#### 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 INSU	RANCE COMPANY USE	
A1. Building Owner's Name AMY & GREGORY FIELD					Policy Num	iber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.  100 NORTH CLERMONT AVENUE					Company N	NAIC Number:	
			ZIP Code	<del></del>			
MARGATE  A3 Property Description (Lot of	and Block Numbers Tay	Parce	New Jersey	escription etc.)	08402		
BLOCK 304.02 LOT 18	A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 304.02 LOT 18						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Longitude: Lat.	39 20'01.5" L	_ong. <u>7</u>	4 29' 52.4"	Horizontal Datum	n: NAD	1927 × NAD 1983	
A6. Attach at least 2 photograp	ohs of the building if the	Certific	cate is being used to	o obtain flood insura	ance.		
A7. Building Diagram Number	8						
A8. For a building with a crawls	space or enclosure(s):						
a) Square footage of craw	Ispace or enclosure(s)		94 sq ft				
b) Number of permanent f	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 of	penings in A8.b1,00	00	sq in			WIT	
d) Engineered flood opening	ngs? 🛛 Yes 🗌 No	)					
A9. For a building with an attac	hed garage:					70	
a) Square footage of attac	a) Square footage of attached garage sq ft						
b) Number of permanent fl	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade						
c) Total net area of flood o	c) Total net area of flood openings in A9.b						
d) Engineered flood openi							
a) Engineered need epenin	ige: [] ree [] iii						
SI	ECTION B - FLOOD IN	SURA	NCE RATE MAP	(FIRM) INFORMA	TION		
B1. NFIP Community Name & Community Number			B2. County Name			B3. State	
MARGATE 345304	•	,	ATLANTIC	<u> </u>		New Jersey	
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date		IRM Panel ffective/	B8. Flood Zone(s)		se Flood Elevation(s) ne AO, use Base	
345304/0001 C	07/21/1974	R	evised Date /1983	A-8	Floo 10.00	od Depth)	
0 1000 11000 1	3172111011	10/20		,,,,	10.00		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
FIS Profile X FIRM Community Determined Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9:   NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Types X No							
Designation Date: CBRS OPA							
						8	

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IMPORTANT: In these spaces, copy the corresponding information from Se	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Ro 100 NORTH CLERMONT AVENUE	Policy Number:				
City State ZIF MARGATE New Jersey 084	Company NAIC Number				
SECTION C - BUILDING ELEVATION INFORMA	TION (SURVEY RI	EQUIRED)			
<ul> <li>C1. Building elevations are based on: Construction Drawings* Building Under Construction*</li></ul>					
Benchmark Utilized: RM-3 Vertical Datum: NGVD 1929					
Indicate elevation datum used for the elevations in items a) through h) belo	ow.				
Datum used for building elevations must be the same as that used for the l	BFE.	Check the measurement used.			
a) Top of bottom floor (including basement, crawlspace, or enclosure floor	7. 81	× feet  meters			
b) Top of the next higher floor	12. 77	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)	12. 77	X feet meters			
f) Lowest adjacent (finished) grade next to building (LAG)	<u>6</u> . <u>63</u>	X feet meters			
g) Highest adjacent (finished) grade next to building (HAG)	<u> </u>	X feet meters			
<ul> <li>h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support</li> </ul>	6, 73	X feet meters			
SECTION D – SURVEYOR, ENGINEER, OR AR	CHITECT CERTIFI	CATION			
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 DANIEL J. PONZIO, SR. GS37603					
Title LAND SURVEYOR					
Company Name ARTHUR W. PONZIO CO. & ASSOC., INC.	Place Seal				
Address 400 NORTH DOVERAVENUE					
City State ATLANTIC CITY New Jersey	ZIP Code 08401				
Signature Date 03/13/2017	Telephone (609) 344-8194				
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)					
PROJECT # 33200 HEATER 12.77' A/C UNIT 12.77'					

