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 N. Adams Condominium LLC				Policy Num	ber:		
A2. Building Stree Box No. 109 N. Adams Ave		cluding Apt., Unit, Suite	e, and/o	or Bldg. No.) or P.O.	. Route and	Company N	NAIC Number:
City CITY OF MAR				State New Jersey		ZIP Code 08402	
A3. Property Desc 327 lots 401 & 405		nd Block Numbers, Tax	k Parce	el Number, Legal De	escription, etc.)		
A4. Building Use (A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL & CONDOMININM						VINM
A5. Latitude/Longi	tude: Lat. N	39.3235	Long. V	V 074.5163			1927 × NAD 1983
A6. Attach at least	2 photograpl	ns of the building if the	Certific	cate is being used to		100	
A7. Building Diagra	am Number	7					
A8. For a building	with a crawls _l	pace or enclosure(s):					
a) Square foo	tage of crawls	space or enclosure(s)		3,723 sq ft			
b) Number of	permanent flo	ood openings in the cra	wlspac	ce or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 19
c) Total net ar	ea of flood op	penings in A8.b3,86	00 :	sq in			
d) Engineered	flood openin	gs? 🛛 Yes 🗌 No)				
A9. For a building v	with an attach	ed garage:					
a) Square foot	age of attach	ed garage0		sq ft			
b) Number of p	permanent flo	ood openings in the atta	ached g	garage within 1.0 foo	ot above adjacent o	rade	0
		enings in A9.b		sq in	,		
d) Engineered		-					
	***************************************						94
D4 NEID 0		CTION B – FLOOD IN	ISURA		(FIRM) INFORMA	TION	
B1. NFIP Community Name & Community Number CITY OF MARGATE & 345304		B2. County Name ATLANTIC COUNTY			B3. State New Jersey		
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E:	IRM Panel ffective/	B8. Flood Zone(s)	(Zor	se Flood Elevation(s) ne AO, use Base
345304/0001	С	10/18/1983		evised Date /1983	A8**	10**	od Depth)
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: CBRS OPA							

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or 109 N. Adams Ave.	Policy Number:				
City Sta CITY OF MARGATE New	te ZIP w Jersey 084	Code 102	Company NAIC Number		
SECTION C – BUILDING EL	EVATION INFORMA	TION (SURVEY RI	EQUIRED)		
	on Drawings* Buionstruction of the build VE, V1–V30, V (with Eding diagram specified Vertical Datum tems a) through h) belowed by the source: The as that used for the later (V Zones only) The vicing the building aments) (LAG) (HAG)	Iding Under Construing is complete. IFE), AR, AR/A, AR/A, in Item A7. In Puert: NGVD29 DW. BFE. 1 6. 7 14. 9 N/A. N/A. N/A. 13. 2 6. 7 7. 2	Check the measurement used. Check the meters Check the measurement used. Check the meters Check the meters		
 h) Lowest adjacent grade at lowest elevation of dec structural support 	k or stairs, including	<u>6</u> . <u>8</u>	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 Xence here if attachments.					
Certifier's Name Paul M. Koelling, PLS, CFM Title Licensed Land Surveyor	License Number NJ24GS 04328800				
Company Name Paul Koelling & Associates, LLC NJ C.O.A. No. 24GA26 Address 2161 Shore Road	Place Seal Here				
City Linwood	State New Jersey	ZIP Code 08221			
Signature ful ful for the signature	Date 2-5-18	Telephone (609) 927-0279			
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) *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 9 ft. (NAVD88) converted = 10.3 ft. (NGVD29) ***C2a.) enclosure with garages, foyers, storage ****C2e.) exterior air unit elev. 13.8, ductwork elev. 13.2, electrical outlet elev. 11.2					

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IMPORTANT: In these spaces, copy the correspo	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, a 109 N. Adams Ave.			Policy Number:		
City CITY OF MARGATE	State New Jersey	ZIP Code 08402	Company NAIC Number		
SECTION E – BUILDING I FOR ZO	ELEVATION INFORM ONE AO AND ZONE	MATION (SURVEY NOT A (WITHOUT BFE)	REQUIRED)		
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.					
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).a) Top of bottom floor (including basement,					
crawlspace, or enclosure) is b) Top of bottom floor (including basement.		feet mete	rs above or below the HAG.		
crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent floor		feet meter			
E2. For Building Diagrams 6–9 with permanent floor the next higher floor (elevation C2.b in the diagrams) of the building is	openings provided in	Section A Items 8 and/or	<u></u>		
E3. Attached garage (top of slab) is		feet meter	rs above or below the HAG.		
E4. Top of platform of machinery and/or equipment servicing the building is		feet meter	rs above or below the HAG.		
	☐ No ☐ Unknown	n. The local official must	cordance with the community's certify this information in Section G.		
SECTION F - PROPERTY O	WNER (OR OWNER'S	REPRESENTATIVE) CI	ERTIFICATION		
The property owner or owner's authorized representation community-issued BFE) or Zone AO must sign here.	ative who completes S The statements in Se	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 Representation	ve's Name				
Address	City	St	ate ZIP Code		
Signature		e Te	elephone		
Comments					
			Check here if attachments.		

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, S 109 N. Adams Ave.	uite, and/or Bldg. No.) or P.O	. Route and Box No.	Policy Number:
CITY OF MARGATE	State New Jersey	ZIP Code 08402	Company NAIC Number
SECTION	ON G - COMMUNITY INFOR	MATION (OPTIONAL)	
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en) Certificate. Complete the an	mmunity's floodplain mar plicable item(s) and sign	nagement ordinance can complete below. Check the measurement
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	en from other documentation ed by law to certify elevation	that has been signed ar information. (Indicate the	nd sealed by a licensed surveyor, e source and date of the elevation
G2. A community official completed Section or Zone AO.	ion E for a building located in	Zone A (without a FEMA	A-issued or community-issued BFE)
G3. The following information (Items G4-	-G10) is provided for commun	nity floodplain manageme	ent purposes.
G4. Permit Number	G5. Date Permit Issued		Date Certificate of compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction Subs	tantial Improvement	
G8. Elevation of as-built lowest floor (including of the building:	j basement)	feet	meters Datum
G9. BFE or (in Zone AO) depth of flooding at t	the building site:	feet	meters Datum
G10. Community's design flood elevation:		feet	meters Datum
Local Official's Name	Title		
Community Name	Tele	phone	
Signature	Date		
Comments (including type of equipment and loc	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 ³ / ₄ " X 7 ³ / ₄ "	200
SmartVENT [®]	1540-510	15 ³ / ₄ " X 7 ³ / ₄ "	200
FloodVENT® Overhead Door	1540-524	15 ³ / ₄ " X 7 ³ / ₄ "	200
SmartVENT [®] Overhead Door	1540-514	15 ³ / ₄ " X 7 ³ / ₄ "	. 200
Wood Wall FloodVENT [®]	1540-570	14" X 8 ³ / ₄ "	200
Wood Wall FloodVENT® Overhead Door	1540-574	14" X 8 ³ / ₄ "	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 = m2

Building Photographs

See Instructions for Item A6.			For Insurance Company Use:
Building Street Address (including Apt., Unit, Suite, and/or Bldg.) No. or P.O. Route and Box No. 109 N. Adams Ave.			Policy Number
City	State	ZIP Code	Company NAIC Number
Margate	NJ	08402	1

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: (02-02-2018)

Rear View - Date of Photograph: (02-02-2018)





Right Side View – Date of Photograph: (02-02-2018)

Vent View – Date of Photograph: (02-02-2018)