

**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<br>DAVCO CONSTRUCTION, INC.   |                 |                                   |  |                             | Policy Number:   |                         |
| A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>12 N. QUINCY AVENUE  |                 |                                   |  |                             | Company NAIC Number:   |                         |
| City<br>MARGATE   |                 | State<br>New Jersey               |  | ZIP Code<br>08402           |  |                         |
| A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br>LOT 13, BLOCK 218   |                 |                                   |  |                             |  |                         |
| A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <u>RESIDENTIAL</u>   |                 |                                   |  |                             |  |                         |
| A5. Latitude/Longitude: Lat. <u>39.32639</u> Long. <u>-74.50889</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> 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 <u>7</u>  |                 |                                   |  |                             |  |                         |
| A8. For a building with a crawlspace or enclosure(s):   |                 |                                   |  |                             |  |                         |
| a) Square footage of crawlspace or enclosure(s) <u>1201.70</u> sq ft  |                 |                                   |  |                             |  |                         |
| b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>6</u>   |                 |                                   |  |                             |  |                         |
| c) Total net area of flood openings in A8 b <u>1230.00</u> sq in  |                 |                                   |  |                             |  |                         |
| d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                 |                                   |  |                             |  |                         |
| A9. For a building with an attached garage:   |                 |                                   |  |                             |  |                         |
| a) Square footage of attached garage <u>N/A</u> sq ft   |                 |                                   |  |                             |  |                         |
| b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>N/A</u>  |                 |                                   |  |                             |  |                         |
| c) Total net area of flood openings in A9 b <u>N/A</u> sq in  |                 |                                   |  |                             |  |                         |
| d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                 |                                   |  |                             |  |                         |
| SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION   |                 |                                   |  |                             |  |                         |
| B1. NFIP Community Name & Community Number<br>CITY OF MARGATE 345304  |                 |                                   |  | B2. County Name<br>ATLANTIC |  | B3. State<br>New Jersey |
| B4. Map/Panel Number<br>34001C0434  | B5. Suffix<br>F | B6. FIRM Index Date<br>08-28-2018 | B7. FIRM Panel Effective/ Revised Date<br>08-28-2018 | B8. Flood Zone(s)<br>AE     | B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth)<br>9.0 |                         |
| B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:<br><input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____ |                 |                                   |  |                             |  |                         |
| B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____  |                 |                                   |  |                             |  |                         |
| B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA         |                 |                                   |  |                             |  |                         |

*19-257*

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

|  |                     |                   |                                  |
|--|---------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                    |                     |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>12 N. QUINCY AVENUE |                     |                   | Policy Number:                   |
| City<br>MARGATE  | State<br>New Jersey | ZIP Code<br>08402 | Company NAIC Number              |

## SECTION C – BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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: MON. 4816 Vertical Datum: NAVD 1988

Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929  NAVD 1988  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)  | <u>7.4</u>  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| b) Top of the next higher floor  | <u>16.5</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (V Zones only)  | <u>N/A</u>  | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| d) Attached garage (top of slab)   | <u>N/A</u>  | <input type="checkbox"/> feet            | <input type="checkbox"/> meters |
| e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) | <u>13.0</u> | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)   | <u>7.3</u>  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)  | <u>7.6</u>  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |
| h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support                               | <u>6.8</u>  | <input checked="" type="checkbox"/> feet | <input type="checkbox"/> meters |

## SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

19-257

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  Check here if attachments.

|   |                     |                             |      |   |
|---|---------------------|-----------------------------|------|---|
| Certifier's Name<br>HOWARD A. TRANSUE               |                     | License Number<br>GS33451   |      | <p>GS33451<br/>Place<br/>Seal<br/>Here<br/><i>[Signature]</i><br/>2/19/2020</p> |
| Title<br>PROFESSIONAL LAND SURVEYOR                 |                     |                             |      |   |
| Company Name<br>SCHAEFFER NASSAR SCHEIDEGG, CE, LLC |                     |                             |      |   |
| Address<br>1425 CANTILLON BOULEVARD                 |                     |                             |      |   |
| City<br>MAYS LANDING                                | State<br>New Jersey | ZIP Code<br>08330           |      |   |
| Signature<br><i>[Signature]</i>                     | Date<br>08-19-2020  | Telephone<br>(609) 625-7400 | Ext. |   |

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)  
ITEM A8b VENTS ARE CRAWL SPACE DOOR SYSTEMS FLOOD VENTS MODEL 816CS RATED AT 205 SQ. IN. EACH.  
ITEM C2e IS THE FURNACE.  
PICTURES TAKEN 7/09/2020.

