

March 25, 2024

**VIA HAND DELIVERY**

Palma Shiles, Planning Board Administrator  
City of Margate  
9001 Winchester Avenue  
Margate, NJ 08402

RE: Application of Kyle Pollock  
8119 Marshall Avenue  
Block 709.031, Lot  
Margate, Atlantic County, New Jersey  
Our File No. 13463-001

Dear Ms. Shiles:

Please be advised that I represent the above-referenced property owner with regard to his application to the City of Margate Planning Board for certain "c" variance relief to elevate the existing non-flood-compliant single-family home located at 8119 Marshall Avenue.

The applicant wishes to raise the existing house 6 ft. to a new finished first floor elevation so it will meet or exceed the required floodplain elevation mandated by the City of Margate Flood Mitigation Ordinance, and the FEMA base flood elevation rules, to make the property fully flood compliant.

In support of this application, I enclose the following:

1. Original and seventeen (17) copies of the City of Margate Planning Board Application and Variance Application Checklist;
2. Eighteen (18) copies of Architectural Plans prepared by Peter Serpico, R.A. dated April 23, 2024, consisting of four (4) sheets.
3. Eighteen (18) copies of a Survey of the property prepared by James R. Boney, PLS dated April 20, 2021, consisting of one (1) sheet;

4. Eighteen (18) copies of the Zoning Official's Denial of Application dated September 5, 2023;
5. One (1) copy of the Elevation Certificate prepared by James R. Boney, PLS dated January 27, 2024;
6. One (1) copy of the Vesting Deed dated January 3, 2019, and recorded January 15, 2019, in the Atlantic County Clerk's Office;
7. One (1) copy of the 200 ft. Property Owner's List;
8. One (1) original Proof of Paid Water, Sewer, and Taxes; and
9. One (1) USB Flash Drive with electronic copies of all submission materials.

Lastly, I enclose my client's check in the amount of \$250.00 representing the required application fee.

Please do not hesitate to contact me should you require any additional documents or information in order to deem this application complete and, thereafter, I will provide the required public notice in advance of the April 25, 2024 Planning Board Meeting.

Very truly yours,

NEHMAD DAVIS & GOLDSTEIN, P.C.

By: 

ERIC S. GOLDSTEIN

APPLICATION FOR ACTION BY PLANNING BOARD  
MARGATE, NEW JERSEY

PLEASE  
TYPE OR  
PRINT

1. **Date of Application:** March 25, 2024

2. **Zoning District:**

S-60	Single Family Residential	MF	Multi-Family Residential
S-50	<input checked="" type="checkbox"/> Single Family Residential	CBD	Central Business District
S-40(WD)	Single Family Residential	C-1	Commercial
S-30	Single Family Residential	C-2	Commercial/Business
S-25	Single Family Residential	WSD	Waterfront Special District
S-25 (HD)	Historic Single Family Residential	GO	Government and Open Space
TF	Two-Family Residential	R	Riparian Overlay District

3. **Subject Parcel:**

Street Address(es) 8119 Marshall Avenue

Block Number 709.03 Lot No(s) 1

Total Area (in square feet) 5,200 sf.

Frontage: 50 ft.

Depth: 80 ft.

4. **Information about the Applicant:**

Full name(s) Kyle Pollock

If Business Entity, Names of Officers or Principals (Submit disclosure statement if appropriate)

Local Residence Address 8119 Marshall Avenue, Margate, NJ Zip 08402

Other Residence Address \_\_\_\_\_ Zip \_\_\_\_\_

Business Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s) (include area code);

Local Residence \_\_\_\_\_ Other Residence \_\_\_\_\_

Business \_\_\_\_\_ Fax kpollock41@yahoo.com Cell Phone (609) 425-6278

**5. Interest in Subject Property:**  
 (Supply copies of relevant documents with this Application):

By lease dated \_\_\_\_\_

By Agreement of Sale dated \_\_\_\_\_

By Ownership of property since January 3, 2019

By other interest in law (describe):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. If you do not own the Subject Property, provide the following regarding the Owner:**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone No. (include area code);

Res. \_\_\_\_\_

Bus. \_\_\_\_\_

Fax \_\_\_\_\_

Cell \_\_\_\_\_

**7. Type of Application Applied For (check all applicable):**

<input checked="" type="checkbox"/> C Variance(s)	<input type="checkbox"/> Minor Subdivision	<input type="checkbox"/> Interpretation (B Variance)
<input type="checkbox"/> D Variance(s)	<input type="checkbox"/> Major Subdivision	<input type="checkbox"/> Other (Explain)
<input type="checkbox"/> Minor Site Plan Action	<input type="checkbox"/> Conditional Use Permit	_____
<input type="checkbox"/> Major Site Plan Action	<input type="checkbox"/> Appeal (A)	_____

**8. Application Made To:**  Planning Board  Other

**9. Professionals Representing the Applicant:** (Check applicable professional and provide information)

**Attorney:** Name Eric S. Goldstein, Esquire Phone (609) 927-1177  
 Address Nehmad Davis & Goldstein, PC - 4030 Ocean Heights Avenue, Egg Harbor Township, NJ 08234  
 Fax (609) 926-9721 Cell \_\_\_\_\_

**Architect:** Name Peter Serpico, RA Phone (908) 721-7426  
 Address 1201 Boynton Avenue, Westfield, NJ 07090  
 Fax serpicoarchitect@gmail.com Cell \_\_\_\_\_

**Surveyor:** Name James R. Boney, PLS Phone (609) 788-8013  
 Address 13 Stone Mill Court, Egg Harbor Township, NJ 08234  
 Fax \_\_\_\_\_ Cell \_\_\_\_\_

**Preparer of Subdivision or Site Plan (if different from above)**  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Fax \_\_\_\_\_ Cell \_\_\_\_\_

*(Be sure to include all area codes and zip codes in the above)*

**10. If Site Plan Action is Required:**

-What is the present use of the site and building(s)?  
 N/A  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

-How will this be changed?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11. If Subdivision Action is Required:**

-After conferring with the City Tax Assessor, provide lot numbers of new lot(s), dimensions, and area of each: (use extra pages, if necessary)

Lot No(s)	Dimension(s)	Area(s)
_____	_____ x _____	_____ S.F.
_____	_____ x _____	_____ S.F.
_____	_____ x _____	_____ S.F.

-Purpose of the Subdivision

To sell lot(s)

To build and sell homes (or other buildings)

Other (please explain): \_\_\_\_\_

**12. If Variances are Required:**

(Note: Properly scaled site plan must show all dimensions relevant to variance analysis)

-Current use of lot(s) and building(s): Non-flood compliant 1 story single-family home.

-Proposed use: Flood compliant 1-story single family home.

-If a "D" or "Use" Variance is required, please explain: N/A

-Regarding any dimensional variances required, please fill out the following chart:

Variance	Requirement of District	Present Condition	Proposed Condition
Building Coverage	<u>30%</u>	<u>35%</u>	<u>35%</u>
Side Yard Setback	<u>10 ft.</u>	<u>20 ft.</u>	<u>20 ft.</u>
_____	_____	_____	_____
_____	_____	_____	_____

**13. Prior Action:** Please detail any prior hearing and/or decision relevant to this application. Supply date, name of Board, and results. (IF YOU ARE NOT SURE PLEASE CHECK WITH EITHER BOARD ADMINISTRATOR.) If no prior action, write "none".

9/5/23: Zoning Application Denial

**14. County and Other Agency Actions** (Provide necessary dates and decisions):

**Site Plan:**  
 N/A

**Subdivision:**  
 N/A

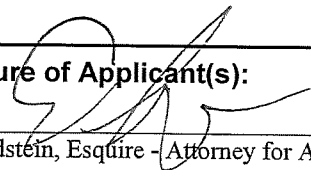
**Other:**  
 N/A

**15. Space for Narrative:** In this space you must provide a general narrative description of what is being proposed, as well as any information not otherwise set forth above which may be relevant to the application, including justifications, clarifications and extenuating circumstances. FAILURE TO PROPERLY COMPLETE THIS SPACE WILL CONSTITUTE AN INCOMPLETE APPLICATION.

The subject property is an existing non-flood compliant single-family home, which the owner wishes to raise 6 ft. to a new finished first floor elevation that shall satisfy the City of Margate's Flood Mitigation Ordinance along with FEMA's flood zone standards.

The property owner contends that the requested variance relief shall have no negative impact on any of the neighboring properties, nor will it have a negative impact on the zone plan of the City of Margate, and the newly elevated house will serve as a substantial benefit to the public safety health and welfare of the City of Margate and the owners of the property, as the elevated home shall meet or exceed all required flood elevations in order to further flood-proof the property and to add architectural enhancements to the structure that do not currently exist.

**16. Signature of Applicant(s):**



Eric S. Goldstein, Esquire - Attorney for Applicant

Date 3/25/24

Date \_\_\_\_\_

**17. This space for Board Administrator:**

-Staff Committee action took place  
\_\_\_\_\_ and case assigned to  
the Planning Board for \_\_\_\_\_ or

-This application received by the  
Planning Board Administrator on  
\_\_\_\_\_

By: \_\_\_\_\_

**18. Notarized Statement by Applicant:**

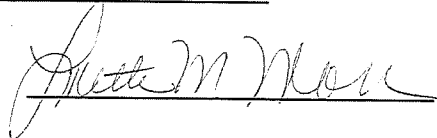
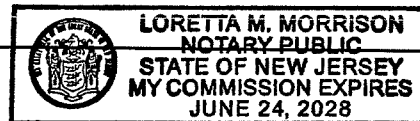
State of New Jersey } ss.

County of Atlantic }

Eric S. Goldstein \_\_\_\_\_, being duly

sworn according to law, deposes and says, that  
the statements contained in the above application  
and the statements contained in the papers  
submitted herewith are true.

Sworn to and subscribed before me this 25th  
day of March 2024.

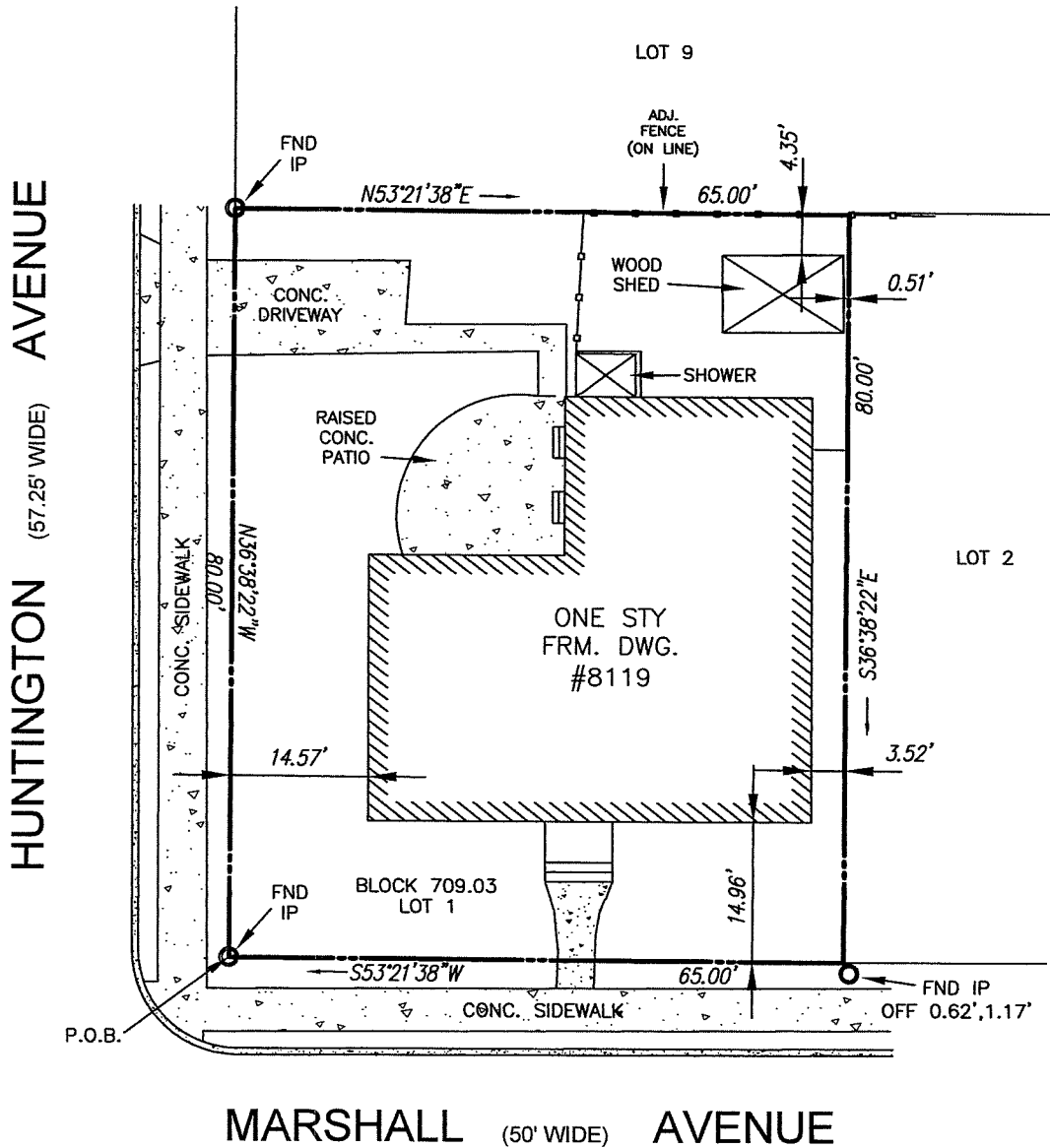
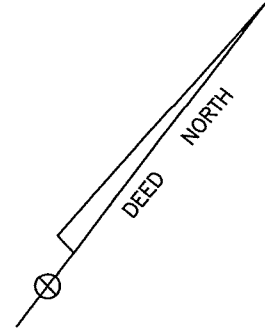
LAND USE

Variance Application Checklist

VARIANCE CHECKLIST (Page 1 of 1)		Submitted	Waiver Requested
1.	<p>Submit the following documents with the Standard Development Application:</p> <p>a. Copy of an area map showing all lots within 200 feet of the property.</p> <p>b. List of names, addresses, lot and block numbers, as they appear on the official tax records of the City, of all owners of property within 200 feet of the property affected by the application and upon whom the notice must be served in the manner provided by law.</p> <p>c. Copy of professional survey at a scale not smaller than 1" = 100' nor larger than 1/8" = 1'; clearly indicating the buildings and improvements thereon with all front, side and rear yard dimensions and setbacks from the property lines.</p> <p>d. Copies of subdivision, site plan or conditional use applications when applicable.</p> <p>e. Certification that taxes are paid.</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>	
2.	If the survey is more than one year old, attach certification of the applicant or owner that the survey accurately represents the status of the premises and all improvements at the time of filing for the variance, and show any proposed changes with all dimensions including enlargement of existing footprint, if applicable.	X	
3.	<p>A statement containing the following information:</p> <p>a. Date of acquisition of property and from whom.</p> <p>b. The number of dwelling units in existing building(s).</p> <p>c. State whether the applicant or owners own or are under contract to purchase any adjoining lands. Set forth lot and block number(s).</p> <p>d. State whether the application is or is not to be accompanied by a separate application for subdivision, site plan or conditional use approval.</p>	<p>1/3/19</p> <p>Single-Family Home Owner</p> <p>No</p>	
4.	Ten (10) folded copies of a plot plan, map or survey.		
	<p>Checklist prepared by: <u>Eric S. Goldstein, Esquire</u></p> <p>Checklist reviewed by City: _____</p> <p>Application found complete on: _____</p> <p>Application found incomplete on: _____</p>	<p>Date: <u>3/25/24</u></p> <p>_____</p> <p>Date: _____</p> <p>_____</p>	

NOTES:

1. BEING COMMONLY KNOWN AS LOT 1 BLOCK 709.03 ON THE CURRENT OFFICIAL TAX MAP OF THE CITY OF MARGATE.
2. STREET ADDRESS: 8119 MARSHALL AVENUE AVENUE
3. SURVEY CONDUCTED WITHOUT THE BENEFIT OF A TITLE REPORT AND IS SUBJECT TO ANY PERTINENT FACTS THAT MAY BE DISCLOSED BY ONE.



TO:  
KYLE POLLOCK

I HEREBY CERTIFY THAT THIS SURVEY WAS PERFORMED AND PREPARED IN ACCORDANCE WITH THE LAWS OF THE STATE OF NEW JERSEY. I FURTHER CERTIFY TO ITS ACCURACY EXCEPT FOR ANY EASEMENTS OR STRUCTURES NOT VISIBLE ON THE SURFACE.

NOTE:

THE BUILDING OFFSET DISTANCES SHOWN ARE FOR THE PURPOSE OF CHECKING SETBACK COMPLIANCE AND SHOULD NOT BE USED FOR ERECTING FENCES OR ANY OTHER IMPROVEMENTS.

