

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 Robert Kiejdan Architecture & Construction				Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 302 N. Mansfield Avenue				Company NAIC Number:	
City Margate		State New Jersey		ZIP Code 08402	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 514, Lot 22					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>Residential</u>					
A5. Latitude/Longitude: Lat. <u>N°39°19'50.3"</u> Long. <u>W74°30'33.4"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>8</u>					
A8. For a building with a crawlspace or enclosure(s):					
a) Square footage of crawlspace or enclosure(s) <u>1,033</u> sq ft					
b) Number 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>1,200</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 <u>0</u> sq ft					
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>0</u>					
c) Total net area of flood openings in A9.b <u>0</u> sq in					
d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Margate City 345304			B2. County Name Atlantic		B3. State New Jersey
B4. Map/Panel Number 34001C 0434	B5. Suffix F	B6. FIRM Index Date 08/28/2018	B7. FIRM Panel Effective/ Revised Date 08/28/2018	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 8.0
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/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
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					

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

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SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ 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. In Puerto Rico only, enter meters.

Benchmark Utilized: Local BM Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

☐ NGVD 1929 ☒ NAVD 1988 ☐ 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) | <u>6.0</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor | <u>11.5</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only) | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| d) Attached garage (top of slab) | <u>N/A</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building
(Describe type of equipment and location in Comments) | <u>11.5</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>6.0</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>6.1</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support | <u>5.2</u> | <input type="checkbox"/> feet <input type="checkbox"/> meters |

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.

Were latitude and longitude in Section A provided by a licensed land surveyor? ☒ Yes ☐ No ☒ Check here if attachments.Certifier's Name
James R. Boney, PLSLicense Number
31264Title
Professional Land SurveyorCompany Name
James R. Boney & Associates, LLCAddress
13 Stone Mill CourtCity
Egg Harbor TwpState
New JerseyZIP Code
08234Place
Seal
Here

Signature

Date
10/18/2018Telephone
(609) 788-8013

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

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

Two and a half story frame dwelling on crawlspace. There is one (1) A/C unit outside on an elevated platform. All other mechanicals are at or above the FF. There are six (6) Flood Flap Vents installed in the crawlspace.

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**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 1–2 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.

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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 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–G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
<p>G7. This permit has been issued for: <input type="checkbox"/> New Construction <input type="checkbox"/> Substantial Improvement</p> <p>G8. Elevation of as-built lowest floor (including basement) of the building: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____</p> <p>G9. BFE or (in Zone AO) depth of flooding at the building site: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____</p> <p>G10. Community's design flood elevation: _____ <input type="checkbox"/> feet <input type="checkbox"/> meters Datum _____</p>		

Local Official's Name <i>J. A. Calantone</i>	Title <i>CFM</i>
Community Name <i>MPTB ATB</i>	Telephone <i>609-822-1978</i>
Signature <i>[Signature]</i>	Date <i>11/28/18</i>
Comments (including type of equipment and location, per C2(e), if applicable)	

☐ Check here if attachments.

ELEVATION CERTIFICATE**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

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302 N. Mansfield Avenue

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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 10/17/2018



Photo Two

Photo Two Caption Rear 10/17/2018

ELEVATION CERTIFICATE**BUILDING PHOTOGRAPHS**

Continuation Page

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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

Photo Two

Photo Two

Photo Two Caption



ICC
EVALUATION
SERVICE

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Most Widely Accepted and Trusted

ICC-ES Evaluation Report

ESR-3560

ICC-ES | (800) 423-6587 | (562) 699-0543 | www.icc-es.org

Reissued 09/2018

This report is subject to renewal 09/2019.

DIVISION: 08 00 00—OPENINGS

SECTION: 08 95 43—VENTS/FOUNDATION FLOOD VENTS

REPORT HOLDER:

FLOOD FLAPS®, LLC

EVALUATION SUBJECT:

**FLOOD FLAPS® AUTOMATIC FLOOD VENTS:
MODELS FFWF12; FFNF12; FFWF08; FFNF08; FFWF05; FFNF05**



*"2014 Recipient of Prestigious Western States Seismic Policy Council
(WSSPC) Award in Excellence"*



A Subsidiary of

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specified in, those codes listed in Section 1.0 of this report, subject to the following conditions:

- 5.1 The Flood Flaps® automatic FVs 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 Flood Flaps® automatic FVs 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 (editorially revised October 2017).

7.0 IDENTIFICATION

- 7.1 The Flood Flaps® models recognized in this report are identified by a label bearing the manufacturer's name, the model number, and the evaluation report number (ESR-3560).

