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

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

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 | | | | Policy Num | ber: | | |
| | Peter Rosenberg | | | | | | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 427 N Kenyon Ave | | | | Company N | IAIC Number: | | |
| City | | State Z | | | | ZIP Code | |
| Margate City | | New Jersey | | | | 08402 | |
| | A3. Property Description (Lot and Błock Numbers, Tax Parcel Number, Legal Description, etc.) Lot 36, Block 612.02, City of Margate | | | | | | |
| A4. Building Use (| e.g., Residen | tial, Non-Residential, A | Addition | , Accessory, etc.) | Residential | | |
| A5. Latitude/Longit | tude: Lat. N | 39°19'59.59" | Long. V | V74°30'33.46" | Horizontal Datum | : NAD 1 | 1927 × NAD 1983 |
| A6. Attach at least | 2 photograpi | hs of the building if the | Certific | ate is being used to | o obtain flood insura | nce. | _ |
| A7. Building Diagra | am Number | 1B | | | | | |
| A8. For a building | with a crawls | pace or enclosure(s): | | | | | |
| a) Square foo | tage of crawls | space or enclosure(s) | | 847 sq ft | | | |
| b) Number of | permanent flo | ood openings in the cra | wlspac | e or enclosure(s) w | ithin 1.0 foot above | adjacent gr | ade 5 |
| c) Total net an | ea of flood op | penings in A8.b 1,0 | 00 s | sq in | | | : |
| d) Engineered | flood openin | gs? 🛛 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 attached garage within 1.0 foot above adjacent grade 0 | | | | | | |
| c) Total net are | | | 0 | sqin | | , | |
| d) Engineered | | | | 34111 | | | |
| d) Engineered | nood opening | gs? | U | | | | |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION | | | | | | | |
| B1. NFIP Communi | ty Name & C | ommunity Number | | B2. County Name | 1 | | B3. State |
| City of Margate City | 345304 | | | Atlantic | | | New Jersey |
| B4. Map/Panel Number | B5. Suffix | B6. FIRM Index Date | Ef | IRM Panel fective/ | B8. Flood Zone(s) | (Zo | se Flood Elevation(s) ne AO, use Base |
| 345304/0001 | С | 06/19/1971 | | evised Date /1983 | A8 | 10.0 | od Depth) |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: | | | | | | | |
| ☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source: | | | | | | | |
| B11. Indicate elevation datum used for BFE in Item B9: X NGVD 1929 NAVD 1988 Other/Source | | | | | | | |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No | | | | | | | |
| Designation Date: CBRS OPA | | | | | | | |
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| IMPORTANT: In these spaces, copy the corresponding | FOR INSURANCE COMPANY USE | | | | |
|---|--|--|---|--|--|
| uilding Street Address (including Apt., Unit, Suite, and/427 N Kenyon Ave | Policy Number: | | | | |
| City State ZIP Code Margate City New Jersey 08402 | | | Company NAIC Number | | |
| SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) | | | | | |
| C1. Building elevations are based on: Construct | tion Drawings* | ling Under Constru | uction* X Finished Construction | | |
| *A new Elevation Certificate will be required when | | | | | |
| C2. Elevations – Zones A1–A30, AE, AH, A (with BFE Complete Items C2.a–h below according to the buse Benchmark Utilized: NGS Disk PID Al9362 |), VE, V1–V30, V (with BF ilding diagram specified in Vertical Datum: | n Item A7. In Puert | AE, AR/A1–A30, AR/AH, AR/AO. o Rico only, enter meters. | | |
| Indicate elevation datum used for the elevations in | 100 100 0 | v. | | | |
| Datum used for building elevations must be the sa | me as that used for the B | FE. | Check the measurement used. | | |
| a) Top of bottom floor (including basement, crawls | space, or enclosure floor) | 8.3 | X feet meters | | |
| b) Top of the next higher floor | | 12, 4 | x feet ☐ meters | | |
| c) Bottom of the lowest horizontal structural members | oer (V Zones only) | N/A | X feet meters | | |
| d) Attached garage (top of slab) | | N/A. | X feet | | |
| E) Lowest elevation of machinery or equipment se (Describe type of equipment and location in Co | ervicing the building mments) | 11.9 | X feet meters | | |
| f) Lowest adjacent (finished) grade next to building | ng (LAG) | <u>7</u> . <u>7</u> | X feet meters | | |
| g) Highest adjacent (finished) grade next to building | ng (HAG) | 8. 3 | X feet meters | | |
| h) Lowest adjacent grade at lowest elevation of de structural support | eck or stairs, including | | X feet meters | | |
| SECTION D – SURVEYOR | R, ENGINEER, OR ARC | HITECT CERTIF | ICATION | | |
| 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 | | | |
| Certifier's Name Scott D. Brown | License Number NJ Lic. No. 38250 | and the second s | | | |
| Title Professional Engineer and Land Surveyor | AUGUSTA AUGUSTA | | | | |
| Company Name | Place | | | | |
| Dante Guzzi Engineering Associates, LLC | Seal Here | | | | |
| Address 418 Stokes Road | | | | | |
| City Medford | State New Jersey | ZIP Code 08055 | | | |
| Signature Du | Date 01/06/2017 | Telephone (609) 654-4440 | | | |
| Copy-all pages of this Elevation Certificate and all attachm | nents for (1) community off | icial, (2) insurance | agent/company, and (3) building owner. | | |
| Comments (including type of equipment and location, por A8.b) There are 5 Smart Vents #1540-510 in the foundar space concrete slab. C2.b) Finished floor living area. C2 NAVD88 elevations, subtract 1.3 feet. Property is also in Map #34001C0434F, dated 01/30/2015. | ation. There are also 2 Sm 2.e) Bottom of heater. HV | AC is at 12.2. To o | convert NGVD29 elevations to | | |
| | | | | | |