SURVEY OF:

**BLOCK 709.03 LOT 1**

CITY OF MARGATE ATLANTIC COUNTY NEW JERSEY

*James R. Boney*  
**JAMES R. BONEY**  
PROFESSIONAL LAND SURVEYOR

NJ LICENSE No. 31264  
13 STONE MILL CT, E.H.T., NJ 08234 Ph: 609-788-8013

DATE: 04-20-21

SCALE: 1" = 20'

DRN.BY: MJE

PROJ: 21-1161

REV:





Margate City  
 ZONING DEPARTMENT  
 9001 WINCHESTER AVENUE  
 MARGATE, NJ 08402  
 (609) 822-5438  
 MCLARNON\_ROGER@MARGATE-NJ.COM

Application Date: 8/22/2023  
 Application Number: ZA-23-277  
 Permit Number: \_\_\_\_\_  
 Project Number: \_\_\_\_\_  
 Fee: \$300

# Denial of Application

Date: 9/5/2023

To: POLLOCK, KYLE  
 8119 MARSHALL AVE  
 MARGATE, NJ 08402

CC: APP TELE:(609) 425-6278  
 APP EMAIL:KPOLLOCK41@YAHOO.COM

RE: 8119 MARSHALL AVE  
 BLOCK: 709.03 LOT: 1 QUAL: ZONE:

DEAR POLLOCK, KYLE,  
 HOME ELEVATION

Your request is hereby denied based upon the following requirements:

1. Cannot have 2 separate curb cuts
2. NJ Law states that elevating existing structure beyond BFE+3 causes all existing non-conforming issues to be variances
  - a. Side yard setback of 3.52 ft. whereas 10 ft is required
  - b. Proposal is to go BFE+6 (which I support)

A planning Board approval is required for this application as submitted

Roger D. McLarnon, P.E., P.P., C.M.E., C.F.M., C.P.W.M, Q.P.A.  
 Planner, Zoning Officer, Purchasing Manager, Staff Engineer, Street openings  
 NJ Licensed Professional Engineer

Sincerely,

**8119 MARSHALL AVENUE**

**REJECTED BY  
 ZONING**

**APPLICANT'S COPY**

### ELEVATION CERTIFICATE

**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**

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: <u>Kyle Pollock</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>8119 Marshall Ave</u>		Company NAIC Number: _____
City: <u>Margate</u> State: <u>NJ</u> ZIP Code: <u>08402</u>		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Block 709.03 Lot 1</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>N39°20'13.71"</u> Long. <u>W 74°30'30.68"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84		
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number: <u>9</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): <u>1,776.00</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>9</u> Engineered flood openings: <u>0</u>		
d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0.00</u> sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>0.00</u> sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: <u>N/A</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: _____		
d) Total net open area of non-engineered flood openings in A9.c: _____ sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.		

### SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Margate</u>	B1.b. NFIP Community Identification Number: <u>345304</u>		
B2. County Name: <u>Atlantic</u>	B3. State: <u>NJ</u>	B4. Map/Panel No.: <u>34001C434</u>	B5. Suffix: <u>F</u>
B6. FIRM Index Date: <u>08/28/2018</u>	B7. FIRM Panel Effective/Revised Date: <u>08/28/2018</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>8.0</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
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 Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
8119 Marshall Ave

City: Margate State: NJ ZIP Code: 08402

## FOR INSURANCE COMPANY USE

Policy Number: \_\_\_\_\_

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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.  
Benchmark Utilized: GPS Vertical Datum: NAVD 1988

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

NGVD 1929  NAVD 1988  Other: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?  Yes  No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

a) Top of bottom floor (including basement, crawlspace, or enclosure floor): 7.20  feet  meters

b) Top of the next higher floor (see Instructions): 10.32  feet  meters

c) Bottom of the lowest horizontal structural member (see Instructions): N/A  feet  meters

d) Attached garage (top of slab): N/A  feet  meters

e) Lowest elevation of Machinery and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): 8.30  feet  meters

f) Lowest Adjacent Grade (LAG) next to building:  Natural  Finished 8.20  feet  meters

g) Highest Adjacent Grade (HAG) next to building:  Natural  Finished 8.50  feet  meters

h) Finished LAG at lowest elevation of attached deck or stairs, including structural support: 8.20  feet  meters

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

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state 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 and describe in the Comments area.

Certifier's Name: James R. Boney, PLS License Number: 24GS03126400

Title: Professional Lands Surveyor

Company Name: James R. Boney & Associates

Address: 13 Stone Mill Court

City: Egg Harbor Township State: NJ ZIP Code: 08234

Signature:  Date: 01/27/2024

Telephone: (609) 788-8013 Ext.: \_\_\_\_\_ Email: jboney@comcast.net

Place Seal Here

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):  
A/C unit outside on platform. Other mechanicals inside at or above the FF

# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

8119 Marshall Ave

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

City: Margate State: NJ ZIP Code: 08402

Company NAIC Number: \_\_\_\_\_

## SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction

\*A new Elevation Certificate will be required when construction of the building is complete.

E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

8119 Marshall Ave

City: Margate

State: NJ

ZIP Code: 08402

FOR INSURANCE COMPANY USE

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

## SECTION G - COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a.  A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b.  A local official completed Section H for insurance purposes.
- G3.  In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4.  The following information (Items G5-G11) is provided for community floodplain management purposes.
- G5. Permit Number: \_\_\_\_\_ G6. Date Permit Issued: \_\_\_\_\_
- G7. Date Certificate of Compliance/Occupancy Issued: \_\_\_\_\_
- G8. This permit has been issued for:  New Construction.  Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
- G11. Variance issued?  Yes  No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_

NFIP Community Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

8119 Marshall Ave

City: Margate

State: NJ

ZIP Code: 08402

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

## SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). *Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.*

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom \_\_\_\_\_  feet  meters  above the LAG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: \_\_\_\_\_  feet  meters  above the LAG

H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes  No

## SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**  
**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
8119 Marshall Ave

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

City: Margate State: NJ ZIP Code: 08402

Company NAIC Number: \_\_\_\_\_

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: Front 01/25/24

Clear Photo One



Photo Two

Photo Two Caption: Rear 01/25/24

Clear Photo Two

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**  
**BUILDING PHOTOGRAPHS**

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
8119 Marshall Ave

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

City: Margate State: NJ ZIP Code: 08402

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

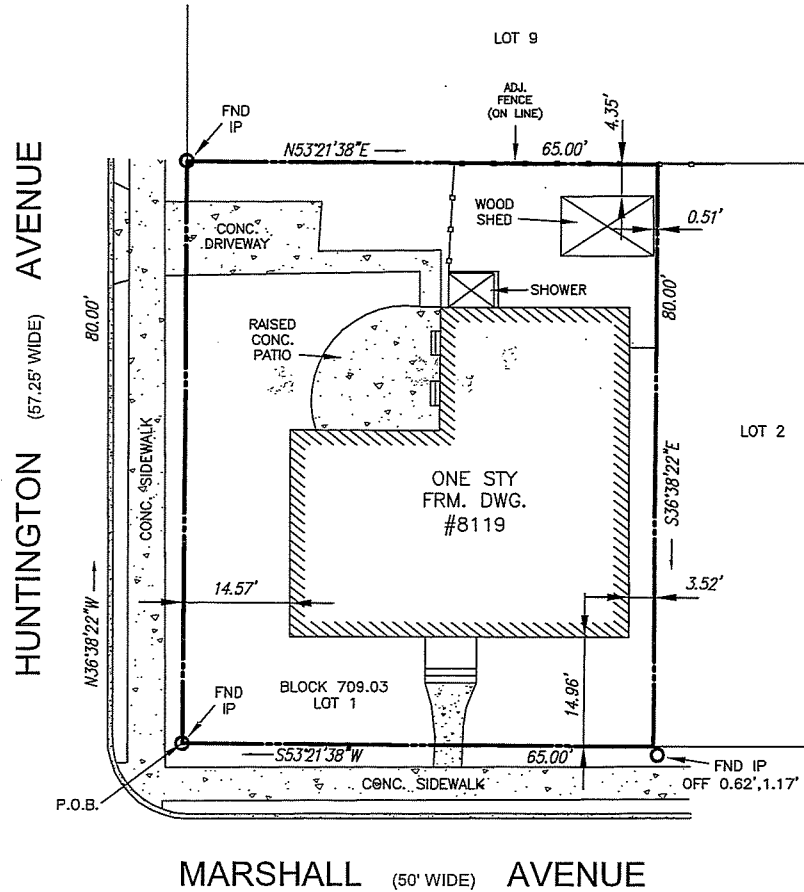
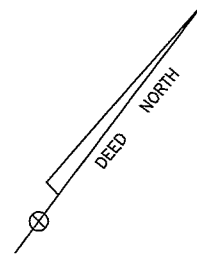
Photo Four Caption:

Clear Photo Four



NOTES:

1. BEING COMMONLY KNOWN AS LOT 1 BLOCK 709.03 ON THE CURRENT OFFICIAL TAX MAP OF THE CITY OF MARGATE.
2. STREET ADDRESS: 8119 MARSHALL AVENUE
3. SURVEY CONDUCTED WITHOUT THE BENEFIT OF A TITLE REPORT AND IS SUBJECT TO ANY PERTINENT FACTS THAT MAY BE DISCLOSED BY ONE.



TO:

KYLE POLLOCK

I HEREBY CERTIFY THAT THIS SURVEY WAS PERFORMED AND PREPARED IN ACCORDANCE WITH THE LAWS OF THE STATE OF NEW JERSEY. I FURTHER CERTIFY TO ITS ACCURACY EXCEPT FOR ANY EASEMENTS OR STRUCTURES NOT VISIBLE ON THE SURFACE.

NOTE:

THE BUILDING OFFSET DISTANCES SHOWN ARE FOR THE PURPOSE OF CHECKING SETBACK COMPLIANCE AND SHOULD NOT BE USED FOR ERECTING FENCES OR ANY OTHER IMPROVEMENTS.

SURVEY OF:

**BLOCK 709.03 LOT 1**

CITY OF MARGATE ATLANTIC COUNTY NEW JERSEY

*James R. Boney*  
**JAMES R. BONEY**  
 PROFESSIONAL LAND SURVEYOR

PROFESSIONAL LAND SURVEYOR

NJ LICENSE No. 31264

13 STONE MILL CT, E.H.T., NJ 08234 Ph: 609-788-8013

DATE: 04-20-21

SCALE: 1" = 20'

DRN.BY: MJE

PROJ: 21-1161

REV:

### ELEVATION CERTIFICATE

**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**

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: <u>Kyle Pollock</u>		Policy Number: _____
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: <u>8119 Marshall Ave</u>		Company NAIC Number: _____
City: <u>Margate</u> State: <u>NJ</u> ZIP Code: <u>08402</u>		
A3. Property Description (e.g., Lot and Block Numbers or Legal Description) and/or Tax Parcel Number: <u>Block 709.03 Lot 1</u>		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): <u>Residential</u>		
A5. Latitude/Longitude: Lat. <u>N39°20'13.71"</u> Long. <u>W 74°30'30.68"</u> Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983 <input type="checkbox"/> WGS 84		
A6. Attach at least two and when possible four clear photographs (one for each side) of the building (see Form pages 7 and 8).		
A7. Building Diagram Number: <u>9</u>		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s): <u>1,776.00</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of each enclosed area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: Non-engineered flood openings: <u>9</u> Engineered flood openings: <u>0</u>		
d) Total net open area of non-engineered flood openings in A8.c: <u>0.00</u> sq. in.		
e) Total rated area of engineered flood openings in A8.c (attach documentation – see Instructions): <u>0.00</u> sq. ft.		
f) Sum of A8.d and A8.e rated area (if applicable – see Instructions): <u>0.00</u> sq. ft.		
A9. For a building with an attached garage:		
a) Square footage of attached garage: <u>N/A</u> sq. ft.		
b) Is there at least one permanent flood opening on two different sides of the attached garage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
c) Enter number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: Non-engineered flood openings: _____ Engineered flood openings: _____		
d) Total net open area of non-engineered flood openings in A9.c: _____ sq. in.		
e) Total rated area of engineered flood openings in A9.c (attach documentation – see Instructions): _____ sq. ft.		
f) Sum of A9.d and A9.e rated area (if applicable – see Instructions): _____ sq. ft.		

### SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1.a. NFIP Community Name: <u>Margate</u>	B1.b. NFIP Community Identification Number: <u>345304</u>		
B2. County Name: <u>Atlantic</u>	B3. State: <u>NJ</u>	B4. Map/Panel No.: <u>34001C434</u>	B5. Suffix: <u>F</u>
B6. FIRM Index Date: <u>08/28/2018</u>	B7. FIRM Panel Effective/Revised Date: <u>08/28/2018</u>		
B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (BFE) (Zone AO, use Base Flood Depth): <u>8.0</u>		
B10. Indicate the source of the BFE data or Base Flood Depth entered in Item B9: <input type="checkbox"/> FIS <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other: _____			
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 Designation Date: _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA			
B13. Is the building located seaward of the Limit of Moderate Wave Action (LiMWA)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 8119 Marshall Ave	<b>FOR INSURANCE COMPANY USE</b>
City: <u>Margate</u> State: <u>NJ</u> ZIP Code: <u>08402</u>	Policy Number: _____
	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, AO, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO, A99. Complete Items C2.a–h below according to the Building Diagram specified in Item A7. In Puerto Rico only, enter meters.

Benchmark Utilized: GPS Vertical Datum: NAVD 1988

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

NGVD 1929  NAVD 1988  Other: \_\_\_\_\_

Datum used for building elevations must be the same as that used for the BFE. Conversion factor used?  Yes  No

If Yes, describe the source of the conversion factor in the Section D Comments area.

Check the measurement used:

- |   |              |  |
|---|--------------|--|
| a) Top of bottom floor (including basement, crawlspace, or enclosure floor):  | <u>7.20</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor (see Instructions):   | <u>10.32</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| c) Bottom of the lowest horizontal structural member (see Instructions):  | <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 and Equipment (M&E) servicing the building (describe type of M&E and location in Section D Comments area): | <u>8.30</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest Adjacent Grade (LAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished              | <u>8.20</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest Adjacent Grade (HAG) next to building: <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Finished             | <u>8.50</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| h) Finished LAG at lowest elevation of attached deck or stairs, including structural support:   | <u>8.20</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |

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

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by state 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 and describe in the Comments area.


Certifier's Name: James R. Boney, PLS License Number: 24GS03126400

Title: Professional Lans Surveyor

Company Name: James R. Boney & Associates

Address: 13 Stone Mill Court

City: Egg Harbor Township State: NJ ZIP Code: 08234

Signature:  Date: 01/27/2024

Telephone: (609) 788-8013 Ext.: \_\_\_\_\_ Email: jboney@comcast.net

Place Seal Here

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including source of conversion factor in C2; type of equipment and location per C2.e; and description of any attachments):  
A/C unit outside on platform. Other mechanicals inside at or above the FF

# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 8119 Marshall Ave	<b>FOR INSURANCE COMPANY USE</b>
City: Margate State: NJ ZIP Code: 08402	Policy Number: _____
	Company NAIC Number: _____

## SECTION E – BUILDING MEASUREMENT INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO, ZONE AR/AO, AND ZONE A (WITHOUT BFE)

For Zones AO, AR/AO, and A (without BFE), complete Items E1–E5. For Items E1–E4, use natural grade, if available. If the Certificate is intended to support a Letter of Map Change request, complete Sections A, B, and C. Check the measurement used. In Puerto Rico only, enter meters.

Building measurements are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

- E1. Provide measurements (C.2.a in applicable Building Diagram) for the following and check the appropriate boxes to show whether the measurement is above or below the natural HAG and the 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 (C2.b in applicable Building Diagram) 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 AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without BFE) or Zone AO must sign here. *The statements in Sections A, B, and E are correct to the best of my knowledge*

Check here if attachments and describe in the Comments area.

Property Owner or Owner's Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:

8119 Marshall Ave

City: Margate

State: NJ

ZIP Code: 08402

FOR INSURANCE COMPANY USE

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

## SECTION G – COMMUNITY INFORMATION (RECOMMENDED FOR COMMUNITY OFFICIAL COMPLETION)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Section A, B, C, E, G, or H of this Elevation Certificate. Complete the applicable item(s) and sign below when:

- 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 state law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.a.  A local official completed Section E for a building located in Zone A (without a BFE), Zone AO, or Zone AR/AO, or when item E5 is completed for a building located in Zone AO.
- G2.b.  A local official completed Section H for insurance purposes.
- G3.  In the Comments area of Section G, the local official describes specific corrections to the information in Sections A, B, E and H.
- G4.  The following information (Items G5–G11) is provided for community floodplain management purposes.
- G5. Permit Number: \_\_\_\_\_ G6. Date Permit Issued: \_\_\_\_\_
- G7. Date Certificate of Compliance/Occupancy Issued: \_\_\_\_\_
- G8. This permit has been issued for:  New Construction  Substantial Improvement
- G9.a. Elevation of as-built lowest floor (including basement) of the building: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
- G9.b. Elevation of bottom of as-built lowest horizontal structural member: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
- G10.a. BFE (or depth in Zone AO) of flooding at the building site: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
- G10.b. Community's minimum elevation (or depth in Zone AO) requirement for the lowest floor or lowest horizontal structural member: \_\_\_\_\_  feet  meters Datum: \_\_\_\_\_
- G11. Variance issued?  Yes  No If yes, attach documentation and describe in the Comments area.

