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					OR INSUF	RANCE COMPANY USE	
A1. Building Owner's Name JJCC LONGPORT, L.L.C. Policy Number:						ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 1 N. MADISON AVENUE					AIC Number:		
City				State		ZIP Code	
MARGATE	rintion (Lation	nd Block Numbers, Tax	Parco	New Jersey		08402	
LOT 46, BLOCK 22	F2 0.550	id block Numbers, Tax	raice	i Number, Legar De	scription, etc.)	owell and a construction of the construction o	***
A4. Building Use (e.g., Resident	tial, Non-Residential, A	ddition	, Accessory, etc.)	RESIDENTIAL		
A5. Latitude/Longit	tude: Lat. 39	.32083	ong7	74.51639	Horizontal Datum	☐ NAD 1	927 × NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certific	ate is being used to	o obtain flood insura	nce.	
A7. Building Diagra	am Number _	8					
A8. For a building	with a crawlsp	pace or enclosure(s):					
a) Square foo	tage of crawls	pace or enclosure(s)		940 sq ft			Ø.
b) Number of p	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade6
c) Total net ar	ea of flood op	enings in A8.b1,2	00 s	sq in			
d) Engineered	flood opening	gs? ⊠Yes ☐ No)				1/
A9. For a building v	vith an attach	ed garage:					/ "
a) Square foot	age of attach	ed garage538		sq ft			,
b) Number of p	permanent flo	od openings in the atta	ached g	garage within 1.0 fo	ot above adjacent g	ade	4
c) Total net are	ea of flood op	enings in A9.b 8	00	sq in			
d) Engineered	flood opening	gs? ⊠ Yes □ N	0	- 0 %			
,	98 17 (4 m = 494,2 m = 200 € m = 200 m = 400 m = 200 m						
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TON	15-319
B1. NFIP Community Name & Community Number B2. County Name B3. State							
CITY OF MARGAT	E CITY 3453			ATLANTIC			New Jersey
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date		IRM Panel ffective/	B8. Flood Zone(s)	B9. Bas	se Flood Elevation(s) ne AO, use Base
345304 0001	С	10/18/1983	R	evised Date /1983	A8	10.0	od Depth)
343304 0001		10/10/1903	10/10	7 1905	, A0	10.0	
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 No							
Designation Date:							

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or 1 N. MADISON AVENUE	Policy Number:				
City State MARGATE New	e ZIP Jersey 084	Code 02	Company NAIC Number		
SECTION C – BUILDING ELE	VATION INFORMA	TION (SURVEY RE	EQUIRED)		
C1. Building elevations are based on: Construction Drawings* Building Under Construction* 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 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: LOCAL BENCH Vertical Datum: NGVD 1929 Indicate elevation datum used for the elevations in items a) through h) below.					
☐ NGVD 1929 ⊠ NAVD 1988 ☐ Other/S	***************************************				
Datum used for building elevations must be the same	e as that used for the E	BFE.	Check the measurement used.		
a) Top of bottom floor (including basement, crawlspa	ace, or enclosure floor	6. 1	× feet meters		
b) Top of the next higher floor		<u>16</u> . <u>4</u>	🔀 feet 🗌 meters		
c) Bottom of the lowest horizontal structural member	(V Zones only)	N/A	X feet meters		
d) Attached garage (top of slab)		<u>6</u> . <u>1</u>	x feet meters		
 e) Lowest elevation of machinery or equipment servi (Describe type of equipment and location in Comr 	cing the building nents)	<u>16</u> . <u>4</u>	X feet meters		
f) Lowest adjacent (finished) grade next to building ((LAG)	<u>5</u> . 9	x feet meters		
g) Highest adjacent (finished) grade next to building	(HAG)	<u> </u>	X feet meters		
 h) Lowest adjacent grade at lowest elevation of deck structural support 	or stairs, including	5. 8	X feet meters		
SECTION D – SURVEYOR, I	ENGINEER, OR ARC	HITECT CERTIFI	CATION 15-314		
This certification is to be signed and sealed by a land survive latest the information on this Certificate represents a statement may be punishable by fine or imprisonment und	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 lice	ensed land surveyor?	⊠Yes □ No	Check here if attachments.		
Certifier's Name HOWARD A. TRANSUE	License Number GS33541				
Title PROFESSIONAL LAND SURVEYOR	7/26/2016				
Company Name SCHAEFFER NASSAR SCHEIDEGG, CE, LLC			Place Seal		
Address 1425 CANTILLON BOULEVARD		*	Here H. Q.		
City MAYS LANDING	State New Jersey	ZIP Code 08330	₍₄ ८इइ.८५।		
Signature	Date 07/26/2016	Telephone (609) 625-7400			
Copy all pages of this Elevation Certificate and all attachmen	ts for (1) community of	ficial, (2) insurance a	gent/company, and (3) building owner.		
Comments (including type of equipment and location, per OITEMS A8b & A9b VENTS ARE SMART VENTS, MODELS ITEM C2e ALL MECHANICALS ARE AT FINISH FLOOR BITEM A4, THE BUILDING IS A DUPLEX.	3 1540-510 (6) & 1540		T 200 SQ. IN. EACH.		

