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



OMB No 1669-0008/ Expiration Pate: November 30 2018

# **ELEVATION CERTIFICATE**

		the instructions on		Bu	1 (0) 1 - 11 11
Copy all pages of this Elevation Certificate and				THE R. P. LEWIS CO., LANSING, MICH.	
			FOR INSURANCE COMPANY USE Policy Number:		
<ul><li>A2. Building Street Address (including Apt., Box No.</li><li>7600 Ventnor Avenue</li></ul>	Unit, Suite, and/o	r Bldg. No.) or P.O.	Route and	Company N	AIC Number:
City CITY OF MARGATE		State New Jersey		ZIP Code 08402	
A3. Property Description (Lot and Block Nu Block 103.01 Lot 22	mbers, Tax Parce	l Number, Legal De	scription, etc.)		
A4. Building Use (e.g., Residential, Non-Re	sidential, Addition	, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longitude: Lat. 39.3318	Long. <u>-</u> -	74.4947	Horizontal Datum	ı:	927 X NAD 1983
A6. Attach at least 2 photographs of the but	ilding if the Certific	cate is being used to	o obtain flood insura	ince.	
A7. Building Diagram Number6					
A8. For a building with a crawlspace or enc	losure(s):				
a) Square footage of crawlspace or en	closure(s)	1,038 sq ft			
b) Number of permanent flood opening	ıs in the crawlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gra	ade 6
c) Total net area of flood openings in A		sq in			<u> </u>
d) Engineered flood openings? X Yes No					
A9. For a building with an attached garage:					
a) Square footage of attached garage		sa ft			
b) Number of permanent flood opening			ot above adiacent o	ırade	0
c) Total net area of flood openings in A			or above adjacom g		
	(A	- 54 111			
d) Engineered flood openings?	res 🔀 No				
SECTION B -	FLOOD INSURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Community Name & Community N	lumber	B2. County Name			B3. State
CITY OF MARGATE & 345304		ATLANTIC COUN	ITY		New Jersey
B4. Map/Panel B5. Suffix B6. FIRM Date	l E	IRM Panel ffective/	B8. Flood Zone(s)	(Zor	se Flood Elevation(s) ne AO, use Base
345304/0001 C 10/18/198		evised Date 8/1983	A8**	10**	od Depth)
B10. Indicate the source of the Base Flood  FIS Profile X FIRM Commun	100		epth entered in Item	B9:	
B11. Indicate elevation datum used for BFE	in Item B9: 🗵 N	IGVD 1929 🔲 NA	√D 1988	ner/Śource: _	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?   Yes   No					

Designation Date:

☐ CBRS ☐ OPA

### **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the corresponding information from Sect	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route 7600 Ventnor Avenue	Policy Number:				
City State ZIP C CITY OF MARGATE New Jersey 08402		Company NAIC Number			
SECTION C – BUILDING ELEVATION INFORMATI	ON (SURVEY RE	EQUIRED)			
SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)  C1. Building elevations are based on:					
<ul> <li>h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support</li> </ul>	<u> </u>	X feet meters			
SECTION D – SURVEYOR, ENGINEER, OR ARCI	HITECT CERTIFI	CATION			
This certification is to be signed and sealed by a land surveyor, engineer, or archi I certify that the information on this Certificate represents my best efforts to interp statement may be punishable by fine or imprisonment under 18 U.S. Code, Section Were latitude and longitude in Section A provided by a licensed land surveyor?	ret the data availa on 1001.	law to certify elevation information.  ble. I understand that any false  Check here if attachments.			
Certifier's Name Paul M. Koelling, PLS, CFM  Title Licensed Land Surveyor					
	ZIP Code 08221	Place Seal Here			
	Telephone (609) 927-0279				
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)  *A8b.) USA flood vents engineered for 252 square inches of net area each (see attached) installed on crawlspace  **B8 & B9.) FEMA Pre-FIRM Zone "AE"Base Flood Elevation 10 ft. (NAVD88) converted = 11.3 ft. (NGVD29)  ***C2a.) 973 s.f. crawlspace (elev 8.4)64 s.f. foyer (elev 8.7)  ****C2e.) exterior air unit (elev 10.7)					

