

OK Find 5/3/16 KCS

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

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

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

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

SECTION A - PROPERTY INFORMATION		FORM INSURANCE COMPANY USE
A1. Building Owner's Name Marianne Barone		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 23 Halsey Drive		Company NAIC Number:
City Brick Township	State NJ	Zip Code 08723
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) T.M. Sht.: 23.04, Block 253.15, Lot 34		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential Dwelling		
A5. Latitude/Longitude: Lat. <u>40°01'12.2"</u> Long. <u>74°06'08.2"</u> Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number <u>7</u>		
A8. For a building with a crawlspace or enclosure(s):		A9. For a building with an attached garage:
a) Square footage of crawlspace or enclosure(s) <u>1,200</u> sq ft		a) Square footage of attached garage <u>350</u> sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>6</u>		b) Number of permanent flood openings in the attached garage within 1.0 foot 2 above adjacent grade _____
c) Total net area of flood openings in A8.b <u>1,200</u> sq in		c) Total net area of flood openings in A9.b <u>400</u> sq in
d) Engineered flood openings? <input checked="" type="radio"/> Yes <input type="radio"/> No		d) Engineered flood openings? <input checked="" type="radio"/> Yes <input type="radio"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number Twp. of Brick / 345285			B2. County Name Ocean County		B3. State NJ	
B4. Map/Panel Number 34029C0213	B5. Suffix F	B6. FIRM Index Date 9/29/2006	B7. FIRM Panel Effective/ Revised Date 9/29/2006	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 5.0	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____						
B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA						

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)			
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input type="radio"/> Building Under Construction* <input checked="" type="radio"/> Finished Construction			
C2. Elevations - Zones A1 - A30, AE, AH, A (with BFE), VE, V1 - V30, V (with BFE), AR, AR/A, AR/AE, AR/A1 - A30, AR/AH, AR/AO. Complete Items C2.a - h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. * A new Elevation Certificate will be required when construction of the building is complete.			
Benchmark Utilized: <u>Key Net RTN (GPS)</u>		Vertical Datum: <u>NAVD 1988</u>	
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____			
Datum used for building elevations must be the same as that used for the BFE.			Check the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>3.9</u>	-	<input checked="" type="radio"/> feet <input type="radio"/> meters
b) Top of the next higher floor	<u>12.7</u>	-	<input checked="" type="radio"/> feet <input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>n/a</u>	-	<input checked="" type="radio"/> feet <input type="radio"/> meters
d) Attached garage (top of slab)	<u>3.7</u>	-	<input checked="" type="radio"/> feet <input type="radio"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>See</u>	- <u>Comments</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>3.1</u>	-	<input checked="" type="radio"/> feet <input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>3.7</u>	-	<input checked="" type="radio"/> feet <input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>2.9</u>	-	<input checked="" type="radio"/> feet <input type="radio"/> meters

# ELEVATION CERTIFICATE

OMB Control Number: 1660-0008  
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23 Halsey Drive

Brick Township

NJ

08723

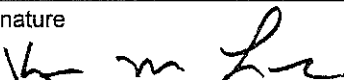
## SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

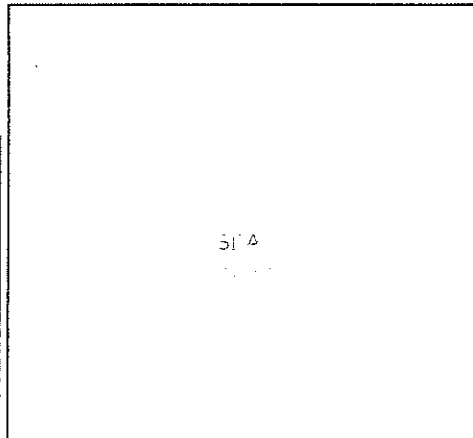
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor?