- 7.2 The report holder's contact information is the following:

FLOOD FLAPS®, LLC
POST OFFICE BOX 1003
ISLE OF PALMS, SOUTH CAROLINA 29451
(843) 881-0190
www.floodflaps.com
info@floodflaps.com

TABLE 1—FLOOD FLAP AUTOMATIC FLOOD VENT MODEL SIZES

MODEL NUMBER	MODEL DESIGNATION	ROUGH OPENING (Width X Height) (inches)	VENT SIZE (W X H X D) (inches)	ENCLOSED AREA COVERAGE (ft ²)	NET FREE AREA OPENING ¹ (in ²)
FFWF12	Sealed Series	16 x 8	15 ⁵ / ₈ X 7 ³ / ₄ X 12	220	NA
FFNF12	Multi-Purpose	16 x 8	15 ⁵ / ₈ X 7 ³ / ₄ X 12	220	37
FFWF08	Sealed Series	16 x 8	15 ⁵ / ₈ x 7 ³ / ₄ x 8	220	NA
FFNF08	Multi-Purpose	16 x 8	15 ⁵ / ₈ x 7 ³ / ₄ x 8	220	37
FFWF05	Sealed Series	16 x 8	15 ⁵ / ₈ x 7 ³ / ₄ x 5	220	NA
FFNF05	Multi-Purpose	16 x 8	15 ⁵ / ₈ x 7 ³ / ₄ x 5	220	37

For SI: 1 inch = 25.4 mm; 1 ft² = 0.093 m²

¹For under-floor ventilation only.

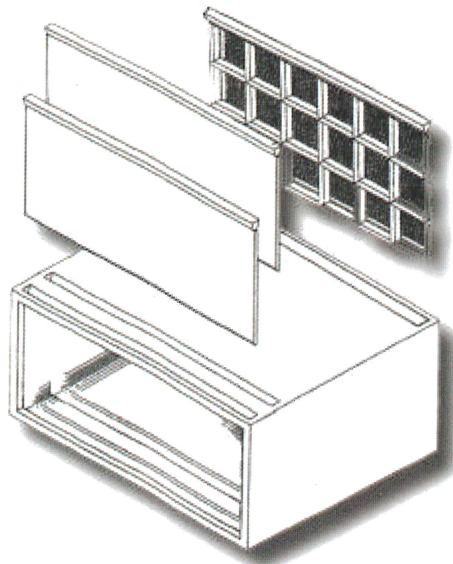


FIGURE 1—FLOOD FLAPS® AUTOMATIC FLOOD VENT



Installation Instructions

Flood Flaps LLC

Unmatched Value - Superior Performance

Date: Rev. 7/1/2015

Trim Flange Models: FFWF12 | FFWF08 | FFWF05
FFNF12 | FFNF08 | FFNF05

- FOLLOW ALL LOCAL BUILDING CODES AND ALL FEMA/NFIP INSTALLATION REQUIREMENTS AND REGULATIONS
- REVIEW THESE INSTRUCTIONS BEFORE INSTALLATION
- INSPECT VENTS FOR DAMAGE AND TO MAKE SURE THE GRILL IS PROPERLY CENTERED BETWEEN THE RAISED TABS ON THE BOTTOM
- RUBBER FLAPS SHOULD BE POSITIONED IN THEIR CHANNELS

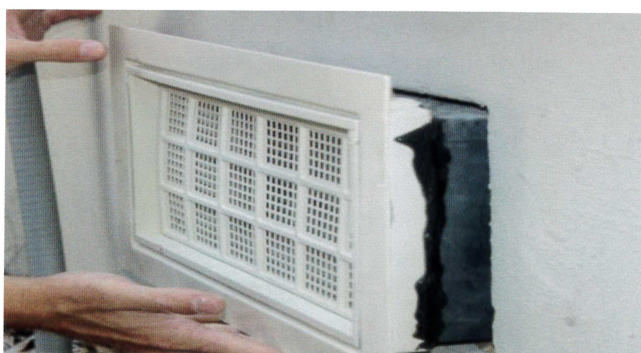
1. VERIFY DIMENSIONS OF ROUGH OPENING (SHOULD BE 16" L X 8" H); MAKE SURE FLOOD VENT FITS OPENING



2. APPLY HEAVY DUTY ADHESIVE TO BOTTOM AND SIDES OF FLOOD OPENING



3. APPLY EXTERIOR GRADE CAULK AROUND WALL SIDE OF TRIM FLANGE (CLEAR CAULK RECOMMENDED) AND SLIDE FLOOD VENT INTO THE OPENING.



4. APPLY PRESSURE AROUND ENTIRE FLOOD VENT TO ENSURE A TIGHT/SECURE INSTALLATION