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

|  |                     |                   |                                  |
|--|---------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                    |                     |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>12 N. QUINCY AVENUE |                     |                   | Policy Number:                   |
| City<br>MARGATE  | State<br>New Jersey | ZIP Code<br>08402 | 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 \_\_\_\_\_  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 1–2 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

19-257

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.

# ELEVATION CERTIFICATE

OMB No. 1660-0008  
Expiration Date: November 30, 2022

|  |                     |                   |                                  |
|--|---------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                    |                     |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>12 N. QUINCY AVENUE |                     |                   | Policy Number:                   |
| City<br>MARGATE  | State<br>New Jersey | ZIP Code<br>08402 | Company NAIC Number              |

**SECTION G – COMMUNITY INFORMATION (OPTIONAL)**

19-257

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 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 Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4–G10) is provided for community floodplain management purposes.

|                   |                        |   |
|-------------------|------------------------|---|
| G4. Permit Number | G5. Date Permit Issued | G6. Date Certificate of Compliance/Occupancy Issued |
|                   |                        |   |

- G7. This permit has been issued for:       New Construction     Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  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<br><i>Jim Colantoni</i> | Title<br><i>CFM</i>              |
| Community Name<br><i>MARGATE</i>              | Telephone<br><i>609 822-1974</i> |
| Signature<br><i>J. Col</i>                    | Date<br><i>10/1/2020</i>         |

Comments (including type of equipment and location, per C2(e), if applicable)

Check here if attachments.

# BUILDING PHOTOGRAPHS

Continuation Page

OMB No. 1660-0008  
Expiration Date: November 30, 2022

## ELEVATION CERTIFICATE

|  |                     |                   |                                  |
|--|---------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                    |                     |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>12 N. QUINCY AVENUE |                     |                   | Policy Number:                   |
| City<br>MARGATE  | State<br>New Jersey | ZIP Code<br>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 Three

Photo Three Caption REAR VIEW

19-257

Clear Photo Three



Photo Four

Photo Four Caption CRAWL SPACE DOOR SYSTEMS FLOOD VENT MODEL 816CS TYPICAL OF 6

Clear Photo Four

**ELEVATION CERTIFICATE**

**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

OMB No. 1660-0008  
Expiration Date: November 30, 2022

|  |                     |                   |                                  |
|--|---------------------|-------------------|----------------------------------|
| <b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>                                    |                     |                   | <b>FOR INSURANCE COMPANY USE</b> |
| Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.<br>12 N. QUINCY AVENUE |                     |                   | Policy Number:                   |
| City<br>MARGATE  | State<br>New Jersey | ZIP Code<br>08402 | Company NAIC Number              |

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 AND RIGHT SIDE VIEW

19-257

Clear Photo One



Photo Two

Photo Two Caption FRONT VIEW AND LEFT SIDE VIEW

Clear Photo Two

# Certification of Engineered Flood Openings

In accordance with the Code of Federal Regulations for the National Flood Insurance Program

I hereby certify that the Crawl Space Door Systems flood vents 816CS, 1220CS, 1232CS, 1616CS, 1624CS, 1632CS, 2032CS, 2424CS, and 2436CS are designed in accordance with the requirements of the Code of Federal Regulations for the National Flood Insurance Program (NFIP) to provide automatic equalization of hydrostatic flood forces by allowing for the entry and exit of floodwaters, when properly installed and sized as set forth below. Vent opening measurements were measured and certified by Mr. Christopher Mark Loney, Virginia P.E. NO. 029000. Detailed calculations were prepared as outlined in "Review of certification of Engineered Flood Openings," prepared by Dr. Georg Reichard, Associate Professor of Building Construction, Virginia Tech (available upon request from Crawl Space Door Systems, Inc. billy@crawlspacedoors.com)

