### 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.

SE	CTION A – PROPERTY	INFOF	RMATION		FOR INSUI	RANCE COMPANY USE
A1. Building Owner's Name 100 N. Quincy, LLC					Policy Num	ber:
A2. Building Street Address Box No. 100 North Quincy Avenue	including Apt., Unit, Suite	e, and/o	or Bldg. No.) or P.O.	Route and	Company N	IAIC Number:
City CITY OF MARGATE			State New Jersey	•	ZIP Code 08402	
A3. Property Description (Lo Block 318 Lot 24	t and Block Numbers, Tax	Parce	el Number, Legal De	scription, etc.)		
A4. Building Use (e.g., Resid	ential, Non-Residential, A	Addition	n, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longitude: Lat.	39.3270	Long	74.5094	Horizontal Datum	: NAD	1927 X NAD 1983
A6. Attach at least 2 photogr	aphs of the building if the	Certific	cate is being used to	o obtain flood insura	ince.	
A7. Building Diagram Numbe	r7					
A8. For a building with a crav	vispace or enclosure(s):					
a) Square footage of cra	wlspace or enclosure(s)		1,194 sq ft			
b) Number of permanent	flood openings in the cra	wlspac	ce or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 7
c) Total net area of flood	openings in A8.b1,4	00 8	sq in			
d) Engineered flood oper	nings? 🛛 Yes 🗌 No	)				
A9. For a building with an atta	ached garage:		9			
a) Square footage of atta	ached garage0		sq ft			
b) Number of permanent	flood openings in the atta	ached (	garage within 1.0 fo	ot above adjacent g	rade	0
c) Total net area of flood	openings in A9.b	0	sq in			
d) Engineered flood oper	nings? Yes X No	0	-			
	SECTION B – FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Community Name &			B2. County Name	(( )		B3. State
CITY OF MARGATE & 34	15304		ATLANTIC COUN	TY		New Jersey
B4. Map/Panel B5. Suffix Number	B6. FIRM Index Date	E	IRM Panel ffective/	B8. Flood Zone(s)	(Zoi	L se Flood Elevation(s) ne AO, use Base
345304/0001 C	10/18/1983	2,400,20	evised Date 3/1983	A8**	10**	od Depth)
B10. Indicate the source of th	100 MONTH (00000 100 MONTH (000 MANAGEMENT)			pth entered in Item	B9:	
FIS Profile FIRM	Community Determ	ined [	Other/Source:			
B11. Indicate elevation datum	used for BFE in Item B9	: 🗵 N	GVD 1929 🔲 NA	VD 1988 🔲 Oth	er/Source:	
B12. Is the building located in	a Coastal Barrier Resou	rces Sy	ystem (CBRS) area	or Otherwise Prote	cted Area (0	DPA)? ☐ Yes ⊠ No
Designation Date:		BRS	☐ OPA			2) No. 100