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| IMPORTANT: In these spaces, copy the corresp | ong intermation | from Section A. | FOR INSURANCE COMPANY USE | | |
|--|---|---|---|--|--|
| Building Street Address (including Apt., Unit, Suite 427 N Kenyon Ave | e, and/or Bldg. No.) or | P.O. Route and Box No. | Policy Number: | | |
| City | State | ZIP Code | Company NAIC Number | | |
| Margate City | New Jersey | 08402 | | | |
| | | DRMATION (SURVEY NO IE A (WITHOUT BFE) | T REQUIRED) | | |
| | 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, | | | | |
| E1. Provide elevation information for the following the highest adjacent grade (HAG) and the low a) Top of bottom floor (including basement, | | | er the elevation is above or below | | |
| crawlspace, or enclosure) is b) Top of bottom floor (including basement, | | feet met | | | |
| crawlspace, or enclosure) is | · · · · · · · · · · · · · · · · · · · | feet met | | | |
| E2. For Building Diagrams 6–9 with permanent flot the next higher floor (elevation C2.b in | ood openings provide | | | | |
| the diagrams) of the building is | · · · · · · · · · · · · · · · · · · · | | | | |
| E3. Attached garage (top of slab) is | | | ers above or below the HAG. | | |
| E4. Top of platform of machinery and/or equipment servicing the building is | nt | feet met | ers above or below the HAG. | | |
| E5. Zone AO only: If no flood depth number is ava floodplain management ordinance? Yes | | | ccordance with the community's t certify this information in Section G. | | |
| SECTION F - PROPERTY | OWNER (OR OWNE | R'S REPRESENTATIVE) C | 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 Representa | ative's Name | | | | |
| Address | | City | itate ZIP Code | | |
| Signature | | T | elephone | | |
| Comments | | | | | |
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| | | | ☐ Check here if attachments. | | |

ELEVATION CERTIFICATE

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| 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 I 427 N KENYON AVENUE | No. Policy Number: | | | | |
| City State ZIP Code | Company NAIC Number | | | | |
| MARGATE New Jersey 08402 | | | | | |
| SECTION G - COMMUNITY INFORMATION (OPTIO | NAL) | | | | |
| 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 significantly engineer, or architect who is authorized by law to certify elevation information. (Indicate data in the Comments area below.) | | | | | |
| G2. A community official completed Section E for a building located in Zone A (without or Zone AO. | a FEMA-issued or community-issued BFE) | | | | |
| G3. The following information (Items G4–G10) is provided for community floodplain man | nagement 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: | | | | | |
| 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 JIM GALANTINO CFM | | | | | |
| UNIT OF LET HYTHYO | | | | | |
| Community Name Telephone CITY OF MARGATE 609-822-197 | 4 | | | | |
| Signature Date 2/8/17 | | | | | |
| | | | | | |
| Comments (including type of equipment and location, per C2(e), if applicable) | | | | | |
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| | Check here if attachments. | | | | |

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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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. Policy Number: 427 N Kenyon Ave City State ZIP Code Company NAIC Number 08402 Margate City New Jersey

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 Front View 1/05/2017



Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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| MPORTANT: In these spaces, co | FOR INSURANCE COMPANY USE | | |
|---|---|------------------------|---------------------|
| uilding Street Address (including A 427 N Kenyon Ave | Apt., Unit, Suite, and/or Bldg. No.) or | P.O. Route and Box No. | Policy Number: |
| City | State | ZIP Code | Company NAIC Number |
| Margate City | New Jersey | 08402 | |

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.

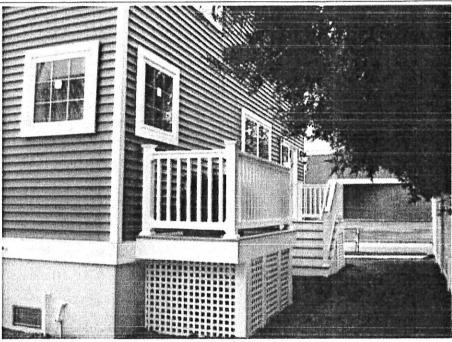


Photo One

Photo One Caption Rear View 1/05/2017



Photo Two Caption Left Side View 1/05/2017