U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

			CTION A -	PROPERTY IN	FORMA	ATION	FOR IN	SURANCE COMPANY USE
A1. Building Owner's Nam	e THOMAS WI	LLIAMS, SR.					Policy t	Number,
A2. Building Street Address 8206 BAYSHORE DRIVE	s (including Apt WEST	., Unit, Suite, and/o	r Bldg. No.)	or P.O. Route and	Box No		Compa	ny NAIC Number
City MARGATE CITY		W. M.	S	tate NJ ZIP	Code 08	3402		
A3. Property Description (BLOCK 1200 LOT 50	Lot and Block N	umbers, Tax Parcel	Number, L	egal Description, e	etc.)			
A4. Building Use (e.g., Re-	sidential, Non-R	esidential, Addition,	Accessory	, etc.) <u>RESIDENTI</u>	IAL			
A5. Latitude/Longitude: La	t. 39°20'19.5"	.ong. 74°30'14.5" H	orizontal D	atum: NAD 19	27 🛛 1	NAD 1983		
A6. Attach at least 2 photo A7. Building Diagram Num	ber 8		ate is being	used to obtain flo	od insura	ince.		
A8. For a building with a c	awlspace or en	closure(s):	4070			uilding with an atta	•	•
a) Square footage ofb) Number of perman	crawispace or ei ent flood openin	nciosure(s) as in the crawlspac	1370 e	sq ft	a) Squ	are footage of atta	ched gar	rage <u>199</u> sq ft enings in the attached garage
or enclosure(s) with	nin 1.0 foot abov	e adjacent grade	<u>9*</u>	200 • 00	with	in 1.0 foot above a	djacent	grade 2
c) Total net area of flood openings in A8.b 2250 sq in c) Total net area of flood openings in A9.b 1856 sq in d) Engineered flood openings?								
		TION B - FLOOR	INSURA	NCE RATE MAI				
B1. NFIP Community Name					(1.11.11	T T T T T T T T T T T T T T T T T T T		
MARGATE	a Community i	vumber	B2. Cour ATLANT				B3. Stat	
B4. Map/Panel Number 345304/0001	B5. Suffix C	B6. FIRM Index 7/1/74		B7. FIRM Pane Effective/Revised I 10/28/83		B8. Flood Zone(s) A-8	B9. E	Base Flood Elevation(s) (Zone AO, use base flood depth) 10.00'
310. Indicate the source of t	he Base Flood I	Elevation (BFE) dat	a or base fl	ood depth entered	in Item 6	39.	-1	· ·
☐ FIS Profile	☑ FIRM	☐ Community De		☐ Other/So	ource:			
111. Indicate elevation datu	n used for BFE	in Item B9: X NG	VD 1929	□ NAVD 1		Other/Source:		
 Is the building located in Designation Date: 	ii a Coastai bai: —	ner Resources Sys	cem (CBRS			ted Area (OPA)?		☐ Yes No
	SECTIO	N C – BUILDING	FIEVAT	ON INFORMAT	ION (SI	IDVEV PEOUE	PED)	
1. Building elevations are b		☐ Construction D			*	Construction*		nished Construction
*A new Elevation Certific	ate will be requi	red when construct	ion of the b	uilding is complete).			nished Construction
2. Elevations – Zones A1–, below according to the b	A30, AE, AH, A uilding diagram	(with BFE), VE, V1- specified in Item A	7. In Puerto	Rico only, enter m	neters.	, AR/A1–A30, AR//	AH, AR/A	AO. Complete Items C2.a-h
Benchmark Utilized: Indicate elevation datum	— used for the ele	vations in items a)		Datum: NGVD 1		NAVO 1088 🗆 O	thor/Cou	root
Datum used for building	elevations must	be the same as tha	at used for t	he BFE.	1929 🗀			
a) Top of bottom floor (in	duding bosoms	nt osoulanese er	malaavaa fi	3	0.07			surement used.
b) Top of the next higher		ni, crawispace, or e	enclosure n	501)	9. <u>97</u> 13.57		⊠ feet ⊠ feet	☐ meters ☐ meters
c) Bottom of the lowest h		ral member (V Zon	es only)		N/A.		⊠ feet	☐ meters
d) Attached garage (top					10.07		feet	meters
 e) Lowest elevation of ma (Describe type of equi 	achinery or equi oment and locat	pment servicing the	building		-		⊠ feet	meters
f) Lowest adjacent (finish					9.72		⊠ feet	☐ meters
g) Highest adjacent (finis					9.92		feet	meters
h) Lowest adjacent grade	at lowest eleva	tion of deck or stair	s, including	structural support	9. <u>90</u>		feet	☐ meters
		N D - SURVEYO		*****				
This certification is to be sign information. I certify that the I understand that any false s	information on t	his Certificate repre	sents my b	est efforts to intern	oref the c	lata available	on [
	are provided o	n back of form.				on A provided by a		PLACE
Check here if attachmen	nts.			and surveyor?	⊠ Yes			SEAL
Certifier's Name DANIEL J. I	PONZIO, SR.			License Nu	mber GS	337603		HERE
Title LAND SURVEYOR		Company Name	ARTHUR V	V. PONZIO COMP	PANY			
Address 400 NORTH DOVE	R AVENUE	City ATLANTIC C	ITY	State NJ	ZIP Co	de 08401		
Signature	•	Date 11/23/15		Telephone	609-344	1-8194		