The local official who provides information in Section G must sign here. *I have completed the information in Section G and certify that it is correct to the best of my knowledge. If applicable, I have also provided specific corrections in the Comments area of this section.*

Local Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_

NFIP Community Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments (including type of equipment and location, per C2.e; description of any attachments; and corrections to specific information in Sections A, B, D, E, or H):

# ELEVATION CERTIFICATE

IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 8119 Marshall Ave	<b>FOR INSURANCE COMPANY USE</b>
City: Margate State: NJ ZIP Code: 08402	Policy Number: _____ Company NAIC Number: _____

## SECTION H – BUILDING'S FIRST FLOOR HEIGHT INFORMATION FOR ALL ZONES (SURVEY NOT REQUIRED) (FOR INSURANCE PURPOSES ONLY)

The property owner, owner's authorized representative, or local floodplain management official may complete Section H for all flood zones to determine the building's first floor height for insurance purposes. Sections A, B, and I must also be completed. Enter heights to the nearest tenth of a foot (nearest tenth of a meter in Puerto Rico). *Reference the Foundation Type Diagrams (at the end of Section H Instructions) and the appropriate Building Diagrams (at the end of Section I Instructions) to complete this section.*

H1. Provide the height of the top of the floor (as indicated in Foundation Type Diagrams) above the Lowest Adjacent Grade (LAG):

a) For Building Diagrams 1A, 1B, 3, and 5–9. Top of bottom \_\_\_\_\_  feet  meters  above the LAG floor (include above-grade floors only for buildings with subgrade crawlspaces or enclosure floors) is:

b) For Building Diagrams 2A, 2B, 4, and 6–9. Top of next higher floor (i.e., the floor above basement, crawlspace, or enclosure floor) is: \_\_\_\_\_  feet  meters  above the LAG

H2. Is all Machinery and Equipment servicing the building (as listed in Item H2 instructions) elevated to or above the floor indicated by the H2 arrow (shown in the Foundation Type Diagrams at end of Section H instructions) for the appropriate Building Diagram?

Yes  No

## SECTION I – PROPERTY OWNER (OR OWNER'S AUTHORIZED REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, and H must sign here. *The statements in Sections A, B, and H are correct to the best of my knowledge.* Note: If the local floodplain management official completed Section H, they should indicate in Item G2.b and sign Section G.

Check here if attachments are provided (including required photos) and describe each attachment in the Comments area.

Property Owner or Owner's Authorized Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Email: \_\_\_\_\_

Comments: \_\_\_\_\_

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**  
**BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
8119 Marshall Ave

**FOR INSURANCE COMPANY USE**

City: Margate State: NJ ZIP Code: 08402

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

Instructions: Insert below at least two and when possible four photographs showing each side of the building (for example, may only be able to take front and back pictures of townhouses/rowhouses). Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." Photographs must show the foundation. When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.



Photo One

Photo One Caption: Front 01/25/24

Clear Photo One

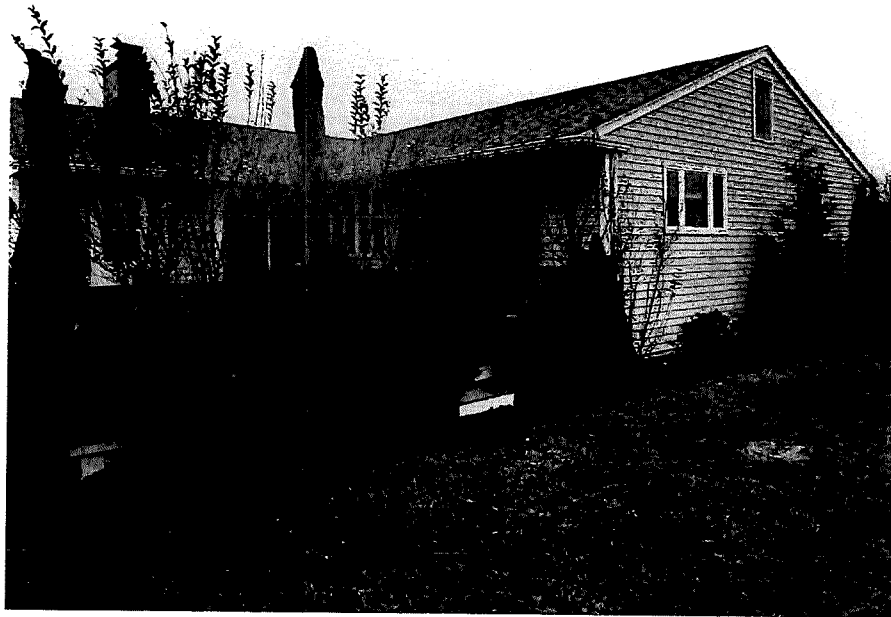


Photo Two

Photo Two Caption: Rear 01/25/24

Clear Photo Two

**ELEVATION CERTIFICATE**  
**IMPORTANT: MUST FOLLOW THE INSTRUCTIONS ON PAGES 9-19**  
**BUILDING PHOTOGRAPHS**

Continuation Page

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.:  
8119 Marshall Ave

City: Margate State: NJ ZIP Code: 08402

**FOR INSURANCE COMPANY USE**

Policy Number: \_\_\_\_\_

Company NAIC Number: \_\_\_\_\_

Insert the third and fourth photographs below. Identify all photographs with the date taken and "Front View," "Rear View," "Right Side View," or "Left Side View." When flood openings are present, include at least one close-up photograph of representative flood openings or vents, as indicated in Sections A8 and A9.

Photo Three

Photo Three Caption:

Clear Photo Three

Photo Four

Photo Four Caption:

Clear Photo Four





ATLANTIC COUNTY, NJ  
 EDWARD P. McGETTIGAN, COUNTY CLERK  
 RCPT # 1446985 RECD BY Laverne  
 REC FEE \$80.00 CDN \$313,000.00  
 RTF \$1,816.40  
 RECD 01/15/2019 01:29:01 PM  
 INST # 2019002022 VOL 14545



### Atlantic County Document Summary Sheet

<b>ATLANTIC COUNTY CLERK</b> 5901 MAIN ST MAYS LANDING, NJ 08330	<b>Return Name and Address</b> Freedom Title & Abstract of Ocean City 618 West Ave, Suite 201 Ocean City, NJ 08226
--	---

Official Use Only

<b>Submitting Company</b>		Freedom Title & Abstract of Ocean City (OC04685)			
<b>Document Date (mm/dd/yyyy)</b>		01/03/2019			
<b>Document Type</b>		DEED			
<b>No. of Pages of the Original Signed Document (Including the cover sheet)</b>		5			
<b>Consideration Amount (If applicable)</b>		\$313,000.00			
<b>First Party</b> <small>(Grantor or Mortgagor or Assignor)</small> <small>(Enter up to five names)</small>	<b>Name(s)</b>	<small>(Last Name, First Name Middle Initial, Suffix)</small> <small>(or Company Name as written)</small>		<b>Address (Optional)</b>	
	Est of Joseph Spadaro Costantino, Brian K., Executor				
<b>Second Party</b> <small>(Grantee or Mortgagee or Assignee)</small> <small>(Enter up to five names)</small>	<b>Name(s)</b>	<small>(Last Name, First Name Middle Initial, Suffix)</small> <small>(or Company Name as written)</small>		<b>Address (Optional)</b>	
	Pollock, Kyle				
<b>Parcel Information</b> <small>(Enter up to three entries)</small>	<b>Municipality</b>	<b>Block</b>	<b>Lot</b>	<b>Qualifier</b>	<b>Property Address</b>
	Margate	709.03	1		
<b>Reference Information</b> <small>(Enter up to three entries)</small>	<b>Book Type</b>	<b>Book</b>	<b>Beginning Page</b>	<b>Instrument No.</b>	<b>Recorded/File Date</b>
<b>*DO NOT REMOVE THIS PAGE*</b> DOCUMENT SUMMARY SHEET (COVER SHEET) IS PART OF ATLANTIC COUNTY FILING RECORD. RETAIN THIS PAGE FOR FUTURE REFERENCE.					

# DEED

This Deed is made on January 3, 2019,

**BETWEEN** Brian K. Costantino, Executor of the Estate of Joseph Spadaro, deceased, whose address is 8119 Marshall Ave, Margate, NJ 08402, referred to as the Grantor,

**AND**

Kyle Pollock, whose address is 8119 Marshall Ave, Margate, NJ 08402, referred to as the Grantee.

The words "Grantor" and "Grantee" shall mean all Grantors and all Grantees listed above.

**1. Transfer of Ownership.** The Grantor grants and conveys (transfers ownership of) the property described below to the Grantee. This transfer is made for the sum of Three Hundred Thirteen Thousand Dollars (\$313,000.00). The Grantor acknowledges receipt of this money.

**2. Tax Map Reference.** (N.J.S.A. 46:15-1.1) Municipality: City of Margate  
Block No. 709.03, Lot 1, Qualifier

**3. Property.** The property consists of the land and all the buildings and structures on the land in the City of Margate, County of Atlantic and State of New Jersey. The legal description is:

( x ) Please see attached Legal Description annexed hereto and made a part hereof.  
(Check box if applicable).

BEING the same real property which became vested in Joseph Spadaro and Carmella Spadaro, his wife, by deed from Carl C. Dunham and Martha A. Dunham, his wife, dated February 4, 1987 and recorded February 5, 1987 in the Atlantic County Clerk's Office in Deed Book 4399, Page 73 *et seq.*

Thereafter, the said Carmella Spadaro passed away on November 1, 1997, whereby title vested in Joseph Spadaro by reason of his survivorship.

Thereafter, the said Joseph Spadaro passed away on April 6, 2018 leaving a Last Will and Testament dated April 4, 2015 and duly probated April 18, 2018 in the Atlantic County Surrogate's Office, Docket No. 122615, wherein and whereby, among other things, he did nominate, constitute and appoint his nephew Brian K. Costantino Executor his estate with full power of sale. Brian K. Costantino qualified as Executor and Letters Testamentary were issued to him on April 18, 2018.



State of New Jersey  
**SELLER'S RESIDENCY CERTIFICATION/EXEMPTION**

GIT/REP-3  
 (9-2015)

(Please Print or Type)

**SELLER'S INFORMATION**

Name(s) **ESTATE of JOSEPH SPADARO, deceased, by BRIAN K. COSTANTINO, as EXECUTOR**

---

Current Street Address  
**8119 Marshall Avenue**

---

City, Town, Post Office Box **Margate** State **NJ** Zip Code **08402**

**PROPERTY INFORMATION**

Block(s) **709.03** Lot(s) **1** Qualifier

---

Street Address  
**8119 MARSHALL AVENUE**

---

City, Town, Post Office Box **MARGATE** State **NJ** Zip Code **08402**

---

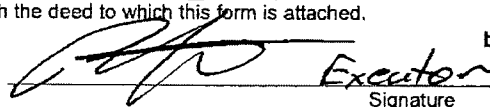
Seller's Percentage of Ownership	Total Consideration	Owner's Share of Consideration	Closing Date
<b>100</b>	<b>313,000.00</b>	<b>313,000.00</b>	<b>1/3/19</b>

**SELLER'S ASSURANCES (Check the Appropriate Box) (Boxes 2 through 14 apply to Residents and Nonresidents)**

1.  Seller is a resident taxpayer (individual, estate, or trust) of the State of New Jersey pursuant to the New Jersey Gross Income Tax Act, will file a resident gross income tax return, and will pay any applicable taxes on any gain or income from the disposition of this property.
2.  The real property sold or transferred is used exclusively as a principal residence as defined in 26 U.S. Code section 121.
3.  Seller is a mortgagor conveying the mortgaged property to a mortgagee in foreclosure or in a transfer in lieu of foreclosure with no additional consideration.
4.  Seller, transferor, or transferee is an agency or authority of the United States of America, an agency or authority of the State of New Jersey, the Federal National Mortgage Association, the Federal Home Loan Mortgage Corporation, the Government National Mortgage Association, or a private mortgage insurance company.
5.  Seller is not an individual, estate, or trust and is not required to make an estimated gross income tax payment.
6.  The total consideration for the property is \$1,000 or less so the seller is not required to make an estimated income tax payment.
7.  The gain from the sale is not recognized for federal income tax purposes under 26 U.S. Code section 721, 1031, or 1033 (CIRCLE THE APPLICABLE SECTION). If the indicated section does not ultimately apply to this transaction, the seller acknowledges the obligation to file a New Jersey income tax return for the year of the sale and report the recognized gain.  
 Seller did not receive non-like kind property.
8.  The real property is being transferred by an executor or administrator of a decedent to a devisee or heir to effect distribution of the decedent's estate in accordance with the provisions of the decedent's will or the intestate laws of this State.
9.  The real property being sold is subject to a short sale instituted by the mortgagee, whereby the seller agreed not to receive any proceeds from the sale and the mortgagee will receive all proceeds paying off an agreed amount of the mortgage.
10.  The deed is dated prior to August 1, 2004, and was not previously recorded.
11.  The real property is being transferred under a relocation company transaction where a trustee of the relocation company buys the property from the seller and then sells the house to a third party buyer for the same price.
12.  The real property is being transferred between spouses or incident to a divorce decree or property settlement agreement under 26 U.S. Code section 1041.
13.  The property transferred is a cemetery plot.
14.  The seller is not receiving net proceeds from the sale. Net proceeds from the sale means the net amount due to the seller on the settlement sheet.

**SELLER'S DECLARATION**

The undersigned understands that this declaration and its contents may be disclosed or provided to the New Jersey Division of Taxation and that any false statement contained herein may be punished by fine, imprisonment, or both. I furthermore declare that I have examined this declaration and, to the best of my knowledge and belief, it is true, correct and complete. By checking this box  I certify that a Power of Attorney to represent the seller(s) has been previously recorded or is being recorded simultaneously with the deed to which this form is attached.

January 3, 2019 Date  
 Signature  
 by Brian K. Costantino as Executor  
 (Seller) Please indicate if Power of Attorney or Attorney in Fact

---

\_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Signature  
 (Seller) Please indicate if Power of Attorney or Attorney in Fact

**EXHIBIT A**

ALL that certain lot, parcel or tract of land, situate and lying in the City of Margate, County of Atlantic, State of New Jersey, and being more particularly described as follows:

BEING known and designated as Lot 1, in Block 709B, as shown on map entitled "Proposed Major Subdivision (Block 709B) situate in Margate City, Atlantic County, New Jersey," filed on August 21, 1973, on Map No. 1530.

BEGINNING at a point at the intersection of the Northerly line of Marshall Avenue and the Easterly line of Huntington Avenue; thence, extending

- (1) Northwardly in and along the Easterly line of Huntington Avenue for a distance of 80.00 feet to a point, said point being in the boundary line between Lots as shown on map entitled "Parkshore West" (Map No. 1466), and those Lots shown on map hereinabove referenced (Map No. 1530); thence
- (2) Eastwardly at right angles to Huntington Avenue and along said boundary, a distance of 65.00 feet; thence
- (3) Southwardly parallel with Huntington Avenue, a distance of 80.00 feet to the Northerly line of Marshall Avenue; thence
- (4) Westwardly in and along the Northerly line of Marshall Avenue, a distance of 65.00 feet to the Easterly line of Huntington Avenue and point and place of beginning.

*For informational purposes only:* ALSO known as Lot 1, in Block 709.03, on the City of Margate Tax Map.

*For informational purposes only:* COMMONLY known as 8119 MARSHALL AVENUE, MARGATE, NJ 08402.

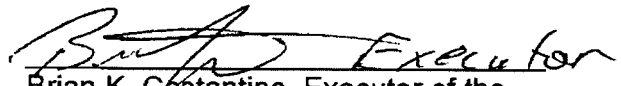
Subject to any and all easements and restrictions of record.

The street address of the Property is: 8119 Marshall Avenue, Margate, NJ 08402

4. **Promises by Grantor.** The Grantor promises that the Grantor has done no act to encumber the Property. This promise is called a "covenant as to grantor's acts" (N.J.S.A. 46:4-6). This promise means that the Grantor has not allowed anyone else to obtain any legal rights which affect the Property (such as by making a mortgage or allowing a judgment to be entered against the Grantor).

Prepared by:  
John Scott Abbott, Esq.