## **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the corresponding	information from Sec	ction A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or 100 North Quincy Avenue	Bldg. No.) or P.O. Rou	ite and Box No.	Policy Number:			
City	te ZIP	Code	Company NAIC Number			
CITY OF MARGATE New	w Jersey 0840	02				
SECTION C – BUILDING EL	SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
<ul> <li>C1. Building elevations are based on: Construction</li> <li>*A new Elevation Certificate will be required when construction</li> <li>C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), Complete Items C2.a–h below according to the build Benchmark Utilized: private</li> </ul>	VE, V1-V30, V (with BI	ng is complete. FE), AR, AR/A, AR/ in Item A7. In Puert	AE. AR/A1–A30. AR/AH. AR/AO.			
Indicate elevation datum used for the elevations in it		W.				
Datum used for building elevations must be the same	e as that used for the B	FE.	Check the measurement used.			
a) Top of bottom floor (including basement, crawlsp	pace, or enclosure floor)	9. 1				
b) Top of the next higher floor	,	12. 3	The state of the s			
c) Bottom of the lowest horizontal structural member	er (V Zones only)	N/A				
d) Attached garage (top of slab)		N/A.	🔀 feet 🗌 meters			
e) Lowest elevation of machinery or equipment ser (Describe type of equipment and location in Com	vicing the building iments)	<u>10</u> . <u>3</u>	X feet meters			
f) Lowest adjacent (finished) grade next to building	(LAG)	<u>8</u> . <u>8</u>	x feet meters			
g) Highest adjacent (finished) grade next to building	g (HAG)	<u>9</u> . <u>5</u>	X feet meters			
<ul> <li>h) Lowest adjacent grade at lowest elevation of dec structural support</li> </ul>	ck or stairs, including	<u>8</u> . <u>5</u>	X feet meters			
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION						
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 un	my best efforts to inter	pret the data availa	law to certify elevation information. ble. I understand that any false			
Were latitude and longitude in Section A provided by a lie	censed land surveyor?	⊠Yes □ No	★ 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. 24GA28256300			Place Seal			
Address 2161 Shore Road		9	Here			
City Linwood	State New Jersey	ZIP Code 08221				
Signature	Date 1-6-18	Telephone (609) 927-0279				
Copy all pages of this Elevation Certificate and all attachme		ficial, (2) insurance a	agent/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 area each  **B8 & B9.) FEMA Pre-FIRM Zone "AE"Base Flood Elevation 8 ft. (NAVD88) converted = 9.3 ft. (NGVD29)  ***C2a.) crawlspace enclosure  ****C2e.) exterior air unit (elev. 18.3 ft.)ductwork (elev. 10.3 ft.)						

### **ELEVATION CERTIFICATE**

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

IMPORTANT: In these spaces, copy the correspon	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, a 100 North Quincy Avenue	nd/or Bldg. No.) or P.0	D. Route and Box No.	Policy Number:
CITY OF MARGATE	State New Jersey	ZIP Code 08402	Company NAIC Number
SECTION E – BUILDING E FOR ZO	LEVATION INFORM NE AO AND ZONE A		REQUIRED)
For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use enter meters.			
<ul><li>E1. Provide elevation information for the following ar the highest adjacent grade (HAG) and the lowes</li><li>a) Top of bottom floor (including basement,</li></ul>	nd check the appropria t adjacent grade (LAG	te boxes to show whethe ).	r the elevation is above or below
crawlspace, or enclosure) is b) Top of bottom floor (including basement,		feet  meter	
crawlspace, or enclosure) is	anonings provided in	feet meter	
E2. For Building Diagrams 6–9 with permanent flood the next higher floor (elevation C2.b in the diagrams) of the building is	· ——— · ——	feet meter	
E3. Attached garage (top of slab) is		feet meter	s above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is		feet _ meter	s above or below the HAG.
E5. Zone AO only: If no flood depth number is availa floodplain management ordinance?   Yes [	ble, is the top of the bo	ottom floor elevated in ac . The local official must	cordance with the community's certify this information in Section G.
SECTION F - PROPERTY OV	WNER (OR OWNER'S	REPRESENTATIVE) CE	ERTIFICATION
The property owner or owner's authorized representa community-issued BFE) or Zone AO must sign here.	tive who completes Se The statements in Sec	ections A, B, and E for Zo ctions A, B, and E are cor	one A (without a FEMA-issued or rect to the best of my knowledge.
Property Owner or Owner's Authorized Representative	ve's Name		
Address	City	St	ate ZIP Code
Signature	Date	те Те	lephone
Comments			
			Check here if attachments.

## **ELEVATION CERTIFICATE**

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

MPORTANT: In these spaces, copy the corr	esponding information from	Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, S 100 North Quincy Avenue	Policy Number:		
City 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 o Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, er	n Certificate. Complete the appl		
G1. The information in Section C was takengineer, or architect who is authorized data in the Comments area below.)			
G2. A community official completed Sect or Zone AO.	ion E for a building located in Z	one A (without a FEMA	\-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		eate Certificate of compliance/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction ☐ Substa	intial Improvement	
G8. Elevation of as-built lowest floor (includin of the building:	g basement)	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	Title		
Community Name  A ANC.	Telep	hone 605-823	2.1975
Signature	Date	- / / / / -	3
Comments (including type of equipment and lo	cation, per C2(e), if applicable)	/	
			Check here if attachments.

■ 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 <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>

# **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.

100 North Quincy Avenue

City
State
New Jersey

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)