spaces, copy the	Corresponding			
(Including Apt., Unit, St	corresponding information fruite, and/or Bidg. No.) or P.O. Route	om Section A.	Programme and the second	
SITY	or P.O. Route	and Box No.	FOR INSURANGE COMPANY US	
	21		r olicy Number:	
SECTION D - SUF	- Colins	ZIP Code 08402	Company No.	
oth sides of this Elevation Certificate for (OR, ENGINEER, OR ARCI	HITECT CERTIFICATI	Company NAIC Number:	
nments PROJECT #31867 A/C UNIT	r) community official, (2) insurance a	gent/compone	ON (CONTINUED)	
JUG GIVIT		OOD VENTS	ilding owner.	
		D 4 F 14 1 2		
Signature SECTION E – BUILDING ELEVATION IN For Zones AO and A (without BFE), complete Items and C. For Items E1–E4, use natural grade, if available. E1. Provide elevation information formation for the second	Date	11/23/15		
For Zon	FORMATION (SURVEY NOT -			
and C. For Items 54, 54	TOUR	EQUIRED) FOR ZONE	AO AND ZONE A COM	
E1. Provide elevation less	able. Check the certificate is intended	to support a LOVI	END ZONE A (WITHOUT BFE)	
For Zones AO and A (without BFE), complete Items and C. For Items E1–E4, use natural grade, if availate E1. Provide elevation information for the following grade (HAG) and the lowest adjacent grade (Lab) Top of bottom floor (including basement, crab) E2. For Building Diagrams 6–9 with permanent floor (elevation C2.b in the diagrams) of the building E3. Attached garage (top of slab) is E4. Top of platform of machinery and/or equipment E5. Zone AO only: If no flood depth number is availed ordinance? Yes No Unknown. The proposition	and check the appropriate boxes to AG). awispace, or enclosure) is	In Puerto Rico only, enter show whether the elevation feet meter meter ms 8 and/or 9 (see pages of the page)	or meters. In above or below the highest adjacent above or below the HAG. In above or below the HAG. In above or below the LAG.	
ordinance? Yes No Unknown Th	able, is the top of the bottom floor el	_ ☐ leet ☐ meters ☐	above or Delow the HAG	
SECTION	and dorany and million	lation in Section C	management	
The property owner or owner's authorized representation and a section or Zone AO must sign here. The statements in Sections Property Owner's or Owner's Authorized Representative Address.	TY OWNER (OR OWNER'S RE ve who completes Sections A. R. con	PRESENTATIVE OF	and a second sec	
or Zone AO must sign here. The statements is 2	ve who completes Sections A. R. on	TEOERTATIVE) CER	RTIFICATION	
Property Owner's or Owner's Authorized Representative	s A, B, and E are correct to the best	of my knowledge	FEMA-issued or community-issued REE	
Address	e's Name		, , , , , , , , , , , , , , , , , , ,	
Signature	City			
		State	ZIP Code	
Comments	Date	Telep	hone	
SECTION	C 001		Check here if attachments.	
ocal official who is authorized by law or or linance to ad	G - COMMUNITY INFORMATI	ON (OPTIONAL)	n andomiento.	
The same of the sa	a die continuity s thoodolain w	One we	Complete Sections A. B. C. (2-5)	
is authorized by law to certify elevation information A community official completed Section E for a but The following information (Items G4-G10) is proven	on. (Indicate the source and date of	ed and sealed by a licens	sed surveyor, engineer, or architect who	
The following information (Items C4, C4.2)	uilding located in Zone A (without a F	EMA-issued or communi	Jomments area below.)	
The following information (Items G4–G10) is prov	ided for community floodplain mana	gement purposes	ty-issued BFE) or Zone AO.	
G5. Date Permit	16611971			
This permit has been issued for: New Construction		Date Certificate Of Com	pliance/Occupancy Issued	
Elevation of as-built lowest floor (including basement) of BFE or (in Zone AO) death of the still	ction	ent		
BFE or (in Zone AO) depth of flooding at the building si	of the building:	feet meters	Datum	
Community's design flood elevation:	te:	f	Datum Datum	
	[]	foot Dans	Datum	
al Official's Name	/			
munity Name	Title	CFA		
MARKERIE	Teleph one	1-5-077	-1014	
ature COC		605-672	1/1	
ments	Date	8/1/16	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		1		
	X		Checl here if attachments.	
			LI OHEOF HERE II ATTRICTIMENTS.	
Form 000 0 000				
Form 086-0-33 (7/12)				
			Replaces all previous editions.	

Building Photographs See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 8206 BAYSHORE DRIVE WEST

City MARGATE CITY

State NJ

ZIP Code 08402

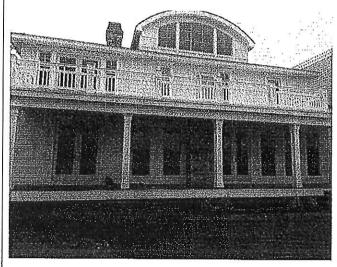
FOR INSURANCE COMPANY USE

Policy Number:

Company NAIC Number.

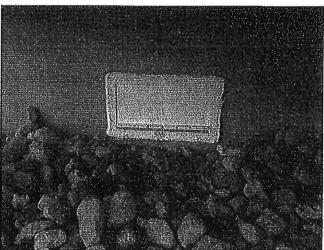
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, 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.

PHOTOS TAKEN ON 11/19/15









ELEVATION CERTIFICATE, page 4

Building Photographs Continuation Page

WIPORTANT: In these spaces, copy the ullding Street Address (including Apt., Unit, Sui	FOR INSURANCE COMPANY US									
	Policy Number:									
ity	State	ZIP Code	Company NAIC Number:							
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.										
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		*								
			,							