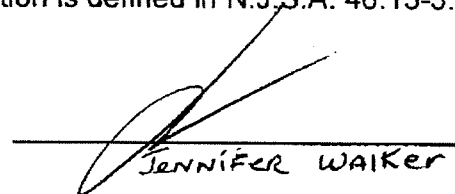
5. **Signature.** The Grantor signed this Deed as of the date at the top of the first page.

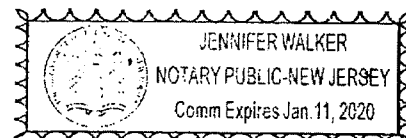
  
Brian K. Costantino, Executor of the  
Estate of Joseph Spadaro, deceased

STATE OF *New Jersey*, COUNTY OF *Camden*, SS.:

I CERTIFY that on *January 3*, 201*8*, Brian K. Costantino, Executor of the Estate of Joseph Spadaro, deceased, the Grantor herein, personally came before me and stated to my satisfaction that he (or if more than one, each person):

- (a) is the maker of this Deed;
- (b) he executed this Deed as his own act and deed; and
- (c) this Deed was made for \$313,000.00 as the full and actual consideration paid or to be paid for the transfer of title. Such consideration is defined in N.J.S.A. 46:15-5.

  
JENNIFER WALKER





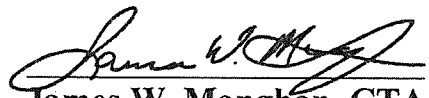
Office of the Tax Assessor  
Municipal Building  
9001 Winchester Ave.  
Margate City, NJ 08402  
Phone: 609-822-1950  
Fax: 609-487-1142

RECEIVED <sup>MM</sup>  
MAR 01 2024  
NDG LEGAL

James W. Manghan, CTA  
Tax Assessor

**Eric S. Goldstein**  
**Nehmad Davis & Goldstein, PC**  
**4030 Ocean Heights Avenue**  
**Egg Harbor Township, NJ 08234**

**Block: 709.03 Lot: 1**  
**Location: 8119 Marshall Ave**  
**Date: February 27, 2024**

  
**James W. Manghan, CTA**  
**Tax Assessor**

**Your File No.: 13463-001**

---

Tax list good for 60 days per Margate City Code Book (170-5)

[www.margate-nj.com](http://www.margate-nj.com)

Atlantic County

VARIANCE REPORT (200 Ft)

0116 Margate City  
02/27/24 Page: 1

Block Lot Qual	Property Location Additional Lot Additional Lot	Property Class	Owner Address City, State	Zip Code
609.01 29	8114 MARSHALL AVE	2	GRIMLEY, ERIC T & KRISTI A 8114 MARSHALL AVE MARGATE, NJ	08402
609.01 31	8112 MARSHALL AVE	2	SCHEETZ, BARBARA 8112 MARSHALL AVE MARGATE, N J	08402
609.01 32	8110 MARSHALL AVE	1	ULRICH BUILDERS LLC 1051 OLD WHITE HORSE PIKE WATERFORD, NJ	08089
609.01 33	8108 MARSHALL AVE	2	LIPSON, BARRY & BARBARA 8108 MARSHALL AVE MARGATE, NJ	08402
609.01 77	27 N GILMAR CIRCLE	2	HILL, RICHARD & MARLENE 27 N GILMAR CIRCLE MARGATE, N J	08402
609.01 79	25 N GILMAR CIRCLE	2	COLLINS, MICHAEL W 25 N GILMAR CIRCLE MARGATE, NJ	08402
609.04 28	32 W GILMAR CIRCLE	2	FREBOWITZ, LAURIE 32 W GILMAR CIRCLE MARGATE, NJ	08402
609.04 76	30 W GILMAR CIRCLE	2	PEIKIN, TERRY & STEFANI, DIANE G 30 WEST GILMAR CIRCLE MARGATE, NJ	08402
610.01 1	19 SEASIDE COURT	2	D'AGOSTA, FRANK D & HEATHER L 104 STOCKTON ROAD BRYN MAWR, PA	19010
610.01 37	8202 MARSHALL AVE	2	BAYLINSON, JEFFERSON & LISA 8202 MARSHALL AVE MARGATE, NJ	08402
610.01 38	8200 MARSHALL AVE	2	PA TRUST CO & BRODERICK, JENNIFER 16 HOWELL AVE MT. EPHRAIM, NJ	08059
610.02 41	422 N HUNTINGTON AVE	2	SCHEETZ, JANET L 422 N HUNTINGTON AVE MARGATE, NJ	08402
709.02 9	601 N HUNTINGTON AVE	2	ARGUS, LESTER 601 N HUNTINGTON AVE MARGATE, NJ	08402

Atlantic County

VARIANCE REPORT (200 Ft)

0116 Margate City  
02/27/24 Page: 2

<u>Block Lot Qual</u>	<u>Property Location Additional Lot Additional Lot</u>	<u>Property Class</u>	<u>Owner Address City, State</u>	<u>Zip Code</u>
709.02 10	603 N HUNTINGTON AVE	2	AARONS JR, WILLIAM B & KAREN E 603 N HUNTINGTON AVE MARGATE, NJ	08402
709.02 11	605 N HUNTINGTON AVE	2	LEMONIOTIS, DIMITRIOS & ELENI 605 N HUNTINGTON AVE MARGATE, NJ	08402
709.02 12	607 N HUNTINGTON AVE	2	FUSCO, JOSEPH 607 N HUNTINGTON AVE MARGATE, NJ	08402
709.02 23	12 HARBOUR LANE	2	SACKSTEIN, S & I 12 HARBOUR LANE MARGATE, NJ	08402
709.02 24	14 HARBOUR LANE	1	AARONS JR, WILLIAM B & KAREN 603 N HUNTINGTON AVE MARGATE, NJ	08402
709.02 25	16 HARBOUR LANE	2	YAMRON, BRUCE R & BRIDGET 16 HARBOUR LANE MARGATE, NJ	08402
709.02 26	18 HARBOUR LANE	2	MACKLER, MICHAEL J & CARO, RINA C 18 HARBOUR LANE MARGATE, NJ	08402
709.02 38	15 HARBOUR LANE	2	GALLAGHER, KEVIN T & SKYE 15 HARBOUR LANE MARGATE, NJ	08402
709.03 1	8119 MARSHALL AVE	2	POLLOCK, KYLE 8119 MARSHALL AVE MARGATE, NJ	08402
709.03 2	8117 MARSHALL AVE	2	HOFFMAN, CYNTHIA N 3 DUNSCOMBE COURT PHOENIX, MD	211311529
709.03 3	8115 MARSHALL AVE	2	JACARUSO, DOMINIC & BETTY 8115 MARSHALL AVE MARGATE, NJ	08402
709.03 4	8113 MARSHALL AVE	2	KINDLE, KAREN 8113 MARSHALL AVE MARGATE, NJ	08402
709.03 5	8111 MARSHALL AVE	2	CARUSO, RICHARD TRUSTEE F C HOLTZ 8111 MARSHALL AVE MARGATE, NJ	08402



Atlantic County

VARIANCE REPORT (200 Ft)

0116 Margate City  
02/27/24 Page: 3

<u>Block Lot Qual</u>	<u>Property Location Additional Lot Additional Lot</u>	<u>Property Class</u>	<u>Owner Address City, State</u>	<u>Zip Code</u>
710.02 7	606 N HUNTINGTON AVE	2	CHILA, CHRISTOPHER & MARINELLI, KRI 2 DONOVAN RD PENNINGTON, NJ	085345128
710.02 8	604 N HUNTINGTON AVE	2	BIRON, STEPHANIE J & BERGMAN, GLENN 604 N HUNTINGTON AVE MARGATE, NJ	08402
710.02 9	602 N HUNTINGTON AVE	2	DORI,C & B & MEDMAN, M 61 RITTENHOUSE CIRCLE NEWTOWN, PA	18940
710.02 18	1 BAYSIDE COURT	2	LANDES, SHERRI 28 CREEKSIDE DRIVE IVYLAND, PA	18974
710.03 1	8201 MARSHALL AVE	2	JOSSE, MARILYN 8201 MARSHALL AVE MARGATE, NJ	08402
710.03 2	8203 MARSHALL AVE	2	PIROLLO,ANTHONY J&IRENE J,PIROLLO,T 2313 22ND STREET PHILADELPHIA, PA	19145
710.03 17	73 BAYSIDE COURT	2	MILANO, MARK & KIMBERLY 3410 PRIMA COURT PHILADELPHIA, PA	19145

UTILITIES TO BE NOTIFIED WITH TAXLIST

ATLANTIC CITY ELECTRIC  
5100 HARDING HIGHWAY, SUITE 399  
MAYS LANDING, NJ 08330

SOUTH JERSEY GAS COMPANY  
VP CONSTRUCTION  
1 SOUTH JERSEY PLAZA, RT. 54  
FOLSOM, NJ 08037

COMCAST CABLE, GREG SMITH, PM  
901 LEEDS AVENUE  
ABSECON, NJ 08201

ITEMS PRINTED.....59



TARA J. MAZZA, CTC  
TAX COLLECTOR

## OFFICE OF THE TAX COLLECTOR

MUNICIPAL BUILDING  
9001 WINCHESTER AVENUE  
MARGATE CITY, NEW JERSEY 08402  
(609) 822-2508  
FAX (609) 822-8316  
E-mail: mazza\_tara@margate-nj.com

Date: February 21, 2024

To Whom It May Concern:

I HEREBY CERTIFY THAT the TAX for Q1 2024;

And the WATER and SEWER charges for the year 2023

Are paid on property located at 8119 Marshall Ave.

Assessed to Kyle Pollock

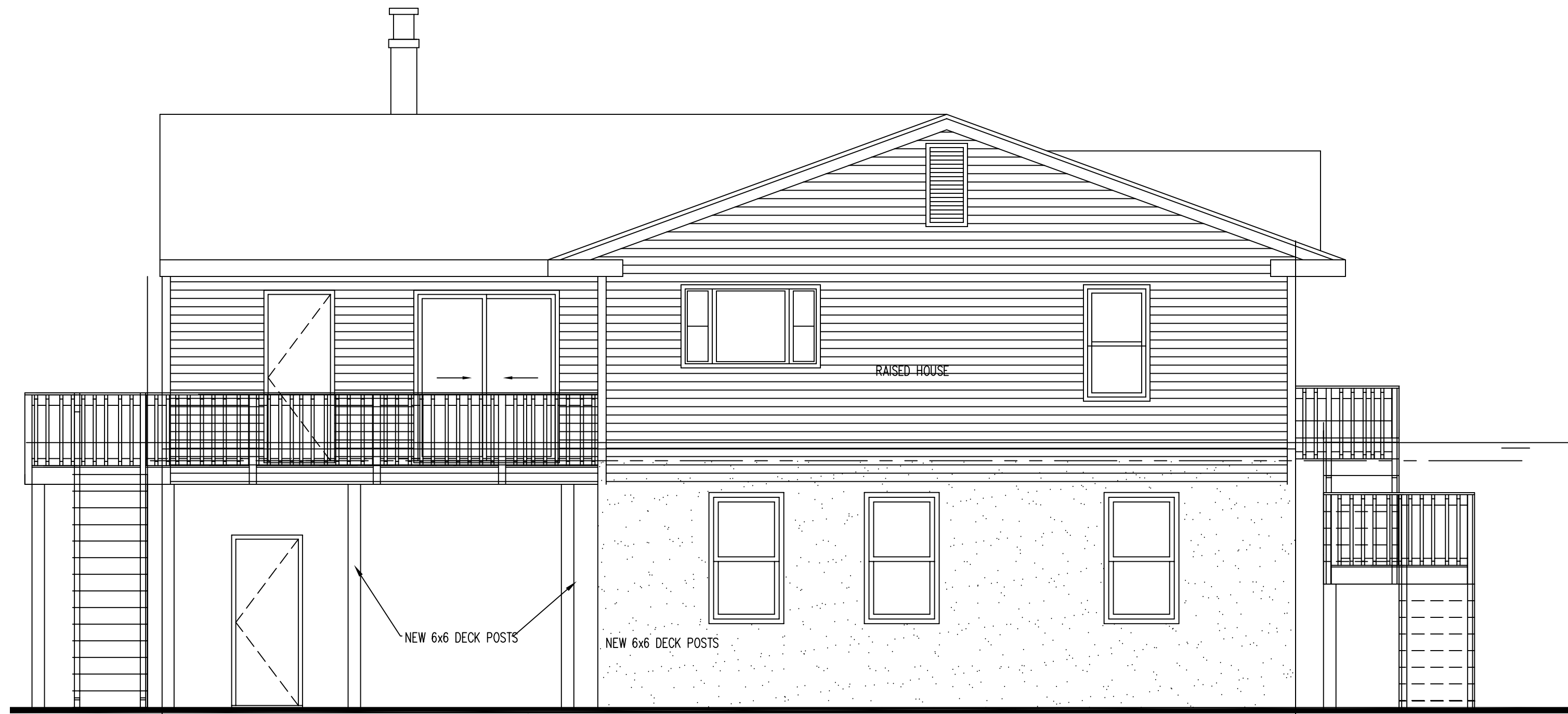
Designated as BLOCK 709.03 Lot 1

This certification expires on April 30, 2024

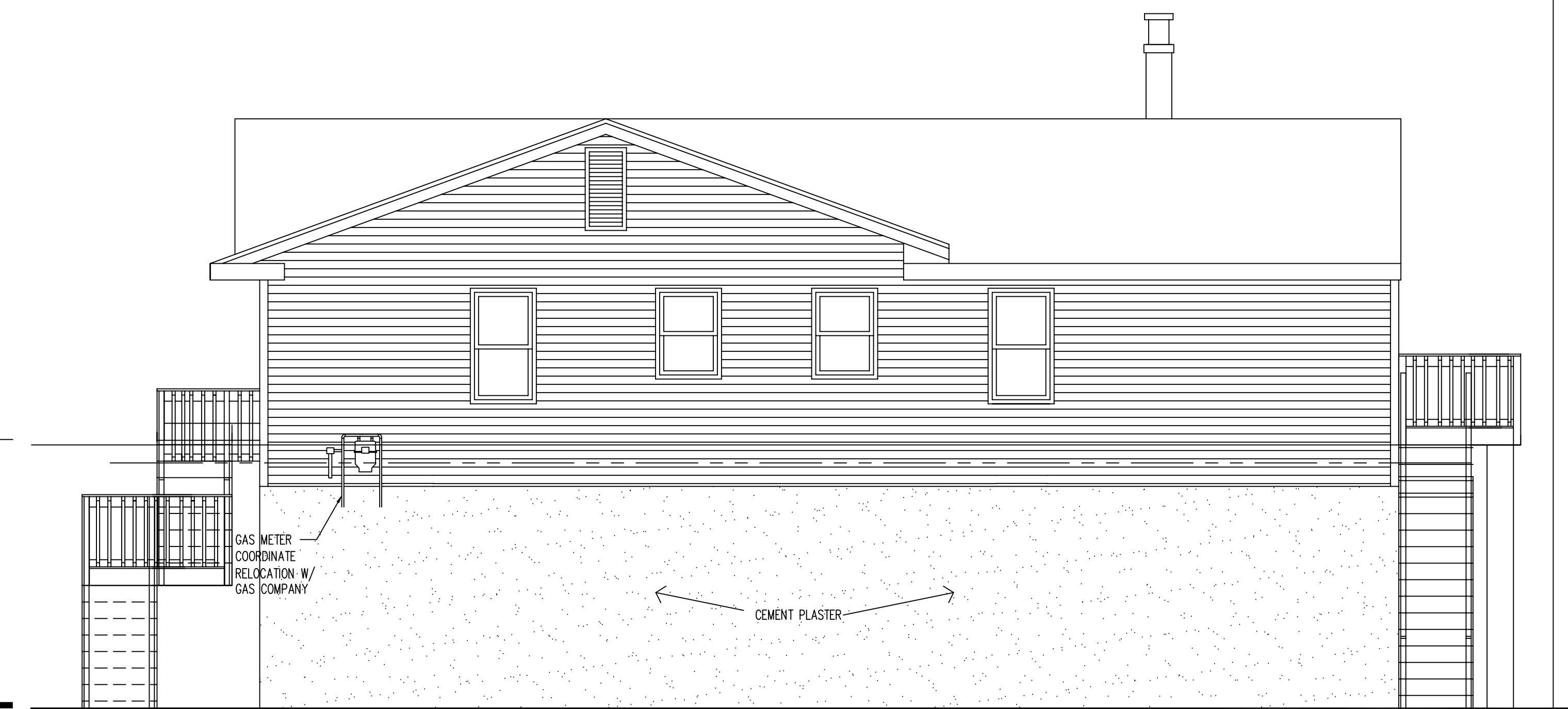
Tara J Mazza, CTC  
Tax Collector  
Mazza\_tara@margate-nj.com

