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

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

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 The Seeton's				Policy Num	ber:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 12 S. Jefferson Ave.					Company N	NAIC Number:	
City CITY OF MAR	GATE			State New Jersey		ZIP Code 08402	
A3. Property Desc Block 129 lot 214	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 129 lot 214						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL				RESIDENTIAL		i	
A5. Latitude/Longi	tude: Lat. N	39.3209	Long. V	V 074.5151	Horizontal Datum	: NAD 1	1927 X NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certific	cate is being used to	o obtain flood insura	nce.	
A7. Building Diagra	am Number	7					
A8. For a building	with a crawls;	pace or enclosure(s):					
a) Square foo	tage of crawls	space or enclosure(s)		600 sq ft			
b) Number of	permanent flo	ood openings in the cra	wlspac	ce or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade3
c) Total net ar	ea of flood op	penings in A8.b60	0	sq in			
d) Engineered	flood opening	gs? 🗵 Yes 🗌 No)				
A9. For a building v	with an attach	ed garage:					
a) Square footage of attached garage 294 sq ft							
b) Number of p	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 2						
c) Total net area of flood openings in A9.b 400 sq in							
d) Engineered flood openings? X Yes No							
		CTION B – FLOOD IN	SURA	 	(FIRM) INFORMA	TION	
B1. NFIP Community Name & Community Number CITY OF MARGATE & 345304		B2. County Name ATLANTIC COUNTY			B3. State New Jersey		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date		IRM Panel ffective/	B8. Flood Zone(s)	B9. Bas	se Flood Elevation(s) ne AO, use Base
345304/0001	С	10/18/1983	R	evised Date /1983	A8**	Floo 10**	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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IMPORTANT: In these spaces, copy the corresponding information from Sec	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rou 12 S. Jefferson Ave.	Policy Number:			
	Code	Company NAIC Number		
CITY OF MARGATE New Jersey 0840)2			
SECTION C – BUILDING ELEVATION INFORMAT	ION (SURVEY R	EQUIRED)		
C1. Building elevations are based on: Construction Drawings* Build *A new Elevation Certificate will be required when construction of the building C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BF Complete Items C2.a–h below according to the building diagram specified in Benchmark Utilized: private Vertical Datum: 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 B a) Top of bottom floor (including basement, crawlspace, or enclosure floor) b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (HAG) h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	FE), AR, AR/A, AR/ n Item A7. In Puert NGVD29 v.	'AE, AR/A1-A30, AR/AH, AR/AO.		
	LITECT CERTIFI	CATION		
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 License Number				
Paul M. Koelling, PLS, CFM NJ24GS 04328800				
Title Licensed Land Surveyor				
Company Name Paul Koelling & Associates, LLC NJ C.O.A. No. 24GA28256300	Place Seal			
Address 2161 Shore Road		Here		
City State Linwood New Jersey	ZIP Code 08221			
Signature Date 10-10-17	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) *A8 & a9.) Smart Vents model #1540-520 engineered for 200 sq. inches of net area **B8 & B9.) FEMA Pre-FIRM Zone "AE"Base Flood Elevation 10 ft. (NAVD88) converted = 11.3 ft. (NGVD29) ***C2a.) Enclosure with garage, elevator, and, storage(elev 5.7)elevator shaft (elev. 6.3) ****C2e.) exterior air unit (elev 13.3)Electrical outlets (elev 13.5)				

Building Photographs

See Instructions for Item A6. Building Street Address (including Apt., Unit, Suite, and/or Bldg.) No. or P.O. Route and Box No. #12 South Jefferson			For Insurance Company Use: Policy Number	
MARGATE	N.I	08402		

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)

With the bottom of the FV located a maximum of 12 inches (305.4 mm) above the higher of the final grade or floor and finished exterior grade immediately under each opening.

