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

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

OCT 27 2017

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 INSU | RANCE COMPANY USE | | |
|---|--|-----------------------------|--------------------|-----------------------|-------------------------|-------------|---|
| A1. Building Owner's Name Revolution Builders, Inc. Policy Number: | | | | iber: | | | |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.119 N. Barclay Avenue | | | | Company N | NAIC Number: | | |
| City Margate | | | | | ZIP Code 08402 | | |
| A3. Property Desc Block 302.02, Lot | | nd Block Numbers, Tax | Parce | l Number, Legal De | escription, etc.) | | |
| A4. Building Use (| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential | | | | | | |
| A5. Latitude/Longi | tude: Lat. <u>N</u> | 39°20'07.7" | _ong. V | V74°29'49.1" | Horizontal Datum | : NAD | 1927 X NAD 1983 |
| A6. Attach at least | 2 photograp | hs of the building if the | Certific | cate is being used to | o obtain flood insura | ince. | |
| A7. Building Diagra | am Number | 8 | | | | | |
| A8. For a building | with a crawls | pace or enclosure(s): | | | | | |
| a) Square foo | tage of crawls | space or enclosure(s) | ē | 1,200 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 | ade6 |
| c) Total net ar | ea of flood op | penings in A8.b1,20 | 00 s | sq in | | | |
| d) Engineered | flood openin | gs? 🗵 Yes 🗌 No |) | | | | |
| A9. For a building v | vith an attach | ned garage: | | | | | |
| a) Square foot | 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 | | | | | | | |
| | | enings in A9.b | | | , . | | 9 |
| d) Engineered | | | | • 2 200 • 2000 | | | |
| | | | | | | | |
| | SE | CTION B - FLOOD IN | SURA | NCE RATE MAP | (FIRM) INFORMA | TION | |
| B1. NFIP Community Name & Community Number Margate 345304 | | B2. County Name Atlantic | | | B3. State New Jersey | | |
| B4. Map/Panel Number | B5. Suffix | B6. FIRM Index Date | E1 | IRM Panel fective/ | B8. Flood Zone(s) | (Zor | e Flood Elevation(s) ne AO, use Base |
| 345304/0001 | С | 06/18/1971 | AND ENGINEER STATE | evised Date /1983 | A8 | 10.00 | 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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ELEVATION CERTIFICATE

| IMPORTANT: In these spaces, copy the correspon | FOR INSURANCE COMPANY USE | | | | |
|--|---|---|--|--|--|
| Building Street Address (including Apt., Unit, Suite, at 119 N. Barclay Avenue | nd/or Bldg. No.) or P.O. Ro | ute and Box No. | Policy Number: | | |
| City | State ZIP Code | | Company NAIC Number | | |
| Margate | New Jersey 084 | 02 | | | |
| SECTION C – BUILDING | ELEVATION INFORMA | TION (SURVEY RE | EQUIRED) | | |
| C1. Building elevations are based on: Constraint Anew 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 Benchmark Utilized: RM #1 Indicate elevation datum used for the elevations | en construction of the build FE), VE, V1–V30, V (with B building diagram specified Vertical Datum: | FE), AR, AR/A, AR/ in Item A7. In Puert NGVD 1929 | 'AE, AR/A1-A30, AR/AH, AR/AO. | | |
| ☑ NGVD 1929 ☐ NAVD 1988 ☐ Other | her/Source: | | | | |
| Datum used for building elevations must be the | same as that used for the E | BFE. | 01-1-11-11-11-11-11-11-11-11-11-11-11-11 | | |
| a) Top of bottom floor (including basement, cra | wlengon or analogura floor | 7.6 | Check the measurement used. | | |
| DESCRIPTION DE COMPANIE DE COM | wispace, or efficiosure floor | 13, 4 | | | |
| b) Top of the next higher floor | | | X feet meters | | |
| c) Bottom of the lowest horizontal structural med) Attached garage (top of slab) | ember (V Zones only) | N/AN/A | | | |
| | | 13.0 | X feet meters | | |
| e) Lowest elevation of machinery or equipment (Describe type of equipment and location in | Servicing the building Comments) | | X feet meters | | |
| f) Lowest adjacent (finished) grade next to buil | ding (LAG) | 7. <u>6</u> | X feet meters | | |
| g) Highest adjacent (finished) grade next to bui | lding (HAG) | <u> </u> | x feet meters | | |
| h) Lowest adjacent grade at lowest elevation of structural support | deck or stairs, including | <u> </u> | X feet meters | | |
| SECTION D - SURVEY | OR, ENGINEER, OR ARC | HITECT CERTIFI | CATION | | |
| I certify that the information on this Certificate repres | 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 | License Number | | | | |
| James R. Boney, PLS | 31264 | | | | |
| Title Professional Land Surveyor | | | 2.9 | | |
| Company Name | | | Place | | |
| James R. Boney & Associates, LLC | | | Seal Here | | |
| Address 13 Stone Mill Court | | | neie | | |
| City Egg Harbor Twp | State New Jersey | ZIP Code 08234 | | | |
| Signature | Date 10/18/2017 | Telephone (609) 788-8013 | | | |
| Copy all pages of this Elevation Certificate and all attack | nments for (1) community off | icial, (2) insurance a | gent/company, and (3) building owner. | | |
| Comments (including type of equipment and location, Two story dwelling on a crawlspace (New Constructio inside and at or above the finished floor. There are six | n). A/C is on a platform out | side. All other mech | nanicals servicing the dwelling are | | |
| | | | | | |

