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

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1–9.

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

JUL 2 5 2017

Copy all pages of this	Elevation Ce	rtificate and all attachm	ents for (1) commun	nity offici	ial, (2) insurance a	gent/compar	ny, and (3) building owner.	
SECTION A – PROPERTY INFORMATION						FOR INSURANCE COMPANY USE		
A1. Building Owner's Name						Policy Num	ber:	
Revolution Builders								
A2. Building Street Box No.	A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number:							
117 North Thurlow	117 North Thurlow Avenue							
City								
Margate			New Je			08402		
A3. Property Desc Block 320, Lot 4	ription (Lot ar	nd Block Numbers, Tax	Parcel Number, Le	gal Des	scription, etc.)			
A4. Building Use (A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential							
A5. Latitude/Longit	ude: Lat. N	39°19'36.7" I	_ong. <u>W74°30'41.8"</u>		Horizontal Datur	n: 🗌 NAD 1	1927 🔀 NAD 1983	
A6. Attach at least	2 photograph	ns of the building if the	Certificate is being	used to	obtain flood insur	ance.		
A7. Building Diagra	am Number	8						
A8. For a building	with a crawlsp	pace or enclosure(s):						
a) Square foot	age of crawls	space or enclosure(s)	1,087	sq ft				
b) Number of	permanent flo	ood openings in the cra	wispace or enclosu	re(s) wit	thin 1.0 foot above	e adjacent gra	ade7	
c) Total net are	ea of flood op	enings in A8.b1,40	00sq in					
d) Engineered	flood opening	gs? 🛛 Yes 🗌 No)					
A9. For a building v	vith an attach	ed garage:						
a) Square foot	a) Square footage of attached garage 0 sq ft							
		od openings in the atta		1.0 foo ⁻	t above adiacent o	arade	0	
c) Total net are) sqin					
d) Engineered			· · ·					
d) Engineered	nood opennių	gs? 🗌 Yes 🔀 No)					
	SE	CTION B - FLOOD IN	SURANCE RATE	MAP (I	FIRM) INFORMA	TION		
B1. NFIP Communi	ty Name & Co	ommunity Number	B2. County	Name			B3. State	
Margate 345304			Atlantic				New Jersey	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/		B8. Flood Zone(s)		e Flood Elevation(s) ne AO, use Base	
345304/0001	С	06/18/1971	Revised Date		A8	Floc	od Depth)	
343304/0001	C	00/10/19/1	10/10/1983		A0	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 Resour	ces System (CBRS) area o	or Otherwise Prote	ected Area (C	PA)? □ Yes ⊠ No	
Designation D	ate:	c	BRS 🗌 OPA					

ELEVATION CERTIFICATE			OMB No. 1660-0008 Expiration Date: November 30, 2018			
IMPORTANT: In these spaces, copy the corresp	onding information fro	m Section A.	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite 117 North Thurlow Avenue	, and/or Bldg. No.) or P.	D. Route and Box No.	Policy Number:			
City	State	ZIP Code	Company NAIC Number			
Margate	New Jersey	08402				
SECTION C – BUILD	NG ELEVATION INFO	RMATION (SURVEY R	REQUIRED)			
C1. Building elevations are based on: Construction Drawings* Building Under Construction* X Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.						
C2. Elevations – Zones A1–A30, AE, AH, A (with Complete Items C2.a–h below according to Benchmark Utilized: RM #1	he building diagram spe					
Indicate elevation datum used for the elevati						
NGVD 1929 NAVD 1988) below.				
Datum used for building elevations must be t	Construction of the Constr	r the BFE.	Check the measurement used.			
a) Top of bottom floor (including basement,	crawlenace, or enclosure	e floor) 9.7	X feet T meters			
b) Top of the next higher floor		13.2	X feet C meters			
c) Bottom of the lowest horizontal structural	member (V/Zenes enly)	N/A				
d) Attached garage (top of slab)	member (v Zones only)	N/A	X feet I meters			
 e) Lowest elevation of machinery or equipm (Describe type of equipment and location) 	ent servicing the building in Comments)		X feet meters			
f) Lowest adjacent (finished) grade next to	,	8.0	X feet 🗌 meters			
g) Highest adjacent (finished) grade next to		9.8	X feet			
 h) Lowest adjacent grade at lowest elevation structural support 			X feet meters			
	EYOR, ENGINEER, OF	R ARCHITECT CERTIF	ICATION			
This certification is to be signed and sealed by a l I certify that the information on this Certificate rep statement may be punishable by fine or imprison	resents my best efforts t	o interpret the data avail	y law to certify elevation information. able. I understand that any false			
Were latitude and longitude in Section A provided		The second se	Check here if attachments.			
Certifier's Name James R. Boney, PLS	License Numbe 31264	er				
Title Professional Land Surveyor						
Company Name James R. Boney & Associates, LLC			Place Seal			
Address 13 Stone Mill Court			Here			
City Egg Harbor Twp	State New Jersey	ZIP Code 08234				
Signature	Date 07/21/2017	Telephone (609) 788-8013				
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) Two story dwelling on a crawlspace. There are two (2) A/C unit on canter levered 2nd floor joists at elevation 22.8. All other mechanicals servicing the dwelling are assumed to be inside and at or above the finished floor elevation. There are seven (7) SMART vents in the crawlspace.						

