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		ANCE COMPANY USE				
A1. Building Owner's Name		per:				
Tom Reynolds						
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. #216 North Nassau Avenue	Company N	AIC Number:				
City State ZIP Code						
CITY OF MARGATE New Jersey	08402					
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 415 Lot 16						
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longitude: Lat. 39.3297 Long, -74.5091 Horizontal Datur	n: 🔲 NAD 1	927 🔀 NAD 1983				
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insur	ance.					
A7. Building Diagram Number9						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s) 1,200 sq ft						
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above	adjacent gra	ade 4				
c) Total net area of flood openings in A8.b 0 sq in						
d) Engineered flood openings? Yes No						
A9. For a building with an attached garage:						
a) Square footage of attached garage 0 sq ft						
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0						
c) Total net area of flood openings in A9.b 0 sq in						
d) Engineered flood openings? Yes No						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMA	ATION					
B1. NFIP Community Name & Community Number CITY OF MARGATE & 345304 B2. County Name ATLANTIC COUNTY		B3. State New Jersey				
B4. Map/Panel B5. Suffix B6. FIRM Index B7. FIRM Panel B8. Flood Zone(s	(Zo	se Flood Elevation(s) ne AO, use Base				
34001C0434 F 08/28/2018 Revised Date 08/28/2018 AE	8	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: NGVD 1929 X 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: CBRS OPA						

ELEVATION CERTIFICATE

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. #216 North Nassau Avenue			Policy Number:		
City CITY OF MARGATE	State ZIP 0840	Code 02	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: private Vertical Datum: NAVD88					
Indicate elevation datum used for the el		v .			
☐ NGVD 1929 ☑ NAVD 1988 Datum used for building elevations mus		FF			
			Check the measurement used.		
 a) Top of bottom floor (including basen 	nent, crawlspace, or enclosure floor)				
b) Top of the next higher floor		8.5	X feet meters		
c) Bottom of the lowest horizontal struc	ctural member (V Zones only)	N/A.	X feet meters		
d) Attached garage (top of slab)		N/A	X feet meters		
 e) Lowest elevation of machinery or ed (Describe type of equipment and loc 	quipment servicing the building cation in Comments)	6. 1	X feet meters		
 f) Lowest adjacent (finished) grade ne 	ext to building (LAG)	5, 7	X feet meters		
g) Highest adjacent (finished) grade ne	ext to building (HAG)	<u> 6</u> . <u>0 </u>	× feet meters		
 h) Lowest adjacent grade at lowest ele structural support 	evation of deck or stairs, including	N/A			
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.					
Were latitude and longitude in Section A pro	the state of the s				
Certifier's Name Paul M. Koelling, PLS, CFM	License Number NJ24GS 04328800				
Title Licensed Land Surveyor	The second secon				
Company Name			Place		
Paul Koelling & Associates, LLC NJ C.O.A. No. 24GA28256300			Seal		
Address 2161 Shore Road					
City Linwood	State New Jersey	ZIP Code 08221			
Signature /aud	9-20-19	Telephone (609) 927-0279	- Lampange, 6		
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.) Four (4) Masonry Air Vents (NOT Flood Vents)					
***C2a.) crawlspace enclosure (1100 s.f.)(elev 4.8) utility room (100 s.f.)(elev 6.1)					
****C2e.) exterior air unit (elev 9.0)furnace (elev 6.4)water heater (elev 6.1)					

Building Photographs

See Instructions for Item A6.			For Insurance Company Use:
Building Street Address (inclu 216 North Nassau Av	Policy Number		
City	State	ZIP Code	Company NAIC Number
Margate	NJ	08402	

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: (See Photo Stamp)

Rear View - Date of Photograph: (See Photo Stamp)





Right Side View - Date of Photograph: (See Photo Stamp)

Left Side View - Date of Photograph: (See Photo Stamp)