Yes  No

Certifier's Name Keith M. Ludwig, PLS		License Number 24GS04324400	
Title Survey Department Manager		Company Name Dewberry Engineers Inc.	
Address 133 Gaither Dr., Suite F	City Mt. Laurel	State NJ	Zip Code 08054
Signature 	Date 3/9/2016	Telephone +1 (856) 780-3660	



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

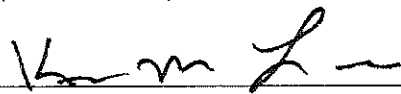
Comments (including type of equipment and location, per C2(e), if applicable)"

Elevations for C2(e) : utilities on finished floor El.= 12.7 , A.C. unit El.= 12.3, Bottom of Elec. Meter El.=14.0

According to Preliminary FIRM #34029C0213G, Dated 3/28/2014, Zone AE, BFE = 7.0

Engineered Flood Vents are Smart Vent Model 1540-510.

(DEI #50072202)



Signature

Date 3/9/2016

## SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zones AO and A (without BFE), complete Items E1 -E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1 -E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

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

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

E2. For Building Diagrams 6 -9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8 -9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_ - \_\_\_\_\_  feet  meters  above or  below the HAG.

E3. Attached garage (top of slab) is \_\_\_\_\_ - \_\_\_\_\_  feet  meters  above or  below the HAG.

E4. Top of platform of machinery and /or equipment servicing the building is \_\_\_\_\_ - \_\_\_\_\_  feet  meters  above or  below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

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

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

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Comments

Check here if attachments.