## Design Characteristics

Section 2.6.2.2 of ASCE/SEI 24-05 provides an equation to determine the required net area of engineered openings ( $A_o$ ) for a given enclosed area ( $A_e$ ). This equation is based on the hydraulic formula for the flow rate across sharp edged orifices. I have utilized this equation to calculate 1) the restricted flow rate through the main frame opening in case the louver is blown out during a flood event; 2) the flow rate through the individual openings between louver blades; and 3) the flow rate through projected openings between louver blades following hydraulic short-tube theory. The maximum total enclosed area ( $A_e$ ) that can be serviced by a single vent has then been determined by utilizing the lowest flow rate of the three assessed scenarios for each vent and is listed in Table 1. These values are based on the following assumptions:

- In absence of reliable data, the rates of rise and fall have been assumed at a minimum rate of 5 feet/hour;
- The (maximum) difference between the exterior and interior floodwater levels shall not exceed 1 foot during base flood conditions;
- A factor of safety of 5 has been assumed, which is consistent with design practices related to protection of life and property;
- The net area of openings ( $A_o$ ) as provided by the manufacturer.

| *)                                  | Model  | H x W [in] | $A_o$ [in <sup>2</sup> ] | $A_e$ [ft <sup>2</sup> ] |
|-------------------------------------|--------|------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | 816CS  | 8 x 16     | 105                      | 205                      |
| <input type="checkbox"/>            | 1220CS | 12 x 20    | 235                      | 500                      |
| <input type="checkbox"/>            | 1232CS | 12 x 32    | 305                      | 645                      |
| <input type="checkbox"/>            | 1616CS | 16 x 16    | 180                      | 395                      |
| <input type="checkbox"/>            | 1624CS | 16 x 24    | 310                      | 670                      |
| <input type="checkbox"/>            | 1632CS | 16 x 32    | 405                      | 835                      |
| <input type="checkbox"/>            | 2032CS | 20 x 32    | 630                      | 1240                     |
| <input type="checkbox"/>            | 2424CS | 24 x 24    | 570                      | 1230                     |
| <input type="checkbox"/>            | 2436CS | 24 x 36    | 850                      | 1765                     |

Table 1 Maximum total enclosed area ( $A_e$ ) that can be serviced by each individual model based on the given net area of engineered openings ( $A_o$ )

## Installation Requirements and Limitations

This certification will be voided if the following installation requirements and limitations are not enforced:

- There shall be a minimum of two openings on different sides of each enclosed area subject to flooding;
- The bottom of all openings shall be no higher than one foot above the higher of the interior or exterior grade that is immediately under each opening;
- No temporary (e.g. during cold weather) or permanent solid cover may be placed into or over the flood vent that would block the automatic entry or exit of floodwaters at any time;
- Where data or analyses indicate more rapid rates of rise and fall, the required number of openings shall be increased to account for those different conditions. The number or size of the openings may be decreased if data or analyses indicate rates of rise and fall are less than 5 feet per hour.

## Certifying Design Professional

19-257

Name WILLIAM S. SWIDERSKI, P.E.

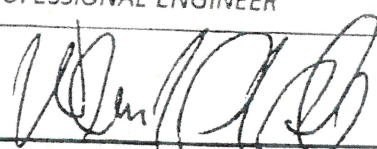
Title ENGINEER

Company SWIDERSKI ASSOCIATES

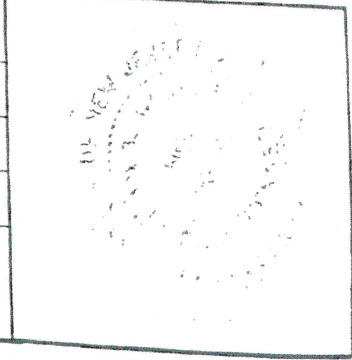
Address 599 SHORE ROAD SOMERS POINT, NJ

License PROFESSIONAL ENGINEER

License No. 24GE02048200

Signature: 

Date: 11-10-17



## Identification of the Building and Installed Flood Vents (By Others)

The flood vent models marked in Table 1\*) are being installed at the following building:

Building Address

12 N. QUINCY AVENUE, MARGATE, NJ 08402