5.0 CONDITIONS OF USE

The Smart Vent[®] FVs described in this report comply with, or are suitable alternatives to what is specified in, those codes listed in Section 1.0 of this report, subject to the following conditions:

- 5.1 The Smart Vent® 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 Smart Vent® FVs must not be used in the 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 Smart VENT® models recognized in this report must be identified by a label bearing the manufacturer's name (Smartvent Products, Inc.), the model number, and the evaluation report number (ESR-2074).

TABLE 1-MODEL SIZES

MODEL NAME	MODEL NUMBER MODEL SIZE (in.)		COVERAGE (sq. ft.)	
FloodVENT®	1540-520	15 ³ / ₄ " X 7 ³ / ₄ "	200	
SmartVENT®	1540-510	15 ³ / ₄ " X 7 ³ / ₄ "	200	
FloodVENT® Overhead Door	1540-524	15 ³ / ₄ " X 7 ³ / ₄ "	200	
SmartVENT® Overhead Door	1540-514	15 ³ / ₄ " X 7 ³ / ₄ "	200	
Wood Wall FloodVENT®	1540-570	14" X 8 ³ / ₄ "	200	
Wood Wall FloodVENT® Overhead Door	1540-574	14" X 8 ³ / ₄ "	200	
SmartVENT® Stacker	1540-511	16" X 16"	400	
FloodVent [®] Stacker	1540-521	16" X 16"	400	

For SI: 1 inch = 25.4 mm; 1 square foot = m2

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IMPORTANT: In these spaces, copy the corresponding information from Section A.					NCE COMPANY USE	
Building Street Address (including Apt., Unit, Suit 12 S. Jefferson Ave.	ite, and/or Bldg. No.) or	P.O. Route and Bo	ox No.	Policy Number	:	
City CITY OF MARGATE	State New Jersey	ZIP Code 08402		Company NAIC	2 Number	
SECTION E - BUILDIN	SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT 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		feet	meter	s 🔲 above or	below the HAG.	
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 		feet	meter	s 🔲 above or	below the LAG.	
the next higher floor (elevation C2.b in	flood openings provided	d in Section A Items	ction A Items 8 and/or 9 (see pages 1–2 of Instructions),			
the diagrams) of the building is E3. Attached garage (top of slab) is	•	feet	meter	2000-06	below the HAG.	
E4. Top of platform of machinery and/or equipm	 ent	feet	meters	s above or	below the HAG.	
servicing the building is E5. Zone AO only: If no flood depth number is an		feet	meters		below the HAG.	
floodplain management ordinance? Ye		own. The local office				
SECTION F - PROPERTY	Y OWNER (OR OWNE	R'S REPRESENTA	TIVE) CE	RTIFICATION		
The property owner or owner's authorized repres community-issued BFE) or Zone AO must sign he	entative who completes ere. The statements in	s Sections A, B, and Sections A, B, and	d E for Zor E are corr	ne A (without a fect to the best o	-EMA-issued or of my knowledge.	
Property Owner or Owner's Authorized Representative's Name						
Address	(City	Sta	te	ZIP Code	
Signature	[Date	Tel	ephone		
Comments		(4)				
					a	
					8	
				Check h	ere if attachments.	

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 12 S. Jefferson Ave.			Policy Number:			
CITY OF MARGATE		ZIP Code 08402	Company NAIC Number			
SECTION	ON G - COMMUNITY INFORM	ATION (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 Zone AO.	on E for a building located in Z	one A (without a FEMA	A-issued or community-issued BFE)			
G3. The following information (Items G4-	G10) is provided for communit	y floodplain manageme	ent purposes.			
G4. Permit Number	G5. Date Permit Issued		ate Certificate of ompliance/Occupancy Issued			
G7. This permit has been issued for:	New Construction Substa	antial Improvement				
G8. Elevation of as-built lowest floor (including of the building:	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	Community Name Telephone					
Signature Date 40/11/17						
Comments (including type of equipment and loc	ation, per C2(e), if applicable)					
/						
			и			
			Check here if attachments.			