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

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OME No Expiratio	1660-0 n D ate	3000 New	em	ber	30,	2018
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Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Important: Follow the instructions on pages 1-9.

	SECT	ION A - PROPERTY	NFOR	MATION		OR INSUR	ANCE COMPANY USE
A1. Building Owne		N. TUUDI OM LLO				Olicy Numb	per:
		N. THURLOW, LLC	1/-	- Dids. No.) D.O.	David		
Box No. 4 N. THURLOW AV		luding Apt., Unit, Suite	, and/o	r Blag. No.) or P.O.	Route and	Company N	AIC Number:
City				State		ZIP Code	
MARGATE				New Jersey		08402	
A3. Property Descr LOT 13.02, BLOCK		id Block Numbers, Tax	Parcel	Number, Legal De	scription, etc.)		
A4. Building Use (e.g., Resident	ial, Non-Residential, A	ddition	, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longit	ude: Lat. 39	.32528 L	ong. <u>-</u> 7	4.51000	Horizontal Datum	☐ NAD 1	927 🗵 NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certific	ate is being used to	obtain flood insura	nce.	
A7. Building Diagra	m Number	8					
A8. For a building v	vith a crawlsp	pace or enclosure(s):		*			
a) Square foot	age of crawls	space or enclosure(s)		1,154 sq ft			
b) Number of p	ermanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gra	ade2
c) Total net are	ea of flood op	enings in A8.b 2,48	30 s	q in			
d) Engineered	flood opening	gs? 🛛 Yes 🗌 No)				
A9. For a building v	vith an attach	ed garage:					
		ed garage 0		sq ft			
		od openings in the atta			ot above adjacent g	ade	0
		enings in A9.b		sq in	,		
d) Engineered		_					
d) Engineered	nood opening	93: [Tes [A] 140	,				
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	ΓΙΟΝ	
B1. NFIP Communi	•			B2. County Name			B3. State
CITY OF MARGATI	= CITY 3453	04		ATLANTIC			New Jersey
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/	B8. Flood Zone(s)	(Zor	e Flood Elevation(s) ne AO, use Base
34001C0434	F	01/30/2015	01/30	evised Date /2015	AE	9.0	d Depth)
B10. Indicate the so	ource of the E	Base Flood Elevation (I	BFE) da	ata or base flood de	oth entered in Item	B9:	
		Community Determ					
B11. Indicate eleva	tion datum us	sed for BFE in Item B9	: 🗌 N	GVD 1929 ⊠ NA	VD 1988	er/Source:	
B12. Is the building	located in a	Coastal Barrier Resou	rces Sv	stem (CBRS) area	or Otherwise Protec	cted Area (C	DPA)? ☐ Yes ☒ No
Designation D		_	BRS	□ OPA		,	
	-		20				

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding	information from Sect	tion A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or 4 N. THURLOW AVENUE	Bldg. No.) or P.O. Rout	e and Box No.	Policy Number:
City State MARGATE New	e ZIP 0 Jersey 0840		Company NAIC Number
SECTION C – BUILDING ELE	VATION INFORMAT	ION (SURVEY RE	QUIRED)
	n Drawings*	ling Under Construg is complete. E), AR, AR/A, AR/ I Item A7. In Puerti NAVD 1988	Check the measurement used. X Finished Construction
	more an area and and	9.5	X feet meters
 h) Lowest adjacent grade at lowest elevation of decl structural support 	K of Stalls, including		X leet
SECTION D – SURVEYOR,			
This certification is to be signed and sealed by a land sur I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment under Were latitude and longitude in Section A provided by a lice	my best efforts to interp der 18 U.S. Code, Sect	oret the data availa ion 1001.	law to certify elevation information. ble. I understand that any false Check here if attachments.
Certifier's Name	License Number		
HOWARD A. TRANSUE	GS33541		
Title PROFESSIONAL LAND SURVEYOR Company Name			G 5 3354 Place
SCHAEFFER NASSAR SCHEIDEGG, CE, LLC			Seal
Address 1425 CANTILLON BOULEVARD			Here INJO.Z
City MAYS LANDING	State New Jersey	ZIP Code 08330	11/22/2016
Signature ALG	Date 11/22/2016	Telephone (609) 625-7400	
Copy all pages of this Elevation Certificate and all attachme	nts for (1) community off	icial, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and location, per ITEM A8b VENTS ARE CRAWL SPACE DOOR SYSTEM ITEM C2e IS THE A.C. PAD.		DEL 2032CS RAT	ED AT 1240 SQ. IN. EACH.

