J.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires March 31, 2012

National Flood Insurance Program

Important: Read the instructions on pages 1-9

A1. Building Owner's Na	me SAM AND STACY F	SECT	TON A - PROPE	RTY INFORM	MATION	The second second	Insurance Co	mpany Use:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.						1,1792.5	Policy Number		
500 N. UNION AVENUE						Con	npany NAIC N	umber	
	State NJ ZIP Code					EC	E I W	ED	
A3. Property Description LOT 14 AND 14.01, BLO	(Lot and Block Numbers CK 623	, Tax Parcel N	umber, Legal Descr	ption, etc.)	M				
b) No. of permanent enclosure(s) with	Lat. 39-19'-49" Long74 tographs of the building it mber 8 crawlspace or enclosure of crawlspace or enclosure flood openings in the crawlspace of adjacen flood openings in A8.b openings?	I-30'-58" Hori. f the Certificate (s): e(s)	zontal Datum: I is being used to obe 1999 sq ft 1000 sq in	IAD 1927 tain flood insu A9. For a l a) Sc b) Nc wit c) To d) En	building with an a quare footage of a p. of permanent flot thin 1.0 foot above tal net area of floo gineered flood op	ttached ga ood opening adjacent od opening penings?	rage: lrage <u>46</u> gs in the attac grade 3	0 sq ft hed garage	
D4 NEID Community N			ISURANCE RAT	MAP (FIRI	M) INFORMATI	ON			
B1. NFIP Community Nam 3453040001 C	e & Community Number		32. County Name TLANTIC			B3. Stat	te		
B4. Map/Panel Number 345304-0001	С	FIRM Index Date 10/18/83	B7. FIRM Effective/Rev 10/18/	sed Date	B8. Flood Zone(s) A-8	B9. I	Base Flood Ele AO, use base		
B10. Indicate the source of				ntered in Item	B9.				
☐ FIS Profile		nmunity Deterr		her (Describe)				
B11. Indicate elevation date B12. Is the building located Designation Date	in a Coastal Barrier Reso —	ources System	(CBRS) area or Otl	erwise Proted OPA			☐ Yes ②	⊠ No	
	SECTION C - B	UILDING EL	EVATION INFOR	MATION (S	URVEY REQUI	RED)			
below according to the b	cate will be required wher A30, AE, AH, A (with BFE building diagram specified CALVertical Datum 1929	E), VE, V1-V30, I in Item A7. U	of the building is cor	nplete. AR/A, AR/AE, as the BFE.		AH, AR/AO			
a) Top of bottom floor	(including basement, cra	wlspace or en	closure floor) 6.4		heck the measure				
b) Top of the next high	er floor		12.0		meters (Pue			/	
	t horizontal structural me	mber (V Zones		lfeet	meters (Pue	rto Rico on	nly) /	, ,	
e) Lowest elevation of	p of slab) machinery or equipment uipment and location in (servicing the b	6. <u>8</u> uilding <u>11</u> . <u>0</u>	⊠ feet ⊠ feet	☐ meters (Pue ☐ meters (Pue	rto Rico on rto Rico on	ly)	1.115	
f) Lowest adjacent (fin	ished) grade next to build	ding (LAG)	<u>6.3</u>	⊠ feet	meters (Puer	to Rico on	W /		
 g) Highest adjacent (fir h) Lowest adjacent gra 	nished) grade next to build de at lowest elevation of	ding (HAG)	<u>6.4</u>		meters (Puer	to Rico onl	ly)		
structural support					meters (Puer		ly)		
This certification is to be also	SECTION D - S	URVEYOR, E	NGINEER, OR A	RCHITECT	CERTIFICATIO	N			
This certification is to be sign information. I certify that the understand that any false sta Check here if comments	tement may be punishab	icate represent le by fine or im orm. We	c my hoot offerte to	interpret the o B U.S. Code, i tude in Sectio	data available.l Section 1001 🗀		Di Ho	** #*	
ertifier's Name THOMAS N.	TOLBERT			Number 386	* * * * * * * * * * * * * * * * * * *		SEA	l.	
itle PRESIDENT	Compan	y Name DESI	GN LAND SURVEY				HER	8.0 3.1	
ddress P.O. BOX 667		RNERSVILLE	State N		IP Code 08012				
ignature	1	Date 03/28		ne 856-374-	10000				
1 1						L			

IMPORTANT: In these spaces, copy the corres	sponding information from Section A.	For Insurance Company Use:						
Building Street Address (including Apt., Unit, Suite, and/		Policy Number						
500 N. UNION AVENUE		Company NAIC Novel						
City MARGATEState NJ ZIP Code		Company NAIC Number						
SECTION D - SURVEYO	R, ENGINEER, OR ARCHITECT CERTIFICATION	ON (CONTINUED)						
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.								
Comments THE PORTION OF THE DWELLING OVE	RHANGING THE WATERWAY AND IS OPEN BELOW	LIVING FLOOR, HAS NOT BEEN INCLUDED						
IN THIS AREA.								
7	* /							
1/1/4	3/3/13 Date							
Signature	Date	☐ Check here if attachments						
SECTION E - BUILDING ELEVATION INFOR	MATION (SURVEY NOT REQUIRED) FOR ZOI							
For Zones AO and A (without BFE), complete Items E1- and C. For Items E1-E4, use natural grade, if available.	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. E1. Provide elevation information for the following and								
grade (HAG) and the lowest adjacent grade (LAG)		ration is above or below the highest adjacent						
a) Top of bottom floor (including basement, crawls	pace, or enclosure) is	eters above or below the HAG.						
b) Top of bottom floor (including basement, crawls	b) Top of bottom floor (including basement, crawlspace, or enclosure) is feet feet 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		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 se E5. Zone AO only: If no flood depth number is availab	rvicing the building is feet meter							
·	local official must certify this information in Section G.	e with the community's hoodplain management						
	Y OWNER (OR OWNER'S REPRESENTATIVE)	CERTIFICATION						
The property owner or owner's authorized representative								
or Zone AO must sign here. The statements in Sections		out a . =						
Property Owner's or Owner's Authorized Representative	's Name							
Address	City	State ZIP Code						
Addiess	City	otato Zii oode						
Signature	Date	Telephone						
Comments								
		☐ Check here if attachments						
SECTION	G - COMMUNITY INFORMATION (OPTIONAL	-)						
The local official who is authorized by law or ordinance to								
and G of this Elevation Certificate. Complete the applicable	M. A. 1751							
	er documentation that has been signed and sealed by on. (Indicate the source and date of the elevation data							
No. of the Control of	building located in Zone A (without a FEMA-issued or c	73						
	ded for community floodplain management purposes.	5						
		Of Compliance (Company Institute						
G4. Permit Number G5. Date Permit 2012-0265		Of Compliance/Occupancy Issued -1-2013						
G7. This permit has been issued for:		1 2013						
G8. Elevation of as-built lowest floor (including basement)	#####################################	R) Datum						
G9. BFE or (in Zone AO) depth of flooding at the building								
G10. Community's design flood elevation	feet							
Local Official's Name James Galantino	Title							
	Telephone	ion Official						
Community Name Margate City	609-822-19	974						
Signature	Date //e//s							
Comments	1/1/5							
l								
		3						
		Check here if attachments						

Building Photographs See Instructions for Item A6.

	For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 500 N. UNION AVENUE	Policy Number
City MARGATE State NJ ZIP Code	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two 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." If submitting more photographs than will fit on this page, use the Continuation Page, following.

SEE ATTACHED







