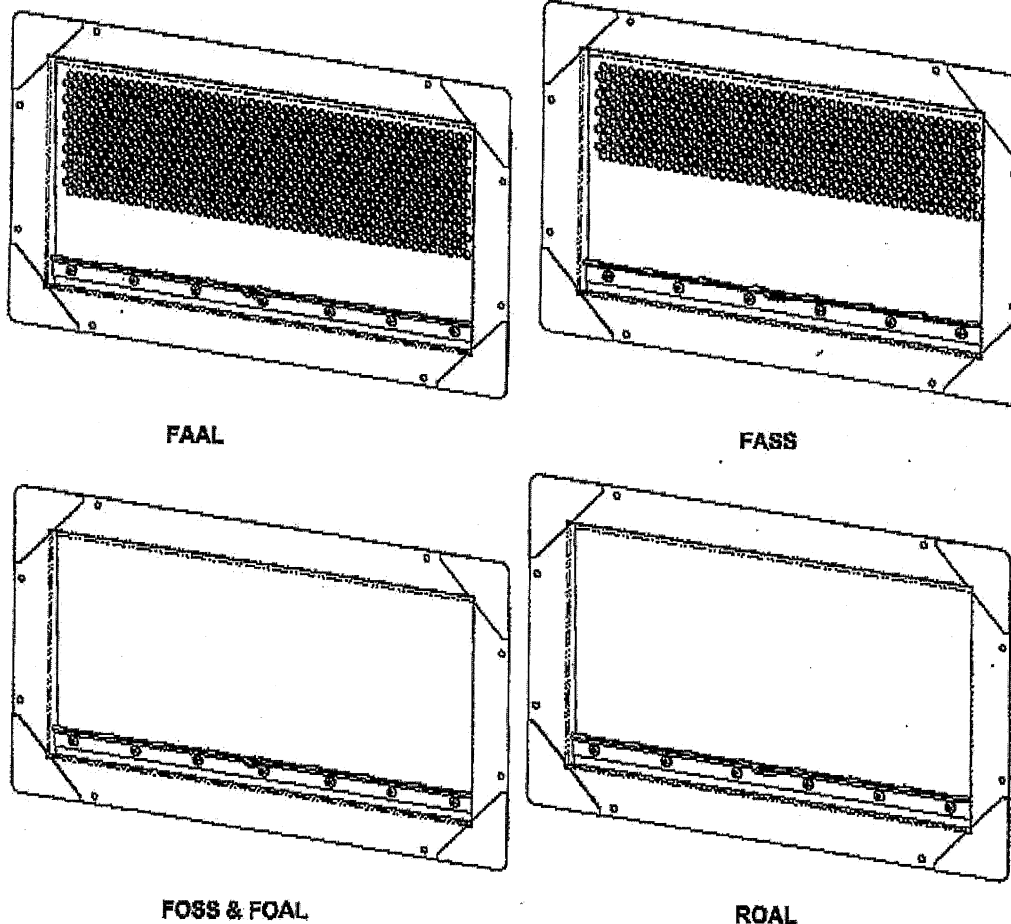


FIGURE 1—USA FLOOD AIR VENTS