ELEVATION CERTIFICATE			OMB No. 1660 Expiration Dat	0-0008 e: November 30, 201
MPORTANT: In these spaces, copy the co	FOR INSURANCE COMPANY US			
Building Street Address (including Apt., Unit, 117 North Thurlow Avenue	Suite, and/or Bldg. No.) or F	P.O. Route and Box No.	Policy Number	er:
City MARGATE	State New Jersey	ZIP Code 08402	Company NA	IC Number
	LDING ELEVATION INFO		NOT REQUIRED)	
For Zones AO and A (without BFE), complete complete Sections A, B,and C. For Items E1-	e Items E1–E5. If the Certif –E4, use natural grade, if a	ficate is intended to supp available. Check the mea	ort a LOMA or LON surement used. In F	IR-F request, Puerto Rico only,
 Provide elevation information for the foll the highest adjacent grade (HAG) and the 			ether the elevation	is above or below
 a) Top of bottom floor (including basem crawlspace, or enclosure) is 	ent,;;; _;	[] feet [] n	neters 🗌 above o	or 🗌 below the HAG
b) Top of bottom floor (including basem crawlspace, or enclosure) is	ent,	feet 🗌 n	neters 🔲 above o	or 🗌 below the LAG
 For Building Diagrams 6–9 with permanents the next higher floor (elevation C2.b in 	ent flood openings provided	d in Section A Items 8 ar	nd/or 9 (see pages 1	-2 of Instructions),
the diagrams) of the building is	2			or below the HAG
 Attached garage (top of slab) is Top of platform of machinery and/or equ 	ioment	[] feet [] n	neters 📋 above o	or below the HAG
servicing the building is	· · · · · · · · · · · ·			or below the HAG
5. Zone AO only: If no flood depth number floodplain management ordinance?				
SECTION F - PROPE	RTY OWNER (OR OWNE	R'S REPRESENTATIVE) CERTIFICATION	
he property owner or owner's authorized rep ommunity-issued BFE) or Zone AO must sig Property Owner or Owner's Authorized Repre	on here. The statements in	s Sections A, B, and E fo Sections A, B, and E are	or Zone A (without a correct to the best	FEMA-issued or of my knowledge.
ddress	(City	State	ZIP Code
ignature	ал. [Dŧ	Telephone	
omments				
				F.
ю.				
	а а			
			Check	here if attachments.

X

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Building Street Address (including Apt., Unit, S 117 North Thurlow Avenue	Suite, and/or Bldg. No.) or	P.O. Route and Box No	b. Policy Number:
City MARGATE	State New Jersey	ZIP Code 08402	Company NAIC Number
SECTI	ON G - COMMUNITY IN	FORMATION (OPTION	IAL)
The local official who is authorized by law or of Sections A, B, C (or E), and G of this Elevatio used in Items G8–G10. In Puerto Rico only, e	n Certificate. Complete th	e community's floodplai le applicable item(s) and	n management ordinance can complete d sign below. Check the measurement
			ed and sealed by a licensed surveyor, ate the source and date of the elevation
or Zone AO.			FEMA-issued or community-issued BFE)
G3. The following information (Items G4	-G10) is provided for con	nmunity floodplain mana	agement purposes.
G4. Permit Number	G5. Date Permit Issue	d (G6. Date Certificate of Compliance/Occupancy Issued
	New Construction	Substantial Improvemer	nt
S8. 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	ntino	Title	
Community Name		Telephone 609-82	2-1915
Signature CTCK			2-191× 18
Comments (including type of equipment and lo	cation, per C2(e), if applic	cable)	
		MARGA	TE CITY BUILDING DEPARTMENT 9001 Winches & Ave. Margate City, NJ 08402
(F)			
			Check here if attachments.
EMA Form 086-0-33 (7/15)	Replaces all previo	ous editions.	Form Page 4 of

ELEVATION CERTIFICATE

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

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Building Street Address (includin 117 North Thurlow Avenue	p. Policy Number:		
City	State	ZIP Code	Company NAIC Number
Margate	New Jersey	08402	19 M

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 7/20/17



Photo Two Caption Rear 7/20/17

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BUILDING PHOTOGRAPHS

OMB No. 1660-0008

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City	State	ZIP Code	Company NAIC Number
Margate	New Jersey	08402	Transie - and - transie - terms to terms for the
If submitting more photographs than v with: date taken; "Front View" and ' photographs must show the foundation	"Rear View"; and, if required, "I	Right Side View" and '	"Left Side View." When applicable,
	Photo On	e	
Dhata One Conting	Photo One		
Photo One Caption			
	Photo Two)	
	Photo Two		
Photo Two Caption			