ELEVATION CERTIFICATE

| IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPA | | | | |
|---|--|--|--|--|
| Building Street Address (including Apt., Unit, Suite, ar 119 N. Barclay Avenue | nd/or Bldg. No.) or P.C |). Route and Box No. | Policy Number: | |
| City Margate | State New Jersey | ZIP Code 08402 | Company NAIC Number | |
| SECTION E – BUILDING E FOR ZON | LEVATION INFORM NE AO AND ZONE A | | 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, 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 b) Top of bottom floor (including basement, | | feet mete | rs | |
| crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent flood | onenings provided in | feet meter | | |
| the next higher floor (elevation C2.b in the diagrams) of the building is | | feet meter | | |
| E3. Attached garage (top of slab) is | | feet meter | rs above or below the HAG. | |
| E4. Top of platform of machinery and/or equipment servicing the building is | | feet _ meter | rs above or below the HAG. | |
| E5. Zone AO only: If no flood depth number is availabed floodplain management ordinance? Yes | ole, is the top of the bo | ottom floor elevated in ac The local official must | cordance with the community's certify this information in Section G. | |
| SECTION F - PROPERTY OW | NER (OR OWNER'S | REPRESENTATIVE) CE | ERTIFICATION | |
| The property owner or owner's authorized representations community-issued BFE) or Zone AO must sign here. T | ive who completes Se he statements in Sec | ctions A, B, and E for Zo tions A, B, and E are cor | one A (without a FEMA-issued or rect to the best of my knowledge. | |
| Property Owner or Owner's Authorized Representative | s's Name | | | |
| Address | City | Sta | ate ZIP Code | |
| Signature | Date | Те | lephone | |
| Comments | | | | |
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| | | | ☐ Check here if attachments. | |

ELEVATION CERTIFICATE

| IMPORTANT: In these spaces, copy the corresponding information from Section | | OR INSURANCE COMPANY USE | | | |
|--|---------------------------------------|---|--|--|--|
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route a 119 N. Barclay Avenue | nd Box No. Po | olicy Number: | | | |
| City State ZIP Cod Margate New Jersey 08402 | e Co | ompany 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. The information in Section C was taken from other documentation that has engineer, or architect who is authorized by law to certify elevation information data in the Comments area below.) | peen signed and son. (Indicate the so | sealed by a licensed surveyor, ource and date of the elevation | | | |
| G2. A community official completed Section E for a building located in Zone A (vor Zone AO. | vithout a FEMA-is | sued or community-issued BFE) | | | |
| G3. The following information (Items G4–G10) is provided for community floodp | ain management | purposes. | | | |
| G4. Permit Number G5. Date Permit Issued | | e Certificate of pliance/Occupancy Issued | | | |
| G7. This permit has been issued for: | provement | | | | |
| G8. Elevation of as-built lowest floor (including basement) of the building: | _ 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: | feet | meters Datum | | | |
| Local Official's Name Title JIM Galantine CFM | | | | | |
| Community Name Telephone Margate 1 | 822-19 | 774 | | | |
| Signature Date | | | | | |
| Comments (including type of equipment and location, per C2(e), if applicable) | | | | | |
| | | | | | |
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| | | _ | | | |
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| | | Check here if attachments. | | | |
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BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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

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|---|---------------------------|----------|---|
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| City | State | ZIP Code | Company NAIC Number |
| Margate | New Jersey | 08402 | 40 CONTRACTOR - 40 CONTRACTOR |

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 10/18/17



Photo Two

Photo Two Caption Rear 10/18/17

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

| IMPORTANT: In these spaces, copy the | FOR INSURANCE COMPANY USE | | |
|---|-------------------------------|-------------------------|------------------------------------|
| Building Street Address (including Apt., U 119 N. Barclay Avenue | Policy Number: | | |
| City | State | ZIP Code | Company NAIC Number |
| If submitting more photographs than wi with: date taken; "Front View" and "F photographs must show the foundation v | Rear View"; and, if required, | "Right Side View" and ' | 'Left Side View." When applicable, |
| | | | |
| | Photo Oi | ne | |
| | | | |
| | Photo One | | |
| Photo One Caption | | | |
| | Photo Tw | 70 | |
| Photo Two Contion | Photo Two | | |
| Photo Two Caption | | | |