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

AUG 03 2017

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.

SEC	TION A – PROPERTY	NFOR	MATION		FOR INSU	RANCE COMPANY USE
A1. Building Owner's Name Evansgrove LLC					Policy Num	ber:
A2. Building Street Address (in Box No. 26 North Madison Avenue	cluding Apt., Unit, Suite	, and/o	or Bldg. No.) or P.O.	Route and	Company N	NAIC Number:
City CITY OF MARGATE			State New Jersey		ZIP Code 08402	
A3. Property Description (Lot a Block 230 Lot 43	ind Block Numbers, Tax	Parce	l Number, Legal De	scription, etc.)		
A4. Building Use (e.g., Reside	ntial, Non-Residential, A	ddition	, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longitude: Lat. 3	9.3220 L	.ong	74.5176	Horizontal Datum	: NAD 1	1927 X NAD 1983
A6. Attach at least 2 photograp	hs of the building if the	Certific	cate is being used to	o obtain flood insura	nce.	
A7. Building Diagram Number	6					
A8. For a building with a crawls	space or enclosure(s):			*		
a) Square footage of craw	space or enclosure(s)		884 sq ft			
b) Number of permanent fl	ood openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade5
c) Total net area of flood o	penings in A8.b1,00	00 s	sq in			
d) Engineered flood opening	ngs? 🗵 Yes 🗌 No					
A9. For a building with an attac	hed garage:					
a) Square footage of attac	ned garage 0		sq ft			-
b) Number of permanent fl				ot above adjacent g	rade	0
c) Total net area of flood o			sq in		National Association Control	
d) Engineered flood openir		)	_			
а,		50		*		
SE	CTION B – FLOOD IN	SURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Community Name & C CITY OF MARGATE & 345	NO 1900 BOOLEAN AND AND AND AND AND AND AND AND AND A		B2. County Name ATLANTIC COUN	TY		B3. State New Jersey
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zoi	se Flood Elevation(s) ne AO, use Base od Depth)
345304/0001 C	10/18/1983		/1983	A8**	10**	оа Бериі)
B10. Indicate the source of the				pth entered in Item	B9:	ti ti
☐ FIS Profile 🗵 FIRM	Community Determi	nea [	Other/Source: _			
B11. Indicate elevation datum u	sed for BFE in Item B9:	× N	GVD 1929 🔲 NA	VD 1988 🔲 Oth	er/Source:	
B12. Is the building located in a	Coastal Barrier Resour	ces Sy	stem (CBRS) area	or Otherwise Prote	cted Area (C	DPA)? ☐ Yes ☒ No
Designation Date:	c	BRS	☐ OPA			
		12.00 mm				

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IMPORTANT: In these spaces, copy the corresponding information from Sec	tion A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Rout 26 North Madison Avenue	te and Box No.	Policy Number:
City State ZIP CITY OF MARGATE New Jersey 0840		Company NAIC Number
SECTION C - BUILDING ELEVATION INFORMAT	ION (SURVEY RI	EQUIRED)
C1. Building elevations are based on: Construction Drawings* Build *A new Elevation Certificate will be required when construction of the building	ding Under Constru	ction* X Finished Construction
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: <a href="mailto:private">private</a> Vertical Datum: Indicate elevation datum used for the elevations in items a) through h) below	n Item A7. In Puert NGVD29	
NGVD 1929 ☐ NAVD 1988 ☐ Other/Source:		
Datum used for building elevations must be the same as that used for the Bi	FE.	Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>6</u> . <u>7</u>	X feet meters
b) Top of the next higher floor	<u>15</u> . <u>8</u>	X feet meters
c) Bottom of the lowest horizontal structural 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 equipment servicing the building     (Describe type of equipment and location in Comments)	<u>16</u> . <u>0</u>	X feet meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>6</u> . <u>0</u>	X feet meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>6</u> . <u>7</u>	x feet meters
<ul> <li>h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support</li> </ul>	<u>5</u> . <u>6</u>	X feet meters
SECTION D – SURVEYOR, ENGINEER, OR ARC	HITECT CERTIFI	CATION
This certification is to be signed and sealed by a land surveyor, engineer, or arch 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, Secti	ret the data availa	law to certify elevation information. ble. I understand that any false
Were latitude and longitude in Section A provided by a licensed land surveyor?	⊠Yes □No	X 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
	ZIP Code 08221	
	Telephone (609) 927-0279	
Copy all pages of this Elevation Certificate and all attachments for (1) community office	cial, (2) insurance a	gent/company, and (3) building owner.
Comments (including type of equipment and location, per C2(e), if applicable) *A8b.) Smart Vents Model #1540-510 engineered for 200 square inches of net are **B8 & B9.) FEMA Pre-FIRM Zone "AE"Base Flood Elevation 10 ft. (NAVD88) ***C2a.) enclosure ****C2e.) exterior air unit (elev 16.0)interior electrical outlets (elev 10.6)		t. (NGVD29)

