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 INSURANCE COMPANY USE				
A1. Building Owner's Name					Policy Num	ber:			
SPECTOR									
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 100 SOUTH CLERMONT AVENUE Company NAIC Number:							IAIC Number:		
City									
MARGATE				New Jersey		08402			
A3. Property Desc BLOCK 4.01 LOT	a dia	d Block Numbers, Tax	x Parce	l Number, Legal De	scription, etc.)				
A4. Building Use (A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL								
A5. Latitude/Longit	ude: Lat. 39	9 19' 43.3"	Long. 7	74 29' 40.5"	Horizontal Datun	n: NAD 1	1927 × NAD 1983		
A6. Attach at least	2 photograph	s of the building if the	Certific	cate is being used to	o obtain flood insur	ance.			
A7. Building Diagra	am Number _	8							
A8. For a building	with a crawlsp	ace or enclosure(s):							
a) Square foo	tage of crawls	pace or enclosure(s)	2	1,207 sq ft					
b) Number of	permanent flo	od openings in the cra	awlspac	ce or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade5		
c) Total net ar	ea of flood op	enings in A8.b1,2	50 s	sq in					
d) Engineered	d) Engineered flood openings? X Yes No								
A9. For a building v	A9. For a building with an attached garage:								
a) Square foot	a) Square footage of attached garage 0 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	ea of flood op	enings in A9.b	0	sq in					
d) Engineered flood openings? ☐ Yes ☒ No									
	SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION								
B1. NFIP Commun				B2. County Name			B3. State		
MARGATE 345304 ATLANTIC New Jersey									
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Revised Date B8. Flood Zone(s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)									
Revised Date Flood Depth) 10/28/1983 A-8 10.00									
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: ☐ FIS Profile ☑ FIRM ☐ Community Determined ☐ Other/Source:									
B11. Indicate elevation datum used for BFE in Item B9: X NGVD 1929 NAVD 1988 Other/Source:									
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes X No Designation Date:									

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IMPORTANT: In these spaces, copy the corresponding information from Section A.					FOR INSURANCE COMPANY USE			
100 SOUTH CLERMONT AVENUE				Policy Number:				
City State ZIP Code				Company NAIC Number				
MARGATE New Jersey 08402								
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)								
C1. Building elevations are based on: Construction	n Drawings* 🔲 🛭	Buildin	g Under Co	onstruc	ction*	X	Finish	ned Construction
*A new Elevation Certificate will be required when co								
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.								
Benchmark Utilized: RM-1	Vertical Date		3VD 1929					
Indicate elevation datum used for the elevations in ite	,	below.						
Datum used for building elevations must be the same		he BFE						
-				11	Ch			asurement used.
a) Top of bottom floor (including basement, crawlspa	ice, or enclosure fl	loor) _		<u>44</u>			feet	☐ meters
b) Top of the next higher floor		-	13.	54			feet	meters
c) Bottom of the lowest horizontal structural member	(V Zones only)	-	<u>N/A</u> .				feet	meters
d) Attached garage (top of slab)		_	<u>N/A</u> .			X	feet	meters
 e) Lowest elevation of machinery or equipment servi (Describe type of equipment and location in Common commo	cing the building nents)	<u> </u>	12.	32		X	feet	meters
f) Lowest adjacent (finished) grade next to building	(LAG)	-	<u>9</u> .	15		X	feet	meters
g) Highest adjacent (finished) grade next to building	(HAG)	_	<u>9</u> .	52		×	feet	meters
 h) Lowest adjacent grade at lowest elevation of deck structural support 	or stairs, including	ng _	<u>9</u> .	33		X	feet	meters
SECTION D - SURVEYOR,	ENGINEER, OR A	ARCH	ITECT CE	RTIFI	CATIO	N		
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 lice		_	× Yes □	No	\times	Che	ck her	e if attachments.
Certifier's Name DANIEL J. PONZIO, SR.	License Number GS37603							
Title PROFESSIONAL LAND SURVEYOR								
Company Name ARTHUR W. PONZIO CO. & ASSOC., INC.					Place Seal			
Address 400 NORTH DOVER AVENUE							He	ere
City	State		IP Code		_			
ATLANTIC CITY/	New Jersey	0	8401					
Signature	Date 06/14/2017	(6	elephone 609) 344-8					
Copy all pages of this Experiments 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 #33270 A/C UNIT ELEV = 13.42' HEATER ELEV = 13.54' DUCT WORK ELEV = 12.32' USA FOUNDATION/FLOOD VENTS								
* *								
Tr.								