Per *TJM*

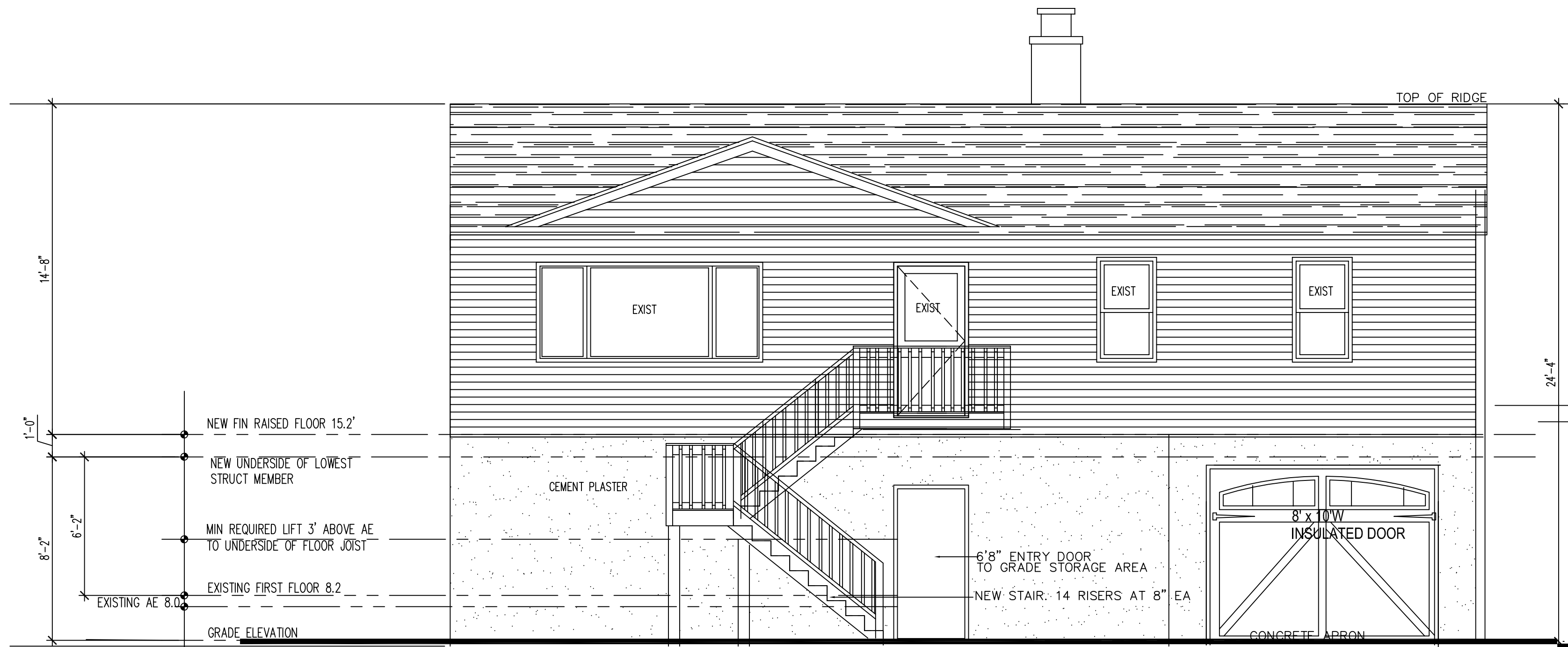




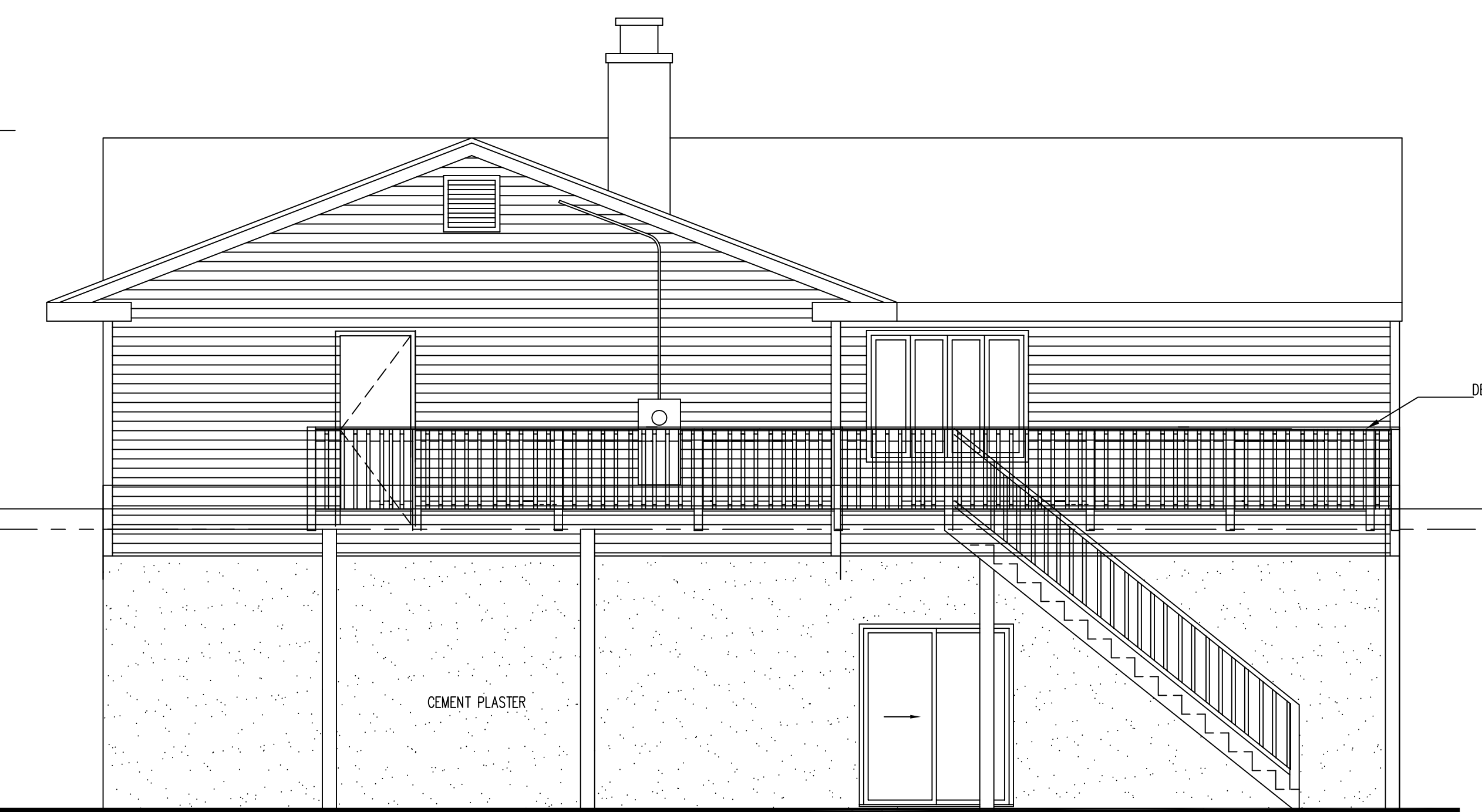
2  
A-2  
PROPOSED LEFT SIDE ELEVATION (HUNTINGTON AVENUE)  
1/4" = 1'-0"



3  
A-2  
PROPOSED LEFT RIGHT SIDE ELEVATION  
1/4" = 1'-0"



1  
A-2  
PROPOSED FRONT ELEVATION (MARSHALL AVENUE)  
1/4" = 1'-0"



4  
A-2  
PROPOSED REAR ELEVATION  
1/4" = 1'-0"

14'-5"  
1'-0"  
NEW FIN RAISED FLOOR 15.2'  
NEW UNDERSIDE OF LOWEST STRUCT MEMBER  
6'-2"  
MIN REQUIRED LIFT 3" ABOVE AE TO UNDERSIDE OF FLOOR JOIST  
EXISTING FIRST FLOOR 8.2  
EXISTING AE 8.0  
GRADE ELEVATION

EXIST FOOTING TO BE VERIFIED  
HELICAL PILES SEE DRAWING S-1  
NEW HELICAL PILES  
NEW HELICAL PILES 25' DEEP

STUART M. KOVACS, PC, LLC  
CONSULTING STRUCTURAL ENGINEERS  
107 McKNIGHT AVENUE  
JAMESBURG, NJ 08831  
STUART KOVACS, P.E.  
NJPE # 25854

1/11/24 For Zoning Review  
8/11/2023 For Zoning Review

No. Date Issued for  
**SERPICO ARCHITECT**  
Peter Serpico, R.A.  
1201 Boynton Avenue  
Westfield, NJ 07090  
908 721 7426  
serpicoarchitect@gmail.com

PETER SERPICO, RA N.J.13026

PROJECT NAME  
**House Raising at 8119 Marshall Avenue**  
Margate City, NJ 08402  
Block:709.03 Lot:1

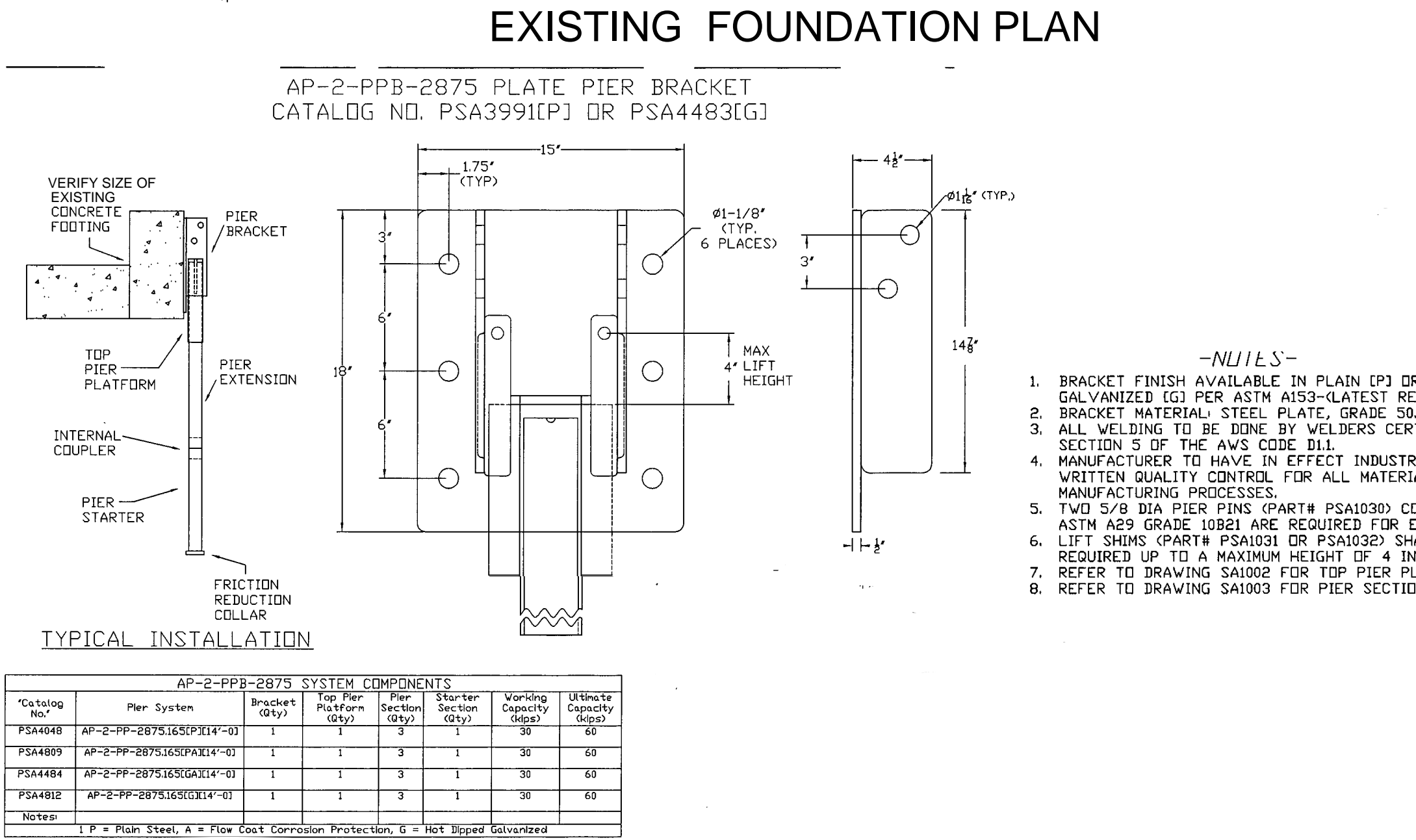
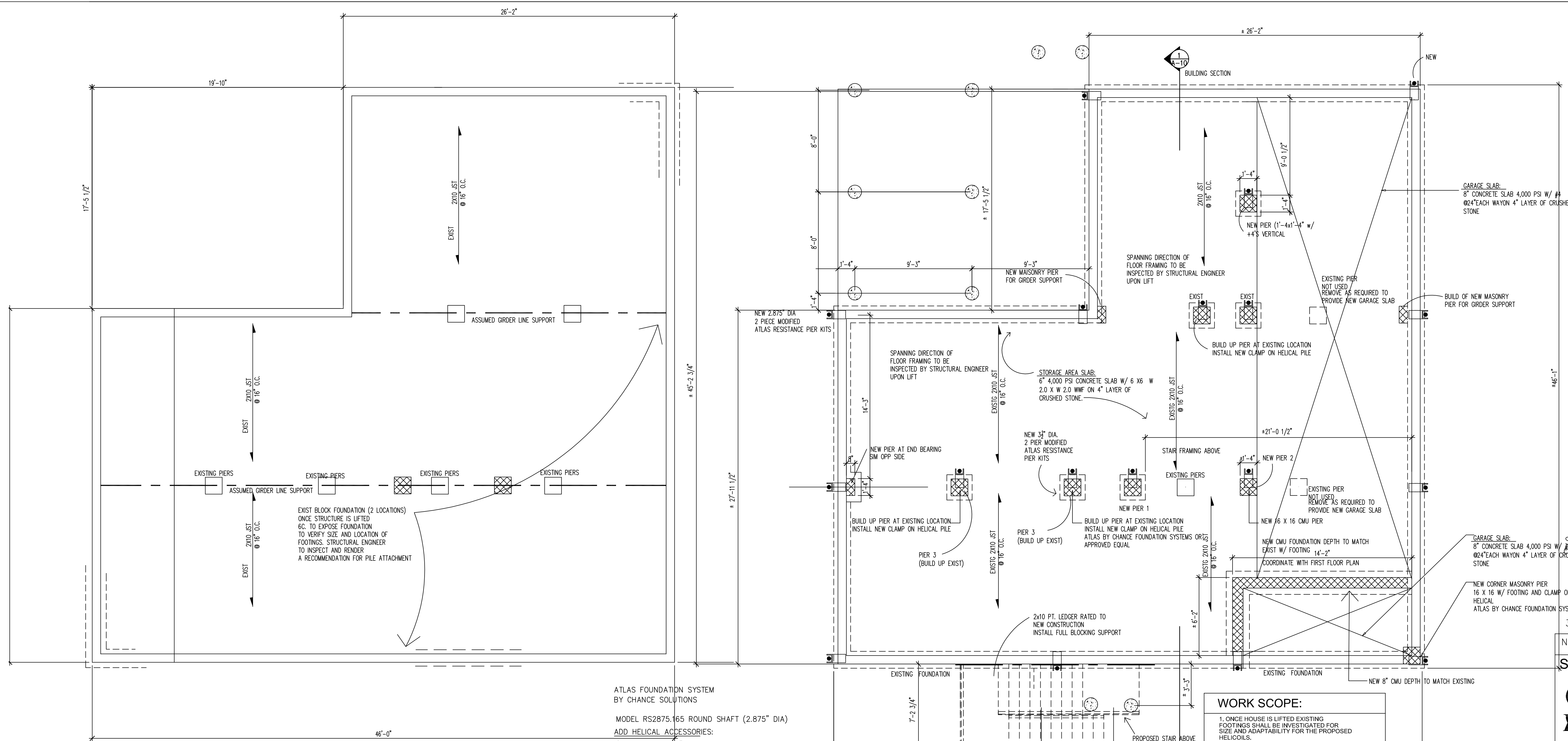
PROJECT NUMBER  
SA-20-2022

