

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
**ELEVATION CERTIFICATE**

**IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16**

OMB Control Number: 1660-0008  
Expiration: 11/30/2018

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						FORM INSURANCE COMPANY USE	
A1. Building Owner's Name STEVE STOMEL						Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 106 S IROQUOIS AVE						Company NAIC Number:	
City MARGATE				State NJ		Zip Code 08402	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BLOCK 10.03 LOT 17							
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL							
A5. Latitude/Longitude: Lat. 39-19-35 Long. 74-30-03 Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> NAD 1983							
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.							
A7. Building Diagram Number 8							
A8. For a building with a crawlspace or enclosure(s):				A9. For a building with an attached garage:			
a) Square footage of crawlspace or enclosure(s) 1760 sq ft				a) Square footage of attached garage 200 sq ft			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 8 6-2-2016 <i>Jm</i>				b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 2			
c) Total net area of flood openings in A8.b 1800 <del>1800</del> sq in				c) Total net area of flood openings in A9.b 400 sq in			
d) Engineered flood openings? <input checked="" type="radio"/> Yes <input type="radio"/> No				d) Engineered flood openings? <input checked="" type="radio"/> Yes <input type="radio"/> No			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Community Name & Community Number MARGATE 345304				B2. County Name ATLANTIC		B3. State NJ	
B4. Map/Panel Number 345304/0001	B5. Suffix C	B6. FIRM Index Date 10/18/83	B7. FIRM Panel Effective/ Revised Date 10/18/83	B8. Flood Zone(s) A8	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 10.00		
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____							
B11. Indicate elevation datum used for BFE in Item B9: <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA							
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)							
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> Finished Construction							
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. * A new Elevation Certificate will be required when construction of the building is complete.							
Benchmark Utilized: GPS Vertical Datum: NGVD 1929							
Indicate elevation datum used for the elevations in items a) through h) below. <input checked="" type="radio"/> NGVD 1929 <input type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____							
Datum used for building elevations must be the same as that used for the BFE.						Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	8.2	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
b) Top of the next higher floor	11.3	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	-	_____	<input type="radio"/> feet	<input type="radio"/> meters		
d) Attached garage (top of slab)	8.6	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	10.5	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
f) Lowest adjacent (finished) grade next to building (LAG)	8.2	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
g) Highest adjacent (finished) grade next to building (HAG)	9.0	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters		
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	8.4	-	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters		

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106 S IROQUOIS AVE

MARGATE

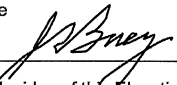
NJ

08402

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

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.*

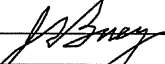
Check here if attachments. Were latitude and longitude in Section A provided by a licensed land surveyor?  
 Yes  No

Certifier's Name JAMES R BONEY, PLS		License Number 24GS03126400	
Title PROFESSIONAL LAND SURVEYOR	Company Name JAMES R BONEY & ASSOC., LLC		
Address 13 STONE MILL CT	City EGG HARBOR TWP	State NJ	Zip Code 08234
Signature 	Date MAY 24, 2016	Telephone +1 (609) 788-8013	

PLACE  
SEAL  
HERE

Copy both sides of this Elevation Certificate 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 FRAME DWELLING. A/C UNIT OUTSIDE ON PLATFORM. SMARTVENTS INSTALLED MODEL 1540-510

Signature  Date MAY 24, 2016

**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 \_\_\_\_\_ - \_\_\_\_\_  feet  meters  above or  below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ - \_\_\_\_\_  feet  meters  above or  below the LAG.

E2. For Building Diagrams 6 -9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8 -9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_ - \_\_\_\_\_  feet  meters  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 the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

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	State	ZIP Code
Signature	Date	Telephone	

Comments

Check here if attachments.