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corresponding Ir	nformation from Section A.		INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or B	lldg. No.) or P.O. Route and Box	No. Policy	Number:
100 SOUTH CLERMONT AVENUE	710.0.4.	Com	pany NAIC Number
City State MARGATE New V	ZIP Code Jersey 08402	Corne	AND MAINDE
SECTION E - BUILDING ELEVA	TION INFORMATION (SURVE) AND ZONE A (WITHOUT BF	Y NOT REQUE)	JIRED)
For Zones AO and A (without BFE), complete Items E1–E5. complete Sections A, B,and C. For Items E1–E4, use natura enter meters.	al grade, il avallable. Check the i	neasurement a	,,
E1. Provide elevation information for the following and check the highest adjacent grade (HAG) and the lowest adjacent	k the appropriate boxes to show ent grade (LAG).	whether the e	levation is above or below
a) Top of bottom floor (including basement, crawlspace, or enclosure) is	feet [meters	above or below the HAG.
 b) Top of bottom floor (including basement, crawlspace, or enclosure) is 			above or below the LAG.
E2. For Building Diagrams 6-9 with permanent flood opening	ngs provided in Section A Items	8 and/or 9 (see	pages 1-2 of Instructions),
the next higher floor (elevation C2.b in the diagrams) of the building is			above or below the HAG.
E3. Attached garage (top of slab) is	feet	meters [above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is —	[] feet	meters	above or below the HAG.
E5. Zone AO only: If no flood depth number is available, is floodplain management ordinance? Yes No	the top of the bottom floor eleva Unknown. The local offic	ted in accordar ial must certify	nce with the community's this information in Section G.
SECTION F - PROPERTY OWNER	3		4
The property owner or owner's authorized representative will community-issued BFE) or Zone AO must sign here. The st Property Owner or Owner's Authorized Representative's Na Address		State	ZIP Code
Aug proprieta de la constante	Di	Telepho	ne
Signature	4		
Comments			
	230		
è			
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w H			*

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

IMPORTANT: In these spaces, copy the corn	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, S	Policy Number:						
100 SOUTH CLERMONT AVENUE							
City	State	ZIP Code 08402	Company NAIC Number				
MARGATE	New Jersey						
SECTI	ON G - COMMUNITY INFOR	RMATION (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, et	n Certificate. Complete the ap	mmunity's floodplain ma oplicable item(s) and sign	nagement ordinance can complete n below. Check the measurement				
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 Sector Zone AO.	tion E for a building located in	a Zone A (without a FEM	A-issued or community-issued BFE)				
G3. The following information (Items G4	-G10) is provided for commu	nity floodplain managem	ient purposes.				
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for:	☐ New Construction ☐ Sub	stantial Improvement					
G8. Elevation of as-built lowest floor (including of the building:	ng basement)	fee	t meters Datum				
G9. BFE or (in Zone AO) depth of flooding at	the building site:	fee	t meters Datum				
G10. Community's design flood elevation:		[fee	t meters Datum				
Local Official's Name	ntino	е					
Community Name MANGAI		ephone 609-822	-1914				
Signature	Da	3/20/18					
Comments (including type of equipment and location, per C2(e), if applicable)							
		9	CITY BUILDING DEPARTMENT 1001 Winches Ave. argate City, NJ 08402				
			Check here if attachments.				

BUILDING PHOTOGRAPHS

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See Instructions for Item A6.

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State New Jersey	ZIP Code 08402	Company NAIC Number		
	Unit, Suite, and/or Bldg. No.) or	Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. State ZIP Code		

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 Caption FRONT VIEW 6/13/17

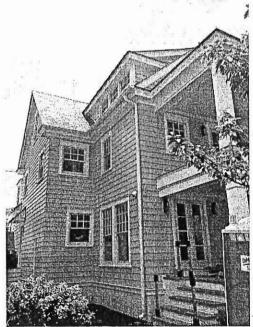


Photo Two

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

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Building Street Address (including 100 SOUTH CLERMONT AVENU	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.

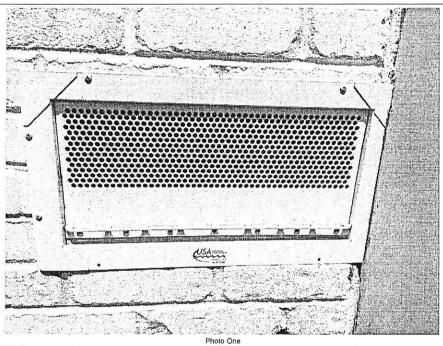


Photo One Caption USA FOUNDATION FLOOD AIR VENTS 6/13/17



Photo Two Caption USA FOUNDATION FLOOD AIR VENTS 6/13/17