SCALE DATE  
AS NOTED AUG 21

DRAWING NAME  
**ELEVATIONS**

DRAWING NUMBER  
**A-2**  
2 OF 2



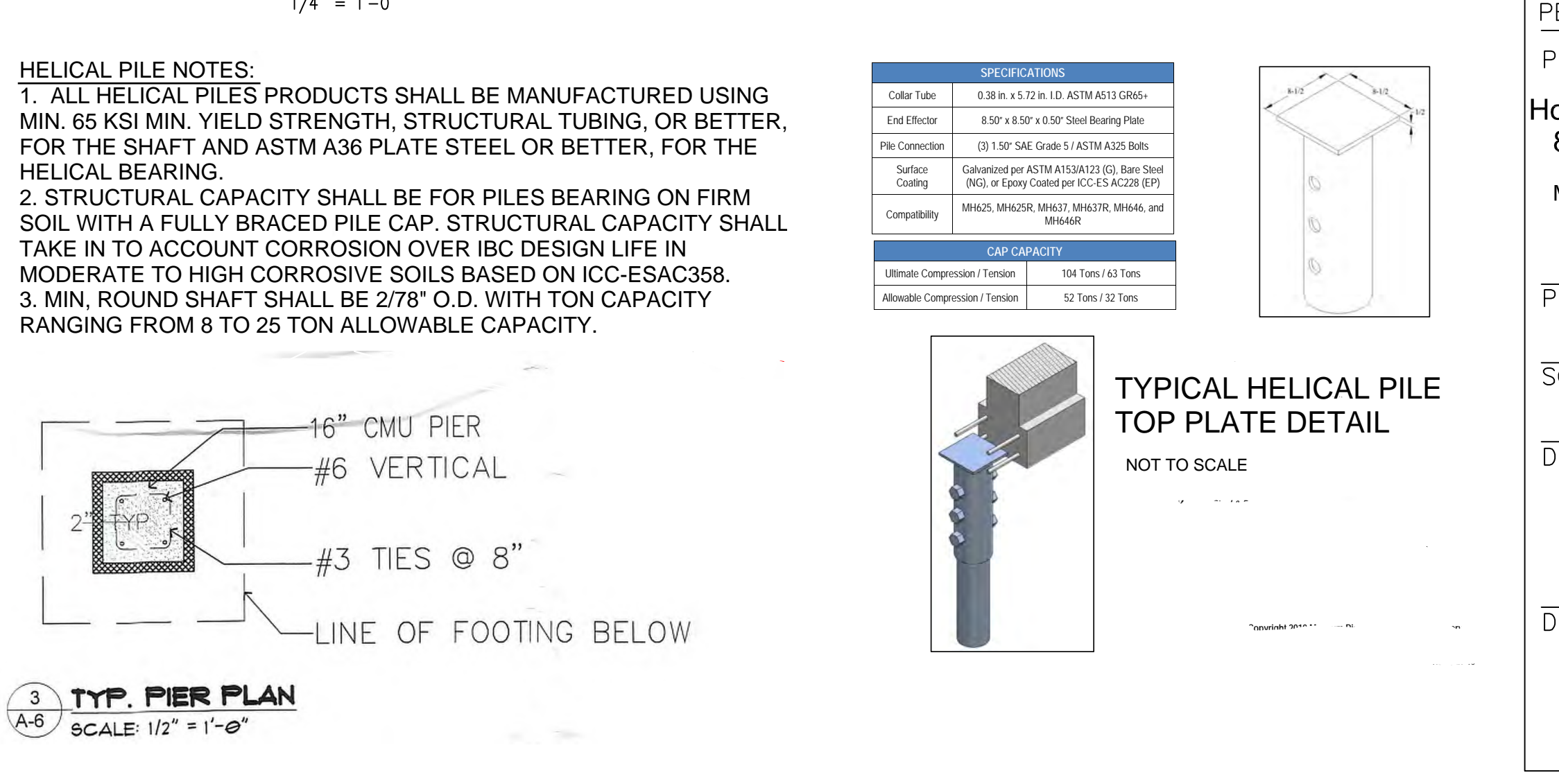
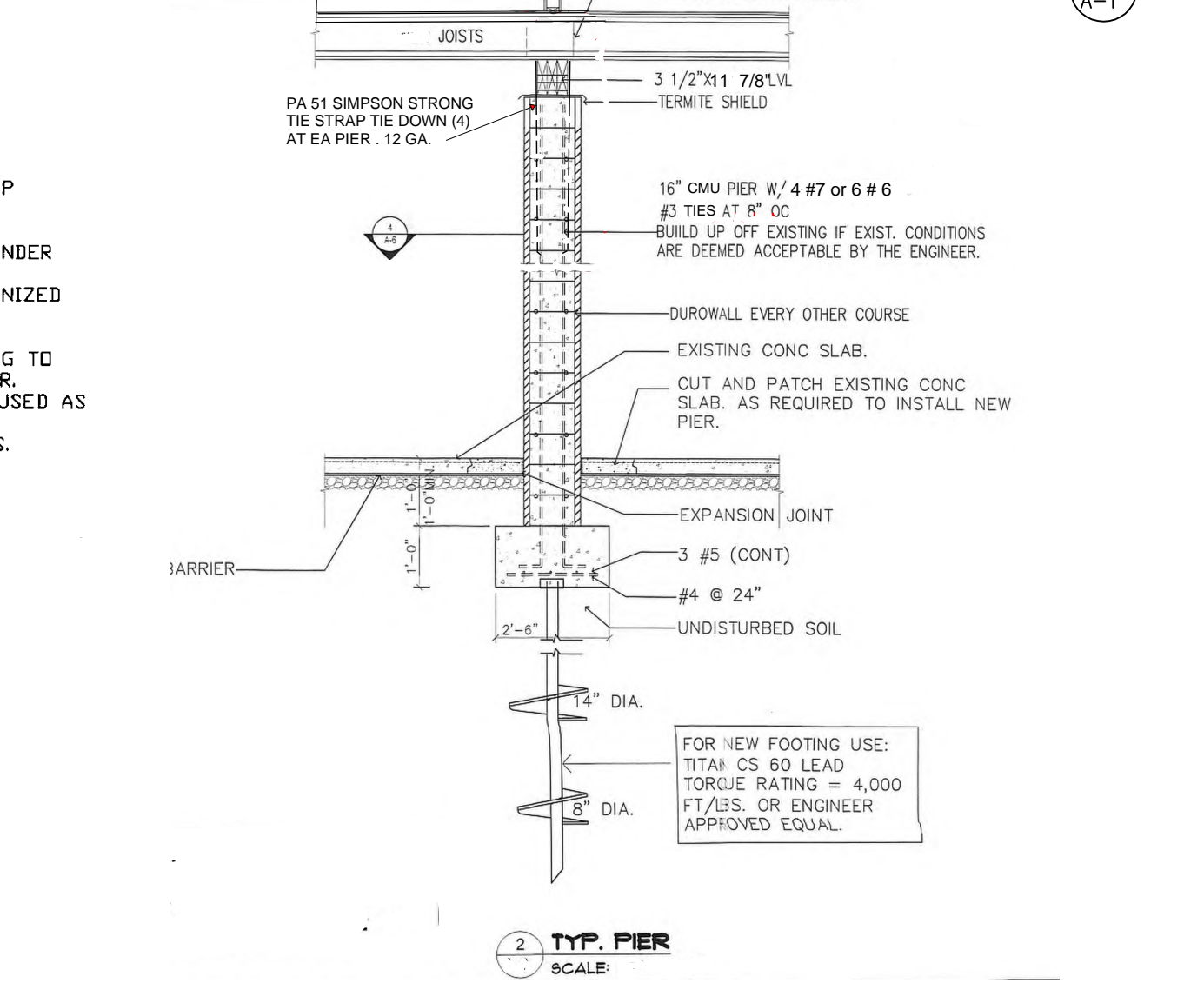
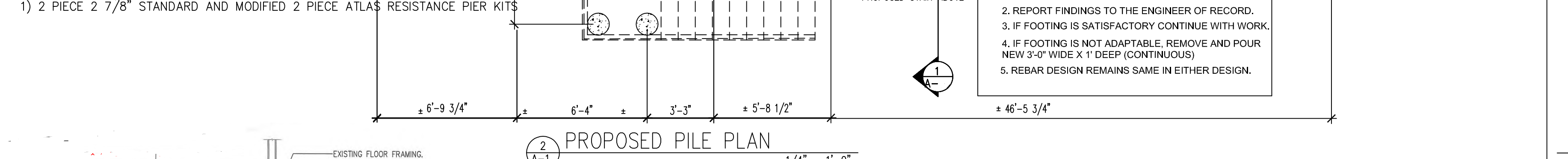


**TYPICAL PLATE PIER BRACKET COMPONENTS BY ATLAS OR APPROVED EQUAL**

AP-2-PPB-2875 SYSTEM COMPONENTS

Catalog No.	Pier System	Bracket Qty	Top Pier Platform Qty	Pier Section Qty	Expansion Joint Qty	Starting Capacity (Tons)	Ultimate Capacity (Tons)
PSA4483	AP-2-PPB-2875(165)PIERKIT-01	1	1	3	1	30	60
PSA4489	AP-2-PPB-2875(165)PIERKIT-02	1	1	3	1	30	60
PSA4484	AP-2-PPB-2875(165)PIERKIT-03	1	1	3	1	30	60
PSA4812	AP-2-PPB-2875(165)PIERKIT-04	1	1	3	1	30	60

Notes:  
 1. P = Plain Steel, A = Flow Coat Corrosion Protection, G = Hot Dip Galvanized



STUART M. KOVACS, PC, LLC  
 CONSULTING STRUCTURAL ENGINEERS  
 107 MCKNIGHT AVENUE  
 JAMESBURG, NJ 08831  
 STUART KOVACS, P.E.  
 NJPE # 25854

1/11/24 For Zoning Review  
 3/3/2023 For Owner Review

No. Date Issued for

**SERPICO ARCHITECT**

Peter Serpico, R.A.  
 1201 Boynton Avenue  
 Westfield, NJ 07090  
 908.721.7426  
 serpicoarchitect@gmail.com

PETER SERPICO, RA N.J.13026

PROJECT NAME  
**House Raising & New Addition**  
 8119 Marshall Avenue

Margate City, NJ

PROJECT NUMBER  
 SA-XX-2022

SCALE DATE  
 AS NOTED AUG 21

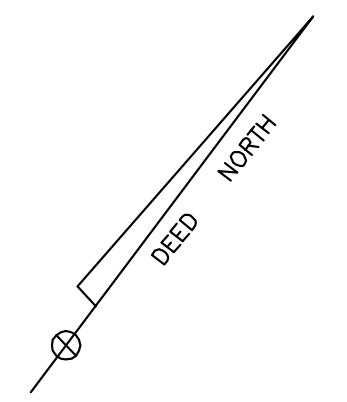
DRAWING NAME  
**PLANS ELEVATIONS**

DRAWING NUMBER  
**S-1**

1 OF 1



# HOUSE RAISING AT 8119 MARSHALL AVENUE MARGATE CITY N.J. 08402



## 1. GENERAL REQUIREMENTS

- THIS PROJECT SHALL BE CONSTRUCTED IN STRICT COMPLIANCE WITH THE LATEST EDITIONS OF THE CODES LISTED IN THE DRAWINGS AND ANY OTHER CODES HAVING JURISDICTION. CONTRACTOR SHALL VERIFY ALL CODE REQUIREMENTS BEFORE COMMENCEMENT OF CONSTRUCTION AND REPORT ANY DISCREPANCIES TO THE ARCHITECT.
- DETAILS AND SECTIONS ON DRAWINGS ARE SHOWN AT SPECIFIC LOCATIONS AND ARE INTENDED TO SHOW GENERAL REQUIREMENTS THROUGHOUT. DETAILS NOTED "TYPICAL" IMPLY ALL CONDITIONS ARE TREATED SIMILAR. MODIFICATIONS ARE TO BE MADE BY THE CONTRACTOR TO ACCOMMODATE MINOR VARIATIONS.
- THE CONTRACTOR SHALL VERIFY AND PROTECT ALL SERVICE LINES AND EXISTING SITE FEATURES FROM DAMAGE.
- THE ARCHITECT SHALL NOT BE RESPONSIBLE FOR THE SAFETY AND CONSTRUCTION PROCEDURES, TECHNIQUES, OR THE FAILURE OF THE CONTRACTOR TO CARRY OUT THE WORK IN ACCORDANCE WITH THE DRAWINGS OR THE APPLICABLE CODES.
- CONTRACTOR SHALL OBTAIN ALL NECESSARY BUILDING PERMITS.
- CONTRACTOR SHALL BRING ERRORS AND OMISSIONS WHICH MAY OCCUR IN THE CONTRACT DOCUMENTS TO THE ATTENTION OF THE ARCHITECT IN WRITING. WRITTEN INSTRUCTIONS SHALL BE OBTAINED FROM THE ARCHITECT BEFORE PROCEEDING WITH THE WORK. THE CONTRACTOR WILL BE RESPONSIBLE FOR THE RESULTS OF ANY ERRORS, OMISSIONS, OR DISCREPANCIES IN THE CONSTRUCTION DOCUMENTS FOR WHICH NOTIFICATION AS INDICATED ABOVE WAS NOT GIVEN.
- THE CONTRACTOR SHALL VISIT THE SITE AND VERIFY ALL EXISTING CONDITIONS IN THE FIELD.
- CONTRACTORS SHALL KEEP THE PREMISES CLEAN AND FREE OF ALL TRASH, DEBRIS, AND SHALL PROTECT THE WORK FROM DAMAGE, SOILING, AND ETC.
- THE CONTRACTOR IS RESPONSIBLE FOR AND SHALL VERIFY EXISTING CONDITIONS AND REVIEW THESE CONDITIONS WITH THE PLANS BEFORE, DURING AND AFTER CONSTRUCTION, AND ANY DISCREPANCIES BETWEEN THE ACTUAL CONDITIONS AND THE PLANS AND SPECIFICATIONS SHALL BE BROUGHT TO THE ATTENTION OF THE ARCHITECT, IN WRITING IMMEDIATELY. FAILURE TO PROVIDE SUCH NOTICE SHALL OBLIGATE THE CONTRACTOR TO PERFORM ANY AND ALL REMEDIAL WORK THAT MAY BE REQUIRED AT NO ADDITIONAL COST TO THE OWNER OR ARCHITECT.
- THE CONTRACTOR SHALL TAKE FULL RESPONSIBILITY IN LOCATING ANY UTILITIES AND THE STAKING OUT OF THE PROPOSED DECK, ADDITION, OR ANY OTHER SITE WORK INDICATED. THE CONTRACTOR SHOULD CHOOSE TO HIRE A LICENSED SURVEYOR TO PROPERLY LOCATE ALL STAKES. IF THERE ARE ANY DISCREPANCIES, IT SHALL BE BROUGHT TO THE ATTENTION OF THE ARCHITECT, IN WRITING IMMEDIATELY. FAILURE TO PROVIDE SUCH NOTICE SHALL OBLIGATE THE CONTRACTOR TO PERFORM ANY AND ALL REMEDIAL WORK THAT MAY BE REQUIRED AT NO ADDITIONAL COST TO THE OWNER OR ARCHITECT.
- THE CONTRACTOR AND CLIENT SHALL BE RESPONSIBLY IN OBTAINING ANY SOIL BORING TESTS PRIOR TO CONSTRUCTION IF NEEDED.
- IN THE EVENT THAT THE SOIL/SITE CONDITIONS DO NOT MEET CONSTRUCTABILITY STANDARDS, THE PROJECT SHALL BE HALTED IMMEDIATELY. THE CONTRACTOR MUST THEN NOTIFY THE CLIENT AND ARCHITECT IN WRITING OF THE SITE CONDITIONS PRIOR AND DURING EXCAVATION. FAILURE TO PROVIDE SUCH NOTICE SHALL OBLIGATE THE CONTRACTOR TO PERFORM ANY AND ALL REMEDIAL WORK THAT MAY BE REQUIRED AT NO ADDITIONAL COST TO THE OWNER OR ARCHITECT.

## 2. CONCRETE

- ALL REINFORCED CONCRETE SHALL BE FURNISHED AND INSTALLED IN ACCORDANCE WITH THE CURRENT ACI-318 "BUILDING CODE REQUIREMENTS FOR REINFORCED CONCRETE".
- CONCRETE SHALL HAVE A MINIMUM 28 DAY COMPRESSIVE STRENGTH OF 3,000 P.S.I..
- REINFORCING STEEL SHALL CONFORM TO ASTM-A615 GRADE 60. WELDED WIRE FABRIC SHALL BE 6" X 6", #10/#10 AND CONFORM TO ASTM A-185.
- WHERE INDICATED ON - GRADE CONCRETE SLABS, THE W.W.F. REINFORCEMENT SHALL BE LOCATED MIDWAY IN THE SLAB THICKNESS.
- ALL EXTERIOR CONCRETE TO BE AIR ENTRAINED.