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IMPORTANT: In these spaces, copy the correspon	ding information	from Section A.	FOR INSURANCE COMPANY US	3E
Building Street Address (including Apt., Unit, Suite, at 4 N. THURLOW AVENUE	nd/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:	
City MARGATE	State New Jersey	ZIP Code 08402	Company NAIC Number	
SECTION E – BUILDING E FOR ZOI		RMATION (SURVEY N E A (WITHOUT BFE)	OT REQUIRED)	
For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use enter meters.				
Provide elevation information for the following an the highest adjacent grade (HAG) and the lowest a) Top of bottom floor (including basement,	d check the appro t adjacent grade (L	priate boxes to show whe .AG).	ether the elevation is above or below	
crawlspace, or enclosure) is b) Top of bottom floor (including basement,	•	feetm	eters above or below the HAC	3.
crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent flood	openings provided	feet m		ì.
the next higher floor (elevation C2.b in the diagrams) of the building is		feetm		3.
E3. Attached garage (top of slab) is		feet m	eters above or below the HAG	3 .
E4. Top of platform of machinery and/or equipment servicing the building is	· · · · · · · · · · · · · · · · · · ·	feet _ m	eters	3.
E5. Zone AO only: If no flood depth number is availal floodplain management ordinance? Yes	ble, is the top of th	e bottom floor elevated in own. The local official mu	accordance with the community's ust certify this information in Section G.	
SECTION F - PROPERTY OV	VNER (OR OWNE	R'S REPRESENTATIVE	CERTIFICATION [3-/86	\neg
The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.	tive who complete. The statements in	s Sections A, B, and E fo Sections A, B, and E are	r Zone A (without a FEMA-issued or	
Property Owner or Owner's Authorized Representative	e's Name			
Address		City	State ZIP Code	
Signature		Date	Telephone	
Comments		6 /		\neg

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding information	on from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) 4 N. THURLOW AVENUE	or P.O. Route and Box No.	Policy Number:
City State MARGATE New Jersey	ZIP Code 08402	Company NAIC Number
SECTION G - COMMUNITY I	NFORMATION (OPTIONAL)	13-186
The local official who is authorized by law or ordinance to administer Sections A, B, C (or E), and G of this Elevation Certificate. Complete used in Items G8–G10. In Puerto Rico only, enter meters.	the applicable item(s) and sigr	n below. Check the measurement
G1. The information in Section C was taken from other documer engineer, or architect who is authorized by law to certify ele data in the Comments area below.)	ntation that has been signed a vation information. (Indicate th	nd sealed by a licensed surveyor, e source and date of the elevation
G2. A community official completed Section E for a building local or Zone AO.	ated in Zone A (without a FEM	A-issued or community-issued BFE)
G3. The following information (Items G4–G10) is provided for co	ommunity floodplain managem	ent purposes.
G4. Permit Number G5. Date Permit Issu		Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for: New Construction	Substantial Improvement	
G8. Elevation of as-built lowest floor (including basement) of the building:	feet	meters Datum
G9. BFE or (in Zone AO) depth of flooding at the building site:	feet	meters Datum
G10. Community's design flood elevation:	feet	meters Datum
Local Official's Name JIM GALANTINO	Title CFM	
Community Name	Telephone	
CITY OF MARGATE	609-822-1974	
Signature	Date	
1. Col +	12/16/2016	
Comments (including/type of equipment and location, per C2(e), if app	olicable)	
		Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

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City	State	ZIP Code	Company NAIC Number
MARGATE	New Jersey	08402	

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.

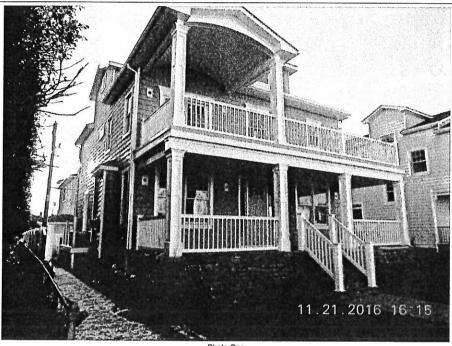


Photo One

Photo One Caption FRONT VIEW & LEFT SIDE VIEW

13-186

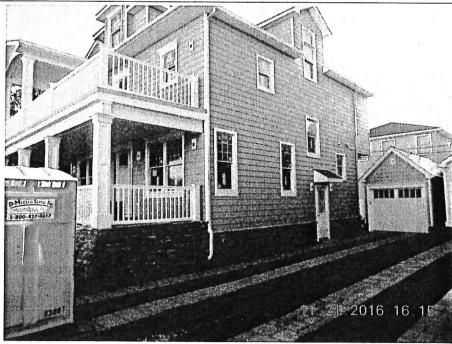


Photo Two

Photo Two Caption RIGHT SIDE VIEW

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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

IMPORTANT: In these spaces, co	py the corresponding information	from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including A N. THURLOW AVENUE	Apt., Unit, Suite, and/or Bldg. No.) or	P.O. Route and Box No.	Policy Number:
City MARGATE	State New Jersey	ZIP Code 08402	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.