## **ELEVATION CERTIFICATE**

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	MPORTANT: In these spaces, copy the corresponding information from Section A.					NCE COMPANY USE
	ing Street Address (including Apt., Unit, Suite, NORTH CLERMONT AVENUE	and/or Bldg. No.) o	r P.O. Route and Bo	x No.	Policy Number	:
City		State	ZIP Code		Company NAI	2 Number
MAR	GATE	New Jersey	08402	1		58)
	SECTION E – BUILDING FOR ZC	ELEVATION INFO	RMATION (SURVIE A (WITHOUT B	EY NOT FE)	REQUIRED)	
comp	ones AO and A (without BFE), complete Items lete Sections A, B,and C. For Items E1–E4, us meters.	E1–E5. If the Certi e natural grade, if a	ficate is intended to vailable. Check the	support a measuren	LOMA or LOMI nent used. In Pi	R-F request, uerto Rico only,
t	Provide elevation information for the following a he highest adjacent grade (HAG) and the lowes 1) Top of bottom floor (including basement,	nd check the approst adjacent grade (I	priate boxes to show .AG).	w whether	the elevation is	above or below
ä	crawlspace, or enclosure) is		[] feet	meters	above or	below the HAG.
b	<ul> <li>Top of bottom floor (including basement, crawlspace, or enclosure) is</li> </ul>		feet	meters	above or	below the LAG.
E2. F	or Building Diagrams 6-9 with permanent floor	openings provide	d in Section A Items	8 and/or 9	9 (see pages 1-	-2 of Instructions),
th	ne next higher floor (elevation C2.b in ne diagrams) of the building is		1000	meters		below the HAG.
E3. A	ttached garage (top of slab) is		feet	meters	above or	below the HAG.
E4. T	op of platform of machinery and/or equipment ervicing the building is		feet	meters	above or	below the HAG.
E5. Z	one AO only: If no flood depth number is availa oodplain management ordinance?	ble, is the top of th	e bottom floor eleva wn. The local offic	ted in acci ial must co	ordance with th ertify this inform	e community's nation in Section G.
	SECTION F - PROPERTY OV	VNER (OR OWNE	R'S REPRESENTA	TIVE) CEI	RTIFICATION	N
Th	operty owner or owner's authorized representa					FEMA-issued or
comm	unity-issued BFE) or Zone AO must sign here.	The statements in	Sections A, B, and I	are corre	ect to the best of	of my knowledge.
Proper	rty Owner or Owner's Authorized Representation	e's Name				
Addres	SS		Dity	Stat	te	ZIP Code
Signat	ure		Date/	Tele	phone	
Comm	ents		The second			
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## **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the corre	esponding information	from Section A.	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Su 100 NORTH CLERMONT AVENUE	ite, and/or Bldg. No.) or l	P.O. Route and Box No.	Policy Number:		
City MARGATE	State New Jersey	ZIP Code 08402	Company NAIC Number		
SECTIO	N G - COMMUNITY IN	ORMATION (OPTIONA	L)		
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 or Zone AO.	on E for a building locate	d in Zone A (without a F	EMA-issued or community-issued BFE)		
G3. The following information (Items G4–	G10) is provided for com	munity floodplain manag	ement purposes.		
G4. Permit Number	G5. Date Permit Issued	d G€	6. Date Certificate of Compliance/Occupancy Issued		
G7. This permit has been issued for:	New Construction S	Substantial Improvement			
G8. Elevation of as-built lowest floor (including of the building:	basement)	f	eet  meters Datum		
G9. BFE or (in Zone AO) depth of flooding at the	ne building site:	[] f	eet  meters  Datum		
G10. Community's design flood elevation:					
Local Official's Name Title Tim Galantino					
Community Name  MARGATS		Telephone 609-811	-1918		
Signature $\frac{MANGATS}{CCC}$ Date $\frac{3/2c/18}{2}$					
Comments (including type of equipment and local	ation, per C2(e), if applic	able)	C		
		1 80.3.2.2.3	Makadi aktor, 12		
		MARGATE	CITY BUILDING DEPARTMENT 9001 Winches & Ave.		
			Margate City, NJ 08402		
-		*			
e)			×		
			Check here if attachments.		

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

See Instructions for Item A6.

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 100 NORTH CLERMONT AVENUE				
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



Photo Tw

Photo Two Caption

#### **BUILDING PHOTOGRAPHS**

**ELEVATION CERTIFICATE** 

Continuation Page

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IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 100 NORTH CLERMONT AVENUE			Policy Number:
City	State	ZIP Code	Company NAIC Number
MARGATE	New Jersey	08402	

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.

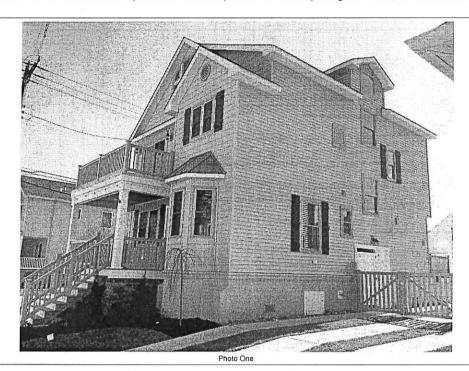


Photo One Caption

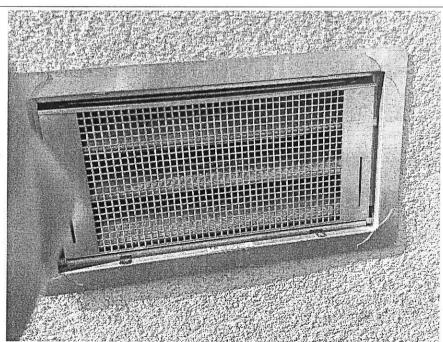


Photo Two Caption