## 3. METALS, STRUCTURAL AND MISCELLANEOUS

- STEELWORK SHALL CONFORM TO THE CURRENT SPECIFICATIONS FOR THE DESIGN, FABRICATION AND ERECTION OF STEEL FOR BUILDINGS AS ADOPTED BY THE A.I.S.C. CONNECTIONS SHALL BE BOLTED OR WELDED. BOLTS SHALL CONFORM TO TO ASTM A-325 AND BE 3/4" DIAMETER UNLESS OTHERWISE NOTED.
- ALL STRUCTURAL STEEL SHALL BE IN ACCORDANCE WITH A.S.T.M. SPECIFICATIONS A-36. STEEL FOR PIPE COLUMNS SHALL BE OF EQUIVALENT CAPACITY AND WELD ABILITY TO A.S.T.M. SPECIFICATIONS A-501.
- CARPENTRY
  - ALL WOOD CONSTRUCTION SHALL COMPLY WITH THE FOLLOWING STANDARDS EXCEPT AS MODIFIED BY THESE SPECIFICATIONS.
    - AMERICAN INSTITUTE OF TIMBER CONSTRUCTION:
      - STANDARD MANUAL
      - NATIONAL FORESTS PRODUCTS ASSOCIATION:
        - NATIONAL DESIGN SPECIFICATIONS FOR WOOD CONSTRUCTION
        - SOUTHERN PINE INSPECTION BUREAU CONSTRUCTION SPECIFICATIONS
      - STANDARD GRADING RULES FOR SOUTHERN PINE LUMBER
      - AMERICAN PLYWOOD ASSOCIATION:
        - GUIDE TO PLYWOOD FLOORS, PLYWOOD SHEATHINGS FOR WALLS & ROOFS
        - AMERICAN WOOD PRESERVERS ASSOCIATION
    - ALL WOOD USED SHALL BE #2 GRADE DOUGLAS FIR WITH A MINIMUM EXTREME FIBER BENDING STRESS OF 1,450 P.S.I. FOR REPETITIVE USE Fy = 75 P.S.I., E = 1,200,000 P.S.I.
    - ALL STRUCTURAL LUMBER SHALL BE STAMPED IN ACCORDANCE WITH THE AMERICAN INSTITUTE OF TIMBER CONSTRUCTIONS "CONSTRUCTION MANUAL".

- ALL STUD WALLS SHALL BE FRAMED W/2 X 4 STUDS AT 16"O/C UNLESS OTHERWISE NOTED.
- HANGERS, FRAMING ANCHORS AND FASTENERS: PROVIDE AND INSTALL STAMPED AND FABRICATED STEEL OF THE TYPE INDICATED AS REQUIRED. NAILS TO BE THOSE FURNISHED BY THE MANUFACTURER FOR THE SPECIFIC USE. NAILING SHALL BE IN ACCORDANCE WITH THE MANUFACTURER'S SPECIFICATIONS. "TECO", "TRIMFAST", "SIMPSON" OR "ARTCOR" CONFORMING TO THE REQUIREMENTS INDICATED SHALL BE PROVIDED. ALL ANCHORS AND HANGERS SHALL BE GALVANIZED.
- ALL HEADERS AT BEARING CONDITIONS SHALL BE AS INDICATED ON THE DRAWINGS.
- ALL HEADERS AT NON-BEARING CONDITIONS SHALL BE AS FOLLOWS:
  - SPANS UP TO 4'-0" (2) 2 X 6'S
  - SPANS 4'-0" TO 6'-0" (2) 2 X 8'S
  - SPANS 6'-0" TO 9'-0" (2) 2 X 10'S
- DOUBLE ALL FLOOR JOISTS UNDER ALL INTERIOR PARTITIONS
- ROOF SHEATHING TO BE 5/8" EXT. GRADE T. AND G. PLYWOOD
- FLOOR SHEATHING TO BE 3/4" T. AND G. PLYWOOD
- WALL SHEATHING TO BE MIN. 1/2" EXTERIOR GRADE

## 5. THERMAL AND MOISTURE PROTECTION

- THE FOLLOWING SPECIFICATIONS SHALL GOVERN WITH MODIFICATIONS AS SPECIFIED HEREIN:
  - AMERICAN SOCIETY OF HEATING, REFRIGERATING AND AIR CONDITIONING ENGINEERS (ASHRAE) HANDBOOK OF FUNDAMENTALS.
  - INSTALL FLASHING AND SHEET METAL IN COMPLIANCE WITH "ARCHITECTURAL SHEET METAL MANUAL" BY SMACNA.
  - ALUMINUM FLASHING SHALL CONFORM TO ASTM A-209 AND BE MIN. 0.016" THICK STANDARD BUILDING SHEET WITH PLAIN FINISH.
  - GALVANIZED STEEL FLASHING SHALL CONFORM TO ASTM A-526, 20% COPPER, 26 GA. (0.0179") ASTM A-525, DESIGNATION G-90 HOT DIP GALVANIZED, MILL PHOSPHATIZED.
  - PROVIDE AND INSTALL FLASHINGS AT ALL ROOF TO WALL CONDITIONS, PROJECTIONS OF WOOD BEAMS THROUGH EXTERIOR WALLS, EXTERIOR OPENINGS AND ELSEWHERE AS REQUIRED TO PROVIDE WATER/TIGHT/WEATHERPROOF PERFORMANCE.
  - ROOF VALLEY FLASHING SHALL BE PROVIDED OF NOT LESS THAN NO. 28 GALVANIZED SHEET GAUGE, CORROSION RESISTANT METAL AND SHALL EXTEND AT LEAST 11" EACH WAY FROM THE CENTER LINE AND SHALL HAVE THE FLOW LINE FORMED AS PART OF THE FLASHING. SECTIONS OF FLASHING SHALL HAVE AN END LAP OF NOT LESS THAN 4".
  - COMPOSITE SHINGLES SHALL BE FASTENED ACCORDING TO MANUFACTURED PRINTED INSTRUCTIONS BUT NOT LESS THAN 4 NAILS PER EACH STRIP SHINGLE NOT MORE THAN 36" WIDE AND NAILS PER INDIVIDUAL SHEET NOT MORE THAN 36" WIDE AND NAILS SHALL EXTEND AT LEAST 11" EACH WAY FROM THE CENTER LINE AND SHALL HAVE AN UNDERLAYMENT OF NOT LESS THAN 15 LB. ASPHALT FELT. COMPOSITE SHINGLES SHALL NOT BE USED ON SLOPES LESS THAN 4 TO 12.
  - ENCLOSED ATTIC SPACES AND ROOF RAFTERS SHALL HAVE CROSS VENTILATION FOR EACH SEPARATE SPACE BY VENTING OPENINGS PROTECTED AGAINST THE ENTRANCE OF RAIN. THE MINIMUM REQUIRED NET FREE VENTILATING AREA SHALL BE 1/150 OF THE AREA OF THE SPACE VENTILATED, EXCEPT THAT THE MIN. AREA SHALL BE REDUCED TO 1/300 PROVIDED THAT A VAPOR RETARDER HAVING A PERMEANCE NOT EXCEEDING 1 PERM IS INSTALLED ON THE WARM SIDE OF THE CEILING; OR AT LEAST 50% AND NOT MORE THAN 80% OF THE REQUIRED VENTILATING AREA IS PROVIDED BY VENTILATORS LOCATED IN THE UPPER PORTION OF THE SPACE TO BE VENTILATED AT LEAST ABOVE EAVE OR CORNICE VENTS, WITH THE BALANCE OF THE REQUIRED VENTILATION PROVIDED BY EAVE OR CORNICE VENTS.
  - PROVIDE AND INSTALL KRAFT FIBER GLASS BATT INSULATION IN ALL WALLS, ROOFS, SOFFITS, ETC. REFER TO WALL SECTION FOR SPECIFIC VALUES.
  - FILL WINDOW SHIM SPACES WITH FIBERGLASS INSULATION.
  - INSULATION SHALL BE SET TIGHT WITHIN SPACES AND AROUND MECHANICAL/ ELECTRICAL SERVICES. LEAVE NO GAPS OR VOIDS.
  - INSTALL TYPE 15 ASPHALT FELT OR APPROVED EQUAL PER U.L. STANDARD SPEC. UNDER EXTERIOR SIDING AND AT ROOF UNDER SHINGLES. APPLY SO AS TO FORM A WATER/TIGHT MEMBRANE. OVERLAP EACH COURSE 2" MIN. AT HORIZONTAL JOINTS AND 6" MIN. AT VERTICAL JOINTS.
  - PROVIDE SEALANTS AND CAULKING MEETING APPLICABLE SPECIFICATIONS WHERE REQUIRED TO PROVIDE A POSITIVE BARRIER AGAINST MOISTURE AND AIR INFILTRATION.

## 6. DOORS, WINDOWS AND GLASS

- REFERENCE STANDARDS FOR DOORS AND WINDOWS SHALL BE AS FOLLOWS:
  - UNDERWRITERS LABORATORIES INC.-BUILDING MATERIALS DIRECTORY
  - NATIONAL FIRE PROTECTION ASSOCIATION PAMPHLET NO.80 STANDARD FIRE DOORS AND WINDOWS CONFORMANCE
  - NATIONAL WOODWORK MANUFACTURER'S I.S. 1078 WOOD FLUSH DOORS
  - ASTM E-283 AND E-331.
- ALL EXTERIOR DOORS AND WINDOWS SHALL BE FULLY WEATHERSTRIPPED, GASKETED OR OTHERWISE TREATED TO LIMIT AIR INFILTRATION. ALL DOORS AND WINDOWS SHALL CONFORM TO INFILTRATION STANDARDS OF ASTM E-287-73 WITH A PRESSURE DIFFERENTIAL OF 1.57 PSF AND SHALL BE CERTIFIED AND LABELED.

## 7. FINISHES

- PROVIDE AND INSTALL GYPSUM WALLBOARD IN CONFORMANCE WITH "AMERICAN STANDARD SPECIFICATIONS FOR THE APPLICATION AND FINISHING OF GYPSUM WALLBOARD."

## 8. PLUMBING SPECIFICATIONS

- ALL PLUMBING WORK SHALL BE EXECUTED IN ACCORDANCE WITH LATEST EDITION OF THE UNIFORM CONSTRUCTION CODE, THE 2021 NATIONAL STANDARD PLUMBING CODE AND LOCAL PLUMBING CODES, RULES, AND REGULATIONS.
- PLUMBING CONTRACTOR SHALL VERIFY THAT ANY EXISTING STACK VENTS USED AS TIE INS SHALL BE IN FULLY OPERATIONAL CONDITION.
- DO NOT CONCEAL ANY VALVES IN NEW CONSTRUCTION.
- PLUMBING CONTRACTOR TO VERIFY PRIOR TO THE START OF ANY WORK THAT PROPOSED SANITARY TIE INS WILL HAVE ADEQUATE PITCH TO MAIN SANITARY SEWER OUTLET WITHOUT THE NEED FOR MECHANICAL PUMPING.

- APPLICATION OF PAINTS AND OTHER COATINGS SHALL BE IN STRICT ACCORDANCE WITH MANUFACTURER'S DIRECTIONS. READY MIXED PAINTS SHALL NOT BE THINNED EXCEPT AS PERMITTED BY THE APPLICATION INSTRUCTIONS.
- ALL EXTERIOR AND INTERIOR SURFACES AS INDICATED SHALL RECEIVE PAINT FINISH EXCEPT FACTORY PREFINISHED SURFACES AS FOLLOWS:
  - EXTERIOR AND INTERIOR WOOD:
    - ONE COAT PRIMER AND ONE FINISH COAT.
  - INTERIOR GYPSUM WALLBOARDS:
    - ONE COAT WALLBOARD PRIMER AND ONE FINISH COAT.
- ALL SURFACES TO BE FINISHED SHALL BE CLEAN AND FREE OF FOREIGN MATERIALS. (GREASE, DIRT, RUST, ETC.)
- APPLICATION SHALL BE PERFORMED IN A WORKMANLIKE MANNER PROVIDING A SMOOTH SURFACE. APPLICATION SHALL BE AS SPECIFIED BY THE MANUFACTURER. APPLICATION SHALL BE BY BRUSH, ROLLER, OR SPRAY IF THE PAINT IS FORMULATED FOR SPRAY APPLICATION.
- GYPSUM WALLBOARD SHALL BE 1/2" THICK SIMILAR TO USG SHEETROCK BRAND REGULAR GYPSUM PANELS.

## 9. MECHANICAL

- THE MECHANICAL CONTRACTORS SHALL PROVIDE ALL LABOR, MATERIALS AND EQUIPMENT NECESSARY TO INSTALL COMPLETE HEATING AND AIR CONDITIONING SYSTEMS. ALL WORK SHALL COMPLY WITH STATE AND LOCAL CODES AND ORDINANCES. MECHANICAL CONTRACTORS SHALL COORDINATE THEIR WORK WITH THE WORK OF OTHER TRADES. TERMINAL HOOKUP OF ALL FIXTURES AND TAP INTO UTILITIES IS THE RESPONSIBILITY OF THE MECHANICAL CONTRACTOR.
- H.V.A.C. CONTRACTORS SHALL BE PREPARED BY THE OWNERS MECHANICAL ENGINEER OR H.V.A.C. CONTRACTOR.
  - THE OWNERS MECHANICAL ENGINEER OR H.V.A.C. CONTRACTOR SHALL PREPARE AND SUBMIT DRAWINGS, DIAGRAMS, AND CALCULATIONS REQUIRED BY THE SUBJECT AGENCY. THESE DRAWINGS SHALL SHOW THE ENTIRE H.V.A.C. SYSTEM AND SHALL BE COORDINATED WITH THE ARCHITECTURAL DRAWINGS SO AS TO AVOID CONFLICTS.
  - ADDITIONAL STRUCTURAL FRAMING MAY BE REQUIRED WHEN FINAL LOCATION OF ROOFTOP UNITS ARE LOCATED. THE HVAC CONTRACTOR SHALL SUBMIT LOADING AND FRAMING REQUIREMENTS WITH THE SHOP DRAWINGS.

## 10. ELECTRICAL

- THE ELECTRICAL CONTRACTOR SHALL PROVIDE ALL LABOR AND MATERIALS FOR A COMPLETE AND FULLY OPERATIONAL ELECTRICAL SYSTEM. ALL WORK SHALL COMPLY WITH THE NATIONAL CODE AND W/ALL STATE AND LOCAL CODES AND ORDINANCES. TERMINAL HOOK-UP IS REQUIRED FOR ALL FIXTURES, APPLIANCES, MOTORS, FANS, CONTROLS, ETC.
- THE ELECTRICAL LAYOUT IS GENERALLY DIAGRAMMATIC, LOCATION OF OUTLETS AND EQUIPMENT IS APPROXIMATE, EXACT ROUTING OF WIRING, LOCATION OF OUTLETS, SHALL BE GOVERNED BY STRUCTURAL CONDITIONS AND OBSTRUCTIONS. WIRING FOR EQUIPMENT REQUIRING MAINTENANCE AND INSPECTION SHALL BE READILY ACCESSIBLE.
- ALL ELECTRICAL EQUIPMENT AND BREAKERS SHALL BE LABELED.
- CONTRACTOR SHALL PROVIDE PANEL DESIGN FOR THE UPGRADED SERVICE.
- LIGHT CIRCUITS SHALL BE 15 AMP WITH #14 AWG COPPER CONDUCTORS.
- RECEPTACLE CIRCUITS SHALL BE 15 AMP WITH #14 AWG COPPER CONDUCTORS.
- APPLIANCE CIRCUITS SHALL BE AS REQUIRED FOR THE APPLIANCE IN QUESTION.
- MATERIALS AND EQUIPMENT SHALL BE NEW AND LISTED BY UNDERWRITERS LABORATORIES INC. AND BEAR THEIR LABEL WHEREVER STANDARDS HAVE BEEN ESTABLISHED AND LABEL SERVICE IS AVAILABLE.
- VERIFY AND LOCATE ALL RECEPTACLES PRIOR TO THE INSTALLATION OF DRYWALL.
- INSTALL RECEPTACLES AT 18" CENTERLINE ABOVE FINISHED FLOOR.
- INSTALL LIGHT SWITCHES AT 44" TO CENTERLINE ABOVE FINISHED FLOOR.
- ALL SWITCHED OUTLETS TO BE ONE-HALF HOT.
- ANY FIXTURES INSTALLED OUTDOORS AND EXPOSED TO WEATHER SHALL BE WEATHERPROOF.