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IMPORTANT: In these spaces, copy the correspond				FOR INSURA	NCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and 26 North Madison Avenue	d/or Bldg. No.) or	P.O. Route an	d Box No.	Policy Numbe	r:
	State New Jersey	ZIP Code 08402		Company NAI	C Number
SECTION E – BUILDING EL FOR ZON	EVATION INFO	RMATION (S	URVEY NOT	REQUIRED)	
For Zones AO and A (without BFE), complete Items E1 complete Sections A, B,and C. For Items E1–E4, use renter meters.	I–E5. If the Certif natural grade, if a	icate is intende vailable. Check	d to support a the measure	ment used. In F	uerto Rico only,
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a) Top of bottom floor (including basement,	check the appro adjacent grade (L	priate boxes to .AG).	show whethe	r the elevation i	s above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		_	eet		r Delow the HAG.
crawlspace, or enclosure) is  E2. For Building Diagrams 6–9 with permanent flood o	nenings provided	100000	eet		r below the LAG.
the next higher floor (elevation C2.b in the diagrams) of the building is			eet  meter		r below the HAG.
E3. Attached garage (top of slab) is		[] fo	eet 🗌 meter	s 🗌 above o	r below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is		fe	eet 🖸 meter	s 🔲 above o	r below the HAG.
E5. Zone AO only: If no flood depth number is available floodplain management ordinance? Yes	e, is the top of the No Unkno	e bottom floor e wn. The local	elevated in accommodated official must of the control of the contr	cordance with the certify this inform	ne community's nation in Section G.
SECTION F - PROPERTY OWN	IER (OR OWNE	R'S REPRESE	NTATIVE) CE	RTIFICATION	
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	e who completes ne statements in t	Sections A, B Sections A, B,	, and E for Zo and E are cor	ne A (without a rect to the best	FEMA-issued or of my knowledge.
Property Owner or Owner's Authorized Representative's	s Name				
Address	C	City	Sta	ate	ZIP Code
Signature		Sate ///	Tel	ephone	
Comments			,	Ť	
					ē
			,		
				Check h	nere if attachments.

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Buildin	TANT: In these spaces, copy the cor	esponding information	on from Section A.		FOR INSURANCE	COMPANY USE
26 Nor	g Street Address (including Apt., Unit, S th Madison Avenue	uite, and/or Bldg. No.)	or P.O. Route and B	ox No.	Policy Number:	
City CITY C	OF MARGATE	State New Jersey	ZIP Code 08402		Company NAIC Nur	mber
	SECTION	ON G - COMMUNITY I		TIONAL)		
The loc Section used in	cal official who is authorized by law or or ns A, B, C (or E), and G of this Elevation I Items G8–G10. In Puerto Rico only, en	dinance to administer t	L		nagement ordinance of below. Check the me	can complete easurement
G1. [		en from other documen	tation that has beer ation information. (I	signed an	d sealed by a license source and date of t	ed surveyor, the elevation
G2. [	A community official completed Section or Zone AO.	on E for a building loca	ted in Zone A (witho	ut a FEMA	-issued or community	y-issued BFE)
G3. 🗆	The following information (Items G4-	G10) is provided for cor	mmunity floodplain r	nanageme	nt purposes.	
G4. Per	mit Number	G5. Date Permit Issue	ed	G6. Da	ate Certificate of ompliance/Occupancy	y Issued
	is permit has been issued for:	New Construction	Substantial Improve	ment		
G8. Ele	evation of as-built lowest floor (including the building:	basement)	,	feet [	meters Datum _	
	E or (in Zone AO) depth of flooding at th	e building site:		feet [	meters Datum	
	mmunity's design flood elevation: icial's Name			feet [	meters Datum	-
-ocai Oii	iciai s name		Title			
Commun	ity Name		Telephone			
Signature			Date	,		-
comment	s (including type of equipment and loca	tion, per C2(e), if applic	eable)			
					Check here if a	attachments.

# **Building Photographs**

	See Instructions for Iter	m A6.	For Insurance Company Use:
Building Street Address (include 26 North Madison Ave	ing Apt., Unit, Suite, and/or Bldg.) No. or P.C Pnue	). Route and Box No.	Policy Number
City	State	ZIP Code	Company NAIC Number
Margate	New Jersey	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<sup>®</sup> 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 <sup>3</sup> / <sub>4</sub> " X 7 <sup>3</sup> / <sub>4</sub> "	200
SmartVENT®	1540-510	15 <sup>3</sup> / <sub>4</sub> " X 7 <sup>3</sup> / <sub>4</sub> "	200
FloodVENT® Overhead Door	1540-524	15 <sup>3</sup> / <sub>4</sub> " X 7 <sup>3</sup> / <sub>4</sub> "	200
SmartVENT® Overhead Door	1540-514	15 <sup>3</sup> / <sub>4</sub> " X 7 <sup>3</sup> / <sub>4</sub> "	200
Wood Wall FloodVENT®	1540-570	14" X 8 <sup>3</sup> / <sub>4</sub> "	200
Wood Wall FloodVENT® Overhead Door	1540-574	14" X 8 <sup>3</sup> / <sub>4</sub> "	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 = m<sup>2</sup>