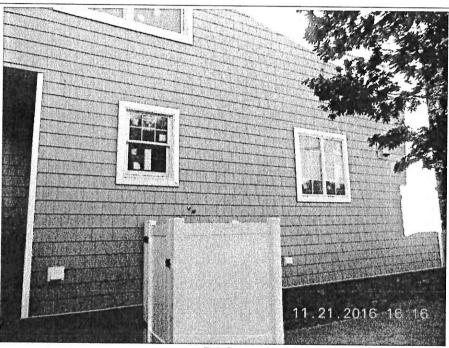


Photo One

Photo One Caption REAR VIEW

13-186

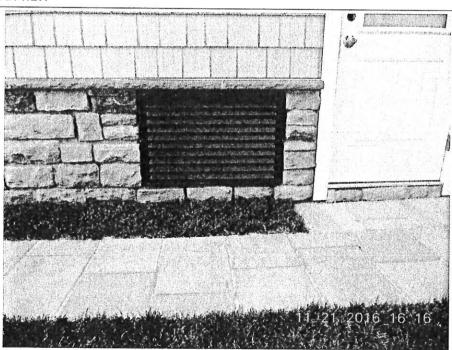


Photo Two

Photo Two Caption CRAWL SPACE DOOR SYSTEMS FLOOD VENT MODEL 2032CS, TYPICAL OF 2.

Certification of Engineered Flood Openings

In accordance with NFIP, FEMA TB 1-08, and ASCE/SEI 24-05

I hereby certify that the Crawl Space Door Systems flood vents 816CS, 1220CS, 1232CS, 1616CS, 1624CS, 1632CS, 2032CS, 2424CS, and 2436CS are designed in accordance with the requirements of the NFIP "Flood Insurance Manual" (2011) to provide automatic equalization of hydrostatic flood forces by allowing for the entry and exit of floodwaters, when properly installed and sized as set forth below. This certification follows the design requirements and specifications established in FEMA Technical Bulletin 1-08, "Openings in Foundation Walls and Walls of Enclosures Below Elevated Buildings in Special Flood Hazard Areas", and the ASCE Standard for "Flood Resistant Design and Construction" (ASCE/SEI 24-05).

Design Characteristics

Section 2.6.2.2 of ASCE 24 provides an equation to determine the required <u>net area</u> of engineered openings (A_o) for a given <u>enclosed area</u> (A_e). This equation is based on the hydraulic formula for the flow rate across sharp edged orifices. I have utilized this equation to calculate 1) the respected flow rate through the individual openings between louvers; 2) the flow rate through the main frame opening in case the louver is blown out during a flood event; and 3) the flow rate of water flowing through louver blades following hydraulic short tube theory. The ultimate maximum total enclosed area (A_e) that can be serviced by a single vent has then been determined by utilizing the lowest flow rate of the three assessed scenarios for each vent and is listed in Table 1.

These values are based on the following assumptions:

- In absence of reliable data, the rates of rise and fall have been assumed with 5 feet/hour;
- The (maximum) difference between the exterior and interior floodwater levels has been assumed with 1 foot during base flood conditions;
- A factor of safety of 5 has been assumed, which is consistent with design practices related to protection of life and property;
- The net area of openings (A_o) as provided by the manufacturer.

Installation Requirements and Limitations

This certification will be voided if the following installation requirements and limitations are not enforced:

- There shall be a minimum of two openings on different sides of each enclosed area;
- The bottom of each required opening shall be no more than 1ft above the adjacent ground level;
- No temporary (e.g. during cold weather) or permanent solid cover may be placed into or over the flood vent that would block the automatic entry or exit of floodwaters at any time;
- Where analysis indicates rates of rise and fall greater than 5 ft/hr, the total enclosed area as given in Table 1 shall be reduced accordingly to account for the higher rates of rise and fall.

*)	Model	H x W [in]	A _o [in ²]	A _e [ft ²]
	816CS	8 x 16	105	205
	1220CS	12 x 20	235	500
	1232CS	12 x 32	305	645
	1616CS	16 x 16	180	395
	1624CS	16 x 24	310	670
	1632CS	16 x 32	405	835
X	2032CS	20 x 32	630	1240
	2424CS	24 x 24	570	1230
	2436CS	24 x 36	850	1765

Table 1 Maximal total <u>enclosed area</u> (A_e) that can be served by each individual model based on the given <u>net area</u> of engineered openings (A_o)

Identification of the Building and Installed Flood Vents

The flood vent models marked in Table 1*) are being installed at the following building: Building Address

Certifying Design Professional

Name WILLIAM S. SWIDERSKI, P.E.

Title ENGINEER

Address 599 SHORE ROAD, SOMERS POINT, NJ 08244

Type of License PROFESSIONAL ENGINEER

License # 20482 Signature

Issuing State NEW JERSEY