## 11. SITEWORK

- PERFORM ALL WORK IN THIS SECTION IN CONFORMANCE WITH THE GEOLOGICAL REPORTS, AND APPROVED SITE GRADING PLANS AS ACCEPTED BY THE BUILDING DEPARTMENT. IN THE ABSENCE OF A SUBSURFACE SURVEY THE CONTRACTOR SHALL HIRE A LICENSED SOILS ENGINEER TO INVESTIGATE THE SITE. IF A DISCREPANCY FROM THE PRESUMED SOIL BEARING CAPACITY EXISTS, THE CONTRACTOR SHALL NOT PLACE FOUNDATIONS WITHOUT WRITTEN INSTRUCTION FROM THE ARCHITECT.
- PRESUMPTIVE SOIL BEARING CAPACITY IS 3,000 P.S.F. ON UNDISTURBED SOIL. ALL CONCRETE FOOTINGS SHALL BEAR ON UNDISTURBED SOIL OR ENGINEERED FILL. BOTTOM OF FOOTINGS SHALL BE 3"-0" BELOW FINISHED GRADE MINIMUM.
- NO EXCAVATIONS SHALL BE MADE WHOSE DEPTH BELOW THE FOOTING IS GREATER THAN HALF THE HORIZONTAL DISTANCE FROM THE NEAREST EDGE OF THAT FOOTING.
- ALL BACKFILL AT STRUCTURES, SLABS, STEPS, AND PAVEMENTS SHALL BE CLEAN GRANULAR FILL. ALL BACKFILL MATERIAL SHALL BE WELL COMPACTED TO ELIMINATE SETTLEMENT. BUILDING SITE SHALL BE KEPT DRY SO THAT EROSION WILL NOT OCCUR IN THE FOUNDATIONS.
- ALL SLABS ON GRADE SHALL BEAR ON MECHANICALLY COMPACTED CRUSHED STONE CAPABLE OF SUPPORTING 1000 P.S.F.
- BACKFILL SHALL BE BROUGHT UP EQUALLY ON EACH SIDE OF WALLS.
- DO NOT BACKFILL UNTIL WALLS HAVE CURED.

## 12. MASONRY

- ALL HOLLOW LOAD BEARING BLOCK TO CONFORM TO ASTM C-90. ALL SOLID BLOCK TO CONFORM TO ASTM C-145. MINIMUM NET COMPRESSIVE STRENGTH (F'm) SHALL BE 1000 P.S.I. USE TRUSS TYPE GALVANIZED HORIZONTAL REINFORCEMENT. 2 #9 GAUGE BARS (MIN.) IN ALTERNATE COURSES UNLESS OTHERWISE NOTED.
- NON BEARING BRICK OR STONE VENER WALLS SHALL BE SET IN FULL BED OF PORTLAND CEMENT MORTAR TYPE SW COMPRESSIVE STRENGTH (F'm) 3000 P.S.I. INSTALL GALVANIZED METAL MASONRY TIES @ 16" O.C. HORIZONTALLY AND VERTICALLY.
- FILL BLOCK CELLS WITH GROUT IN ALL AREAS TO RECEIVE EXPANSION ANCHORS, ANCHOR BOLTS, OR DIRECTLY BELOW BEAM OR COLUMN BEARING PLATES.
- MORTAR AND GROUT FOR CONCRETE BLOCK WALLS SHALL CONFORM TO ASTM C-270. TYPE N MORTAR SHALL BE USED FOR ALL EXTERIOR WALLS BELOW GRADE. TYPE S MORTAR SHALL BE USED FOR ALL WALLS AND PARTITIONS ABOVE GRADE.
- PORTLAND CEMENT EXTERIOR STUCCO SHALL CONFORM TO THE REQUIREMENTS OF ANSI A.42.2, A.42.3. PROVIDE 3 COAT EXTERIOR PORTLAND CEMENT STUCCO ON GALVANIZED WIRE MESH. ATTACH WIRE MESH WITH GALVANIZED NAILS OR APPROVED FASTENERS. EXTERIOR PORTLAND CEMENT STUCCO SHALL HAVE A FINISHED THICKNESS OF 7/8". INSTALL GALVANIZED OR ALUMINUM CONTROL JOINT AND CAPPING AT JUNCTURE OF STUCCO WITH DISSIMILAR MATERIALS.

## FASTENER SCHEDULE FOR STRUCTURAL MEMBERS

DESCRIPTION OF BUILDING ELEMENTS	NUMBER & TYPE OF FASTENER	FASTENER SPACING
JOIST TO SILL OR GIRDER, TOE NAIL	3-8d	---
1" x 6" SUBFLOOR OR LESS TO EACH JOIST, FACE NAIL	2-8d or 2 staples, 1 3/4"	---
2" SUBFLOOR TO JOIST OR GIRDER, BLIND AND FACE NAIL	2-16d	---
SOLE PLATE TO JOIST OR BLOCKING, FACE NAIL	16d	16" O.C.
TOP OR SOLW PLATE TO STUD, END NAIL	2-16d	---
STUD TO SOLE PLATE, TOE NAIL	3-8d or 2-16d	---
DOUBLE STUDS, FACE NAIL	10d	24" O.C.
DOUBLE TOP PLATES, FACE NAIL	10d	24" O.C.
SOLE PLATE TO JOIST OR BLOCKING AT BRACED WALL PANELS	3-16d	16" O.C.
DOUBLE TOP PLATES, MINIMUM 24-INCH OFFSET OF END JOINTS, FACE NAIL IN LAPPED AREA	8-16d	---
BLOCKING BETWEEN JOISTS OR RAFTERS TO TOP PLATE, TOE NAIL	3-8d	---
RIM JOIST TO TOP PLATE, TOE NAIL	8d	6" O.C.
TOP PLATES, LAPS AT CORNERS AND INTERSECTIONS, FACE NAIL	2-10d	---
BUILT-UP HEADER, TWO PIECES WITH 1/2" SPACER	16d	16" O.C. ALONG EACH EDGE
CONTINUED HEADER, TWO PIECES	16d	16" O.C. ALONG EACH EDGE
CEILING JOISTS TO PLATE, TOE NAIL	3-8d	---
CONTINUOUS HEADER TO STUD, TOE NAIL	4-8d	---
CEILING JOISTS, LAPS OVER PARTITIONS, FACE NAIL	3-10d	---
CEILING JOIST TO PARALLEL RAFTERS, FACE NAIL	3-10d	---
RAFTER TO PLATE, TOE NAIL	2-16d	---
1" BRACE TO EACH STUD AND PLATE, FACE NAIL	2-8d or 2 staples, 1 3/4"	---
1" x 6" SHEATHING TO EACH BEARING, FACE NAIL	2-8d or 2 staples, 1 3/4"	---
1" x 8" SHEATHING TO EACH BEARING, FACE NAIL	2-8d or 3 staples, 1 3/4"	---
WIDER THAN 1" x 8" SHEATHING TO EACH BEARING, FACE NAIL	3-8d or 4 staples, 1 3/4"	---
BUILT-UP CORNER STUDS	10d	24" O.C.
BUILT-UP GIRDERS AND BEAMS, 2-INCH LUMBER LAYERS	10d	NAIL EACH LAYER AS FOLLOWS: 2" O.C. AT TOP & BOTTOM & STAGGERED. TWO NAILS AT ENDS & AT EACH SPLICE
2" PLANKS	2-16d	AT EACH BEARING
ROOF RAFTERS TO RIDGE, VALLEY OR HIP RAFTERS: TOE NAIL	4-16d	---
FACE NAIL	3-16d	---
RAFTER TIES TO RAFTER, FACE NAIL	3-8d	---

## WOOD STRUCTURAL PANELS, SUBFLOOR, ROOF AND WALL SHEATHING TO FRAMING, AND PARTICLEBOARD WALL SHEATHING TO FRAMING

DESCRIPTION OF BUILDING MATERIALS	DESCRIPTION OF FASTENER	SPACING OF FASTENERS	
		EDGES (INCHES)	INTERMEDIATE SUPPORTS(INCHES)
5/16" to 1/2"	6d COMMON NAIL (SUBFLOOR, WALL) 8d COMMON NAIL (ROOF)	6	12"
19/32" to 1"	8d COMMON NAIL	6	12"
1 1/8" to 1 1/4"	10d COMMON NAIL OR 8d DEFORMED NAIL	6	12"

## OTHER WALL SHEATHING

1/2" REGULAR CELLULOSIC FIBERBOARD SHEATHING	1 1/2" GALVANIZED ROOFING NAIL 8d COMMON NAIL STAPLE 16 GA. 1 1/2" LONG	3"	6"
1/2" STRUCTURAL CELLULOSIC FIBERBOARD SHEATHING	1 1/2" GALVANIZED ROOFING NAIL 8d COMMON NAIL STAPLE 16 GA. 1 1/2" LONG	3"	6"
25/32" STRUCTURAL CELLULOSIC FIBERBOARD SHEATHING	1 3/4" GALVANIZED ROOFING NAIL 8d COMMON NAIL STAPLE 16 GA. 1 3/4" LONG	3"	6"
1/2" GYPSUM SHEATHING	1 1/2" GALVANIZED ROOFING NAIL 8d COMMON NAIL STAPLE GALVANIZED, 1 1/2" LONG; 1 1/4"SCREWS, TYPE W OR S	4"	8"
5/8" GYPSUM SHEATHING	1 3/4" GALVANIZED ROOFING NAIL 8d COMMON NAIL STAPLE GALVANIZED, 1 5/8" LONG; 1 5/8"SCREWS, TYPE W OR S	4"	8"

## WOOD STRUCTURAL PANELS, COMBINATION SUBFLOOR UNDERLAYMENT TO FRAMING

3/4" AND LESS	6d DEFORMED NAIL OR 8d COMMON NAIL	6"	12"
7/8" to 1"	8d COMMON NAIL OR 8d DEFORMED NAIL	6"	12"
1 1/8" to 1 1/4"	10d COMMON NAIL OR 8d DEFORMED NAIL	6"	12"

## NOTE:

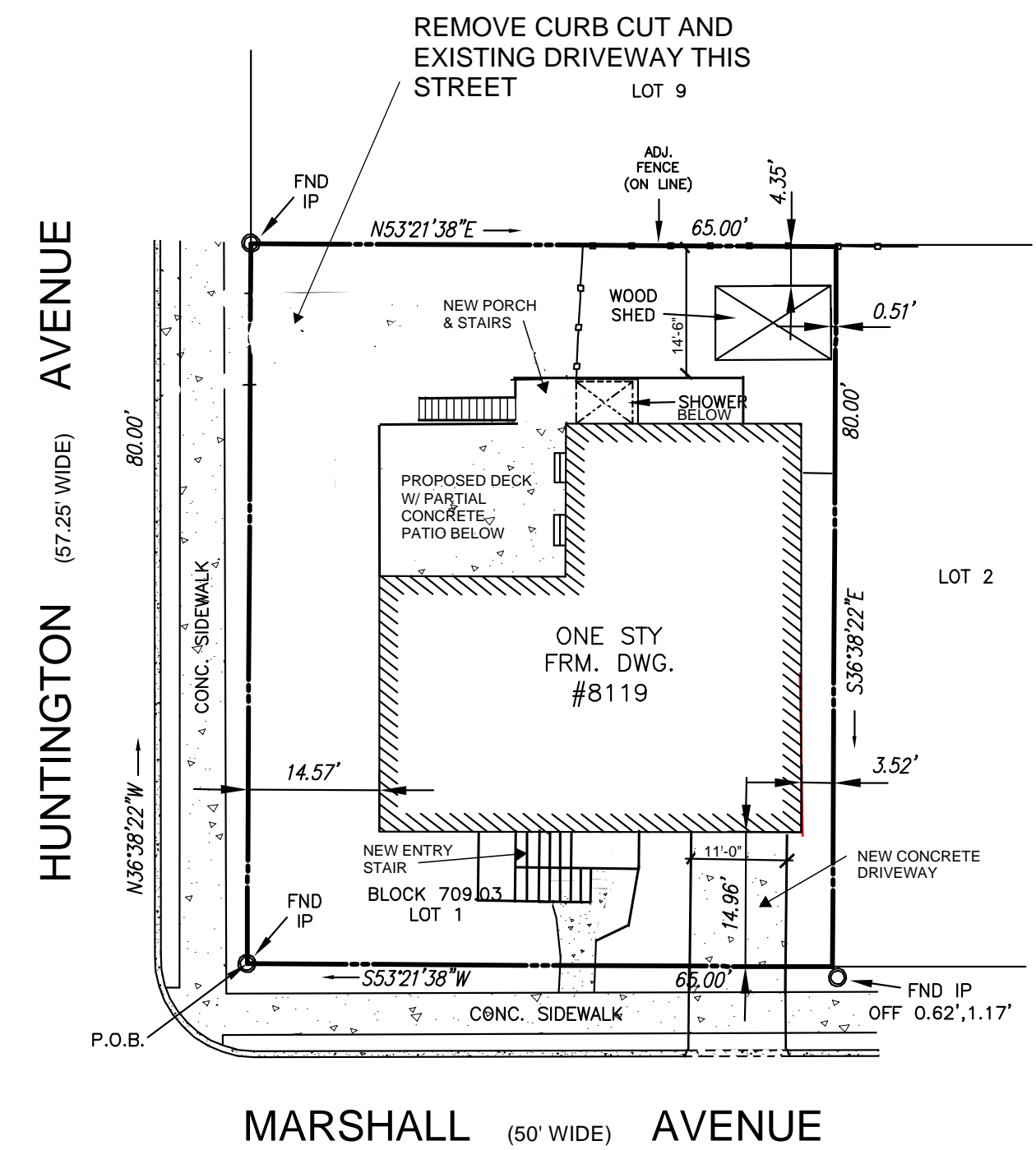
ARCHITECT SHALL NOT BE HELD RESPONSIBLE FOR ANY STRUCTURAL DEFICIENCIES OCCURRING WITHIN INACCESSIBLE PORTIONS OF THE BUILDING. ALL INSPECTIONS WERE PERFORMED ON VISIBLE STRUCTURAL COMPONENTS ONLY.

BOARD CHAIRPERSON

ZONING OFFICER

BOARD ENGINEER

BOARD ADMINISTRATOR



## PLOT PLAN

NO SCALE  
INFORMATION FOR THIS PLOT PLAN TAKEN FROM A SURVEY FROM JAMES R. BONEY 13 STONE MILL COURT, E.H.T. NJ 08234 DATED: 4/20/2021

STUART M. KOVACS, PC, LLC  
CONSULTING STRUCTURAL ENGINEERS  
107 MCKNIGHT AVENUE  
JAMESBURG, NJ 08831  
STUART KOVACS, P.E.  
NJPE # 25854  
3/15/24 For Zoning Board

## CONSTRUCTION CODE ANALYSIS

- ALL WORK SHALL BE DESIGNED AND COMPLETED IN ACCORDANCE W/ THE LATEST EDITIONS OF THE FOLLOWING CODES:
- 2021 ICC INTERNATIONAL BUILDING CODE-NJ ED.
  - 2021 INTERNATIONAL RESIDENTIAL CODE-NJ ED.
  - 2021 PHCC NATIONAL STANDARD PLUMBING CODE
  - 2021 ICC INTERNATIONAL MECHANICAL CODE
  - 2021 ICC INTERNATIONAL ENERGY CONSERVATION
  - 2021 ICC INTERNATIONAL FUEL GAS CODE
  - 2020 NATIONAL ELECTRIC CODE
  - CABO ANSI 117.1-HANDICAP ACCESSIBILITY CODE 2017
  - NJ UNIFORM CONSTRUCTION CODE

## BUILDING USE GROUP

R-5

## CONSTRUCTION CLASSIFICATION

5B

## ZONING INFORMATION

- ZONE S-50  
LOT SIZE 5,200 SF  
EXIST HOUSE: 1,731 SF  
EXIST SHED: 104 SF  
EXIST CONCR. WALKS/DRIVES: 630 SF  
NEW SIDE DECK: 345 SF  
NEW SIDE STAIR: 138 SF  
NEW FRONT STAIR: 96 SF  
CONDENSING UNIT: 12 SF  
NEW FRONT DRIVEWAY: 165 SF

- EXISTING LOT COVERAGE: 2,464 SF  
PROP. LOT COVER.: 2,766 SF

- EXISTING BLDG COVERAGE: 1,834 SF (HOUSE + SHED)  
PROPOSED BLDG COVERAGE: 1,834 SF NO CHANGE  
S-50 ZONE CRITERIA TABLE

	EXIST.	ALLOWABLE	PROPOSED
LOT COVERAGE	47%	65%	53%
BLDG COVERAGE	35%	30%	35%
FRONT YARD 1	14.57'	5' MIN	NO CHANGE
FRONT YARD 2	14.96'	5' MIN	NO CHANGE
SIDE YARD 1	20'	10' MIN	NO CHANGE
SIDE YARD 2	3.52'	10' MIN.	NO CHANGE
COMBINED 37% LOT WIDTH	18.08'	24.05'	NO CHANGE
FAR	NA	NA	NA

No. Date Issued for

## SERPICO ARCHITECT

Peter Serpico, R.A.  
1201 Boynton Avenue  
Westfield, NJ 07090  
908-721-7426  
serpicoarchitect@gmail.com

PETER SERPICO, RA N.J.13026

PROJECT NAME

House Raising at  
8119 Marshall Avenue

Margate City, NJ 08402

Lot: 1 Block: 709.03

PROJECT NUMBER

SA-20-2022

SCALE DATE

AS NOTED APRIL 23

DRAWING NAME

TITLE SHEET

DRAWING NUMBER

T-1

1 OF 1