### **ELEVATION CERTIFICATE**

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IMPORTANT: In these spaces, copy the corresponding information from Section A.				OR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, a 7600 Ventnor Avenue	nd/or Bldg. No.) or	P.O. Route and Box	No. F	Policy Number:	
City CITY OF MARGATE	State New Jersey	ZIP Code 08402	C	Company NAIC Number	
SECTION E – BUILDING E FOR ZO	LEVATION INFO	RMATION (SURVE	Y NOT R	EQUIRED)	
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, crawlspace, or enclosure) is		feet   feet	meters	above or below the HAG.	
<ul><li>E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is</li><li>E3. Attached garage (top of slab) is</li></ul>	openings provided	feet	and/or 9 meters meters	(see pages 1–2 of Instructions),  ☐ above or ☐ below the HAG. ☐ 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 availa floodplain management ordinance? Yes	able, is the top of th	e bottom floor elevate own. The local officia	ed in acco al must cer	rdance with the community's tify this information in Section G.	
SECTION F - PROPERTY OV	NNER (OR OWNE	R'S REPRESENTAT	(IVE) CER	TIFICATION	
The property owner or owner's authorized representation community-issued BFE) or Zone AO must sign here.	itive who complete: The statements in	s Sections A, B, and Sections A, B, and E	E for Zone	A (without a FEMA-issued or ct to the best of my knowledge.	
Property Owner or Owner's Authorized Representative	re's Name				
Address		City	State	ZIP Code	
Signature	[	Date	Telep	phone	
Comments				☐ 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, S 7600 Ventnor Avenue	uite, and/or Bldg. No.) or P.	O. Route and Box No.	Policy Number:		
City CITY OF MARGATE	State New Jersey	ZIP Code 08402	Company NAIC Number		
SECTION	ON G - COMMUNITY INFO	RMATION (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 Secti or Zone AO.	on E for a building located i	n Zone A (without a FEMA	A-issued or community-issued BFE)		
G3. The following information (Items G4-	·G10) is provided for commu	unity floodplain manageme	ent purposes.		
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction Sub	estantial Improvement			
G8. Elevation of as-built lowest floor (including of the building:	g basement)	feet	meters Datum		
G9. BFE or (in Zone AO) depth of flooding at t	:he building site:	feet	meters Datum		
G10. Community's design flood elevation:		feet	meters Datum		
Local Official's Name Title					
Community Name  MANGATE	Tel	lephone \$69.82	2-1924		
MANGATE Signature	Da	te \$/12/	1.8		
Comments (including type of equipment and location, per C2(e), if applicable)					
			Check here if attachments.		

#### 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 (AC364), dated August 2015.

#### 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 (ft²)	FLAP NET FREE AREA <sup>1</sup> (in <sup>2</sup> )
FOSS	18 x 10	$15^{1}/_{2} \times 7^{1}/_{2}$	252	None
FASS	18 x 10	$15^{1}/_{2} \times 7^{1}/_{2}$	252	28
FOAL	18 x 10	$15^{1}/_{2} \times 7^{1}/_{2}$	252	None
FAAL	18 x 10	$15^{1}/_{2} \times 7^{1}/_{2}$	252	37
ROAL	16 <sup>3</sup> / <sub>8</sub> x 10	$13^{7}/_{8} \times 7^{1}/_{2}$	224	None

For SI: 1 inch = 25.4 mm

<sup>&</sup>lt;sup>1</sup>Net free area in the vent flap for under-floor space ventilation.

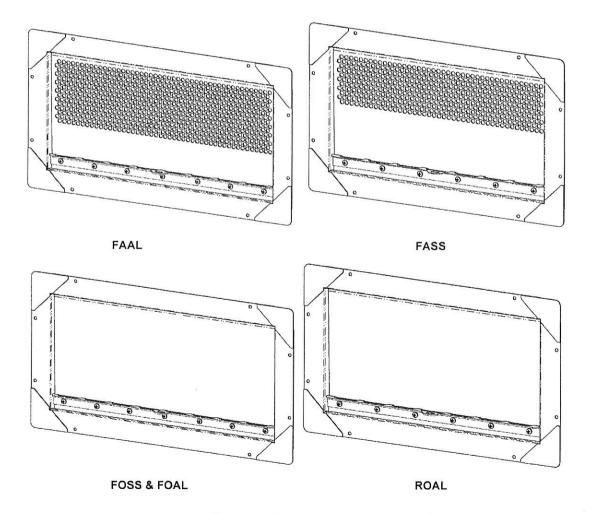


FIGURE 1-USA FLOOD AIR VENTS

# **Building Photographs**

**************************************	See Instructions for Iter	n A6.	For Insurance Company Use:
Building Street Address (inclu 7600 Ventnor Avenu	uding Apt., Unit, Suite, and/or Bldg.) No. or P.C e	). Route and Box No.	Policy Number
City	State	ZIP Code	Company NAIC Number
Margate	New Jersey	08204	

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 on the reverse.





Front View - Date of Photograph: (See Photo Stamp)

Rear View - Date of Photograph: (See Photo Stamp)





Right Side View – Date of Photograph: (See Photo Stamp)

Left Side View – Date of Photograph: (See Photo Stamp)