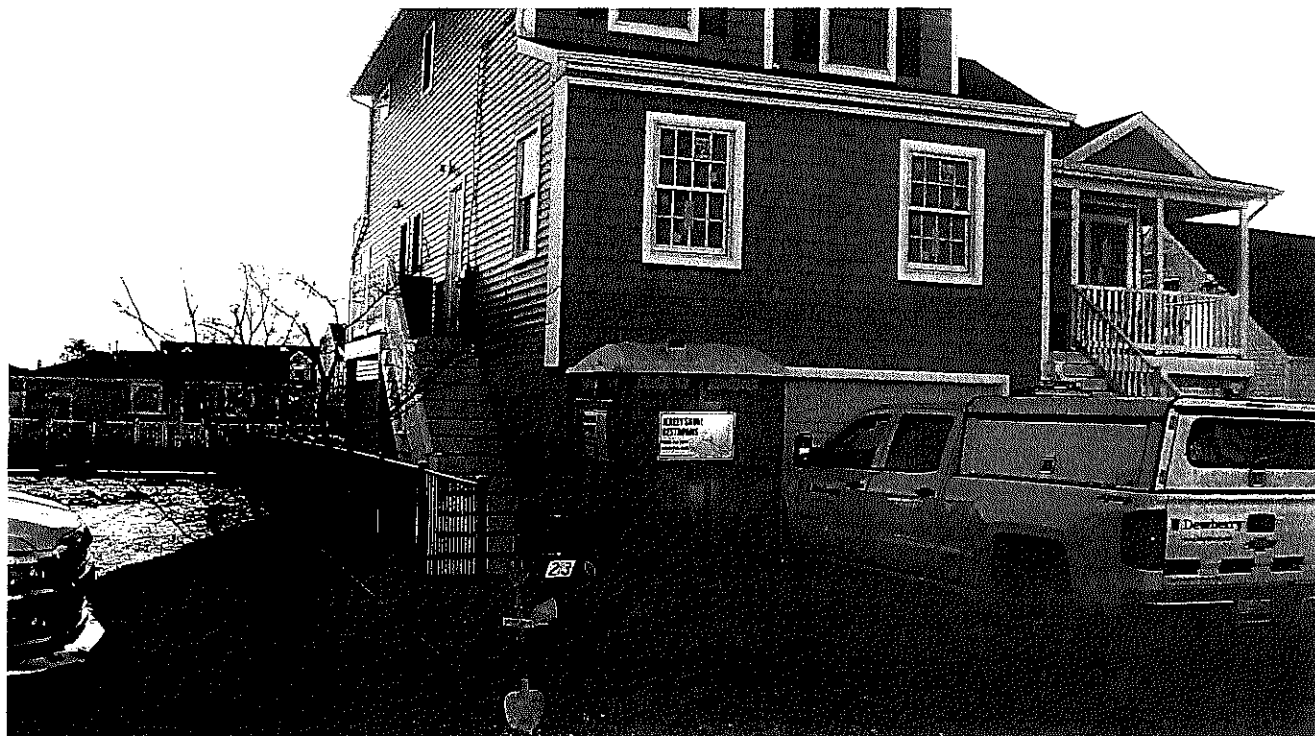
## BUILDING PHOTOGRAPHS

See instructions for Item A6

OMB Control Number: 1660-0008  
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<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 23 Halsey Drive			Policy Number:	
City Brick Township	State NJ	Zip Code 08723	Company NAIC Number:	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front view" and Rear view"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



FRONT VIEWS - PHOTOS TAKEN 2/26/2016

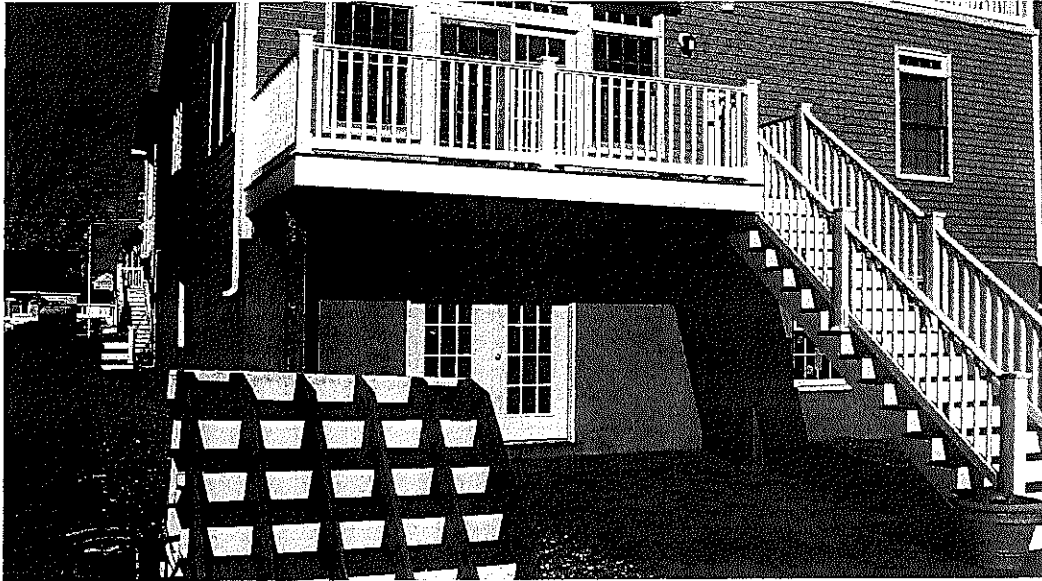
# BUILDING PHOTOGRAPHS

Continuation Page

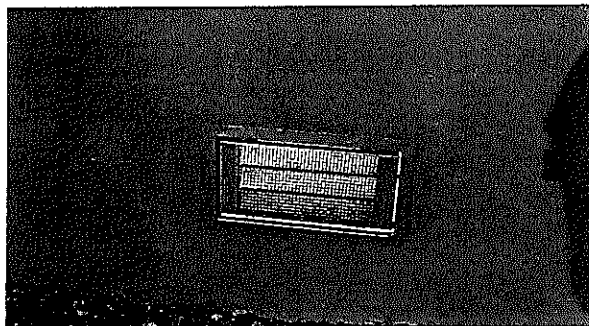
OMB Control Number: 1660-0008  
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<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FORM INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 23 Halsey Drive			Policy Number:
City Brick Township	State NJ	Zip Code 08723	Company NAIC Number:

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View" and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



REAR VIEWS - PHOTOS TAKEN 2/26/2016



FLOOD VENT VIEWS - SMARTVENT 1540-510 INSTALLED  
PHOTOS TAKEN 2/26/2016