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, an 1 N. MADISON AVENUE	Policy Number:				
City MARGATE		Code 402	Company NAIC Number		
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)					
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 ☐ meter			
crawlspace, or enclosure) is E2. For Building Diagrams 6–9 with permanent flood of	onenings provided in Sect	feet meter			
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 availab floodplain management ordinance? Yes			cordance with the community's certify this information in Section G.		
SECTION F - PROPERTY OW	NER (OR OWNER'S REF	RESENTATIVE) CE	RTIFICATION 15-319		
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.					
Property Owner or Owner's Authorized Representative	's Name				
Address	City	Sta	ate ZIP Code		
Signature	_Date_	Tel	ephone		
Comments					
	a a				
			*		
			3		
			Check here if attachments.		
			i Check here if attachments.		

ELEVATION CERTIFICATE

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

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1 N. MADISON AVENUE Policy Number:					
City MARGATE	State New Jersey	ZIP Code 08402	Company NAIC Number		
SECTIO	N G - COMMUNITY INF	FORMATION (OPTIONAL)	15-319		
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 data in the Comments area below.)			3		
G2. A community official completed Section or Zone AO.	on E for a building locate	d III Zone A (Without a FEM	A-issued of community-issued BFE)		
G3. The following information (Items G4–	G10) is provided for com	munity floodplain managem	ent purposes.		
G4. Permit Number	G5. Date Permit Issued		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)	[feet	meters Datum		
G9. BFE or (in Zone AO) depth of flooding at the	ne building site:	feet	meters Datum		
G10. Community's design flood elevation:		feet	meters Datum		
Local Official's Name Oin Ge Cantino Title CEM/CO					
Community Name Community Name Telephone Total Community Name Telephone					
Signature	I	Date 7/29	16		
Comments (including type of equipment and location, per C2(e), if applicable)					
\$					
			=		
			Check here if attachments.		

BUILDING PHOTOGRAPHS

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

ELEVATION CERTIFICATE

See Instructions for Item A6.

IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1 N. MADISON 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 FRONT VIEW

15-319

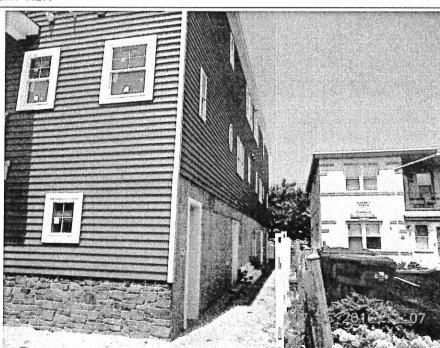


Photo Two Caption REAR VIEW

BUILDING PHOTOGRAPHS

OMB No. 1660-0008 Expiration Date: November 30, 2018 **ELEVATION CERTIFICATE** Continuation Page

IMPORTANT: In these spaces, cop	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including A 1 N. MADISON AVENUE			
City MARGATE	State New Jersey	ZIP Code 08402	Company NAIC Number

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.

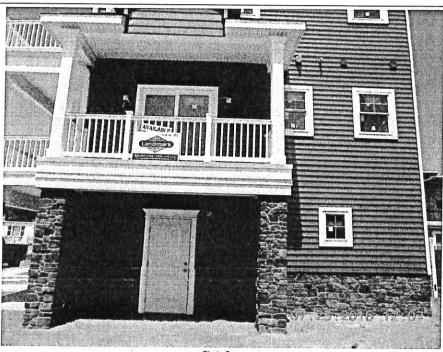


Photo One

Photo One Caption RIGHT SIDE VIEW

15-319

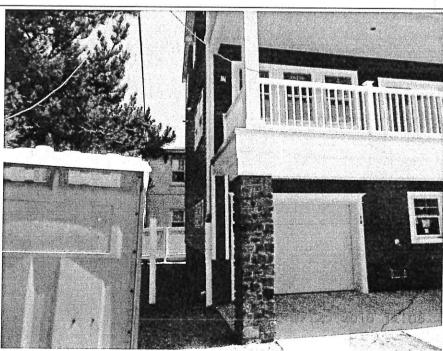


Photo Two

Photo Two Caption LEFT SIDE VIEW

BUILDING PHOTOGRAPHS

OMB No. 1660-0008

Continuation Page Expiration Date: November 30, 2018

	= Aprilation Bate: November 66, 2016		
IMPORTANT: In these spaces, copy the	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Ur 1 N. MADISON AVENUE	Policy Number:		
City MARGATE	State New Jersey	ZIP Code 08402	Company NAIC Number

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 SMART MODEL 1540-510 TYPICAL OF 6

ELEVATION CERTIFICATE

15-319

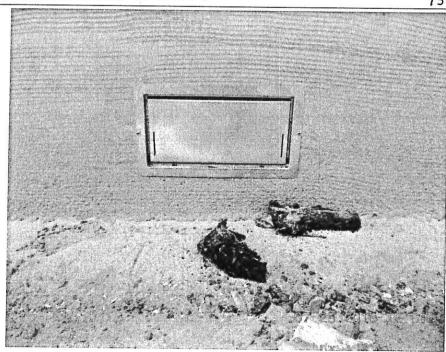


Photo Two

Photo Two Caption SMART VENT MODEL 1540-520 TYPICAL OF 4