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 attachment	s for (1) community official	, (2) insurance agent	/company, an	d (3	 building owner.
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Copy all pages of this		ION A - PROPERTY			lai, (2) ilisulance a		RANCE COMPANY USE
A1. Building Owne		ION A - FROI ERT I	W OIL	WATTON		Policy Num	
Thomas F Reynold						-	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Nur						AIC Number:	
201 N. Nassau Ave				State		ZIP Code	
City CITY OF MAR	SATE			New Jersey		08402	
A3. Property Desc Block 414 Lot 11	ription (Lot an	d Block Numbers, Tax	Parce	Number, Legal De	scription, etc.)		
A4. Building Use (e.g., Resident	tial, Non-Residential, A	ddition	, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longit	ude: Lat.	ι	ong. N	39.3294	Horizontal Datur	n: NAD 1	927 X NAD 1983
		ns of the building if the					
A7. Building Diagra							
50 March 100 Mar	-						
	A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) 1,160 sq ft						
i i		od openings in the cra			ithin 1.0 foot above	e adiacent gra	ade 5
		enings in A8.b 1,00				, ,	
8007	253	11.12		N			
d) Engineered	nood opering	gs? ⊠ Yes ☐ No)				
A9. For a building v	vith an attach	ed garage:					
a) Square foot	a) Square footage of attached garage o sq ft						
b) Number of	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0						
c) Total net are	c) Total net area of flood openings in A9.b 0 sq in						
d) Engineered flood openings? Yes No							
a, Lightonia nod opolingo.							
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	ATION	
		ommunity Number		B2. County Name			B3. State New Jersey
CITY OF MARGAT	E & 3433			ATLANTIC COOK			14eW Sersey
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
			R	evised Date	A8**		od Depth)
345304/0001	С	10/18/1983	10/16	3/1983	Ao	10	
		Base Flood Elevation (Community Determ			epth entered in Iter	n B9:	
B11. Indicate eleva	ation datum u	sed for BFE in Item B9	: 🗵 N	GVD 1929 🔲 NA	NVD 1988 □ O	ther/Source:	
R12 le the building	n located in a	Coastal Barrier Beenu	rces S	vstem (CRRS) area	or Otherwise Prof	ected Area (OPA)? ☐ Yes ⊠ No
/9.59 As 1995 NO	2 . 940					23.04 / 1104 /	2, 100 M
Designation (Jate	⊔(67ac	□ ОРА			

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corres	ponding information from Sec	tion A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite 201 N. Nassau Ave.	e, and/or Bldg. No.) or P.O. Rout	te and Box No.	Policy Number:			
City CITY OF MARGATE	State ZIP (New Jersey 0840		Company NAIC Number			
SECTION C - BUILD	ING ELEVATION INFORMAT	ION (SURVEY R	EQUIRED)			
C1. Building elevations are based on: Co *A new Elevation Certificate will be required C2. Elevations Zones A1A30, AE, AH, A (will		ng is complete.				
Complete Items C2.a-h below according to Benchmark Utilized: private	the building diagram specified in Vertical Datum:	n Item A7. In Puert	o Rico only, enter meters.			
Indicate elevation datum used for the elevation						
NGVD 1929 NAVD 1988 NAV		20				
Datum used for building elevations must be		FE.				
		0 0	Check the measurement used.			
 a) Top of bottom floor (including basement 	, crawlspace, or enclosure floor)		X feet meters			
b) Top of the next higher floor		18, 2	X feet meters			
 c) Bottom of the lowest horizontal structura 	I member (V Zones only)	N/A,	X feet meters			
d) Attached garage (top of slab)		N/A	X feet meters			
 e) Lowest elevation of machinery or equipr (Describe type of equipment and location 	nent servicing the building n in Comments)	10. 0	x feet meters			
f) Lowest adjacent (finished) grade next to	building (LAG)	7. <u>9</u>	x feet meters			
g) Highest adjacent (finished) grade next to	building (HAG)	8. 2	🔀 feet 🗌 meters			
 h) Lowest adjacent grade at lowest elevation structural support 	on of deck or stairs, including	N/A	X feet meters			
SECTION D - SUR	VEYOR, ENGINEER, OR ARC	HITECT CERTIF	ICATION			
This certification is to be signed and sealed by a I certify that the information on this Certificate re statement may be punishable by fine or imprisor	presents my best efforts to intern	oret the data availa	law to certify elevation information. ble. I understand that any false			
Were latitude and longitude in Section A provide		- 3 (1997)	★ Check here if attachments.			
Certifier's Name Paul M. Koelling, PLS, CFM	License Number NJ24GS 04328800					
Title Licensed Land Surveyor						
Company Name Paul Koelling & Associates, LLC NJ C.O.A. No		Place Seal				
Address 2161 Shore Road			Here			
City Linwood	State New Jersey	ZIP Code 08221				
Signature	Date 09/16/2016	Telephone (609) 927-0279	<u> </u>			
Copy all pages of this Elevation Certificate and all	attachments for (1) community off	icial, (2) insurance	agent/company, and (3) building owner			
*Comments (including type of equipment and loca *A8b.) Smart Vents Model #1540-510 engineere **B8 & B9.) FEMA Pre-FIRM Zone "AE"Base ****C2a.) enclosure ****C2e.) Ductwork elev. 16.3, electrical outlet electrical el	d for 200 square inches of net ar Flood Elevation 8 ft. (NAVD88) of					
	M	3/15/12				
FEMA Form 086-0-33 (7/15)	Replaces all previous edition	ns.	Form Page 2 of			

Building Photographs See Instructions for Item A6.

See Instructions for Item A6.

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

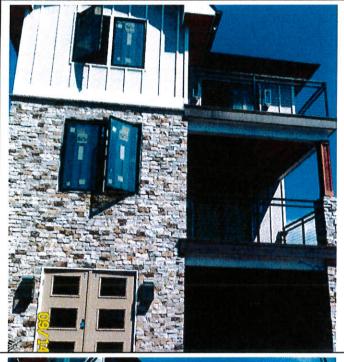
201 N. Nassau Ave.

City
State
NJ
State
NJ
Company NAIC Number

Company NAIC Number

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.









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