

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
ELEVATION CERTIFICATE

OK
ECC
12-22-16

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 JAMES & EILEENE HUTCHINSON		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 49 Farragut Drive		Company NAIC Number:	
City Brick	State NJ	Zip Code 08723	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 22, Block 261, TMS #24.01, Brick Township, Ocean County, NJ			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential			
A5. Latitude/Longitude: Lat. 40°01.255 Long. 74°06.269 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 7			
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) 1793 sq ft	b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 9	a) Square footage of attached garage 276 sq ft	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 3
c) Total net area of flood openings in A8.b 1800 sq in	d) Engineered flood openings? <input checked="" type="radio"/> Yes <input type="radio"/> No	c) Total net area of flood openings in A9.b 600 sq in	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 Brick Township - 345285		B2. County Name Ocean	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	
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: _____		Vertical Datum: 1988	
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)	3.7	<input checked="" type="radio"/> feet	<input type="radio"/> meters
b) Top of the next higher floor	12.5	<input checked="" type="radio"/> feet	<input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	N.A	<input type="radio"/> feet	<input type="radio"/> meters
d) Attached garage (top of slab)	3.7	<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)	12.3	<input checked="" type="radio"/> feet	<input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	3.2	<input checked="" type="radio"/> feet	<input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	4.1	<input checked="" type="radio"/> feet	<input type="radio"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	3.3	<input checked="" type="radio"/> feet	<input type="radio"/> meters

[Signature]

250 5-26-2016
12-15-2016

ELEVATION CERTIFICATE

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SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION				
<p>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.</p>				
<input type="checkbox"/> Check here if attachments.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="radio"/> Yes <input type="radio"/> No		
Certifier's Name Hayes A. Hewitt, PLS		License Number GS29351		
Title Professional Land Surveyor		Company Name Horn, Tyson & Yoder Inc.		
Address 8510 Long Beach Boulevard		City Long Beach Twp.	State NJ	Zip Code 08008
Signature 		Date 5-26-16 12-15-16	Telephone (609)492-5050	
PLACE SEAL HERE				
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.				
Comments (including type of equipment and location, per C2(e), if applicable) A/C @ ELEV. 12.3 WATER HEATER @ ELEV. 16.4 FURNACE IN ATTIC @ ELEV. 24.7+/- ZONE AE BFE 8 ON PRELIMINARY FIRM 34029C0213G DWELLING IS ON A CONCRETE BLOCK FOUNDATION WENCLOSURE. (12) ENGINEERED FLOOD VENTS (SMART VENTS)				
Signature 				Date 5-26-2016
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, _____ - _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG. or enclosure) is				
b) Top of bottom floor (including basement, crawlspace, _____ - _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG. or enclosure) is				
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 _____ - _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.				
E3. Attached garage (top of slab) is _____ - _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.				
E4. Top of platform of machinery and /or equipment servicing the building is _____ - _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> 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? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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				
<input type="checkbox"/> Check here if attachments.				

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8 - G10. In Puerto Rico only, enter meters.

- G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4 -G10) is provided for community floodplain management purposes.

G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
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G7. This permit has been issued for: New Construction Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building: _____ feet meters Datum _____

G9. BFE or (in Zone AO) depth of flooding at the building site: _____ feet meters Datum _____

G10. Community's design flood elevation: _____ feet meters Datum _____

Local Official's Name	Title
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Community Name	Telephone
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Signature	Date
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Comments

Check here if attachments.

BUILDING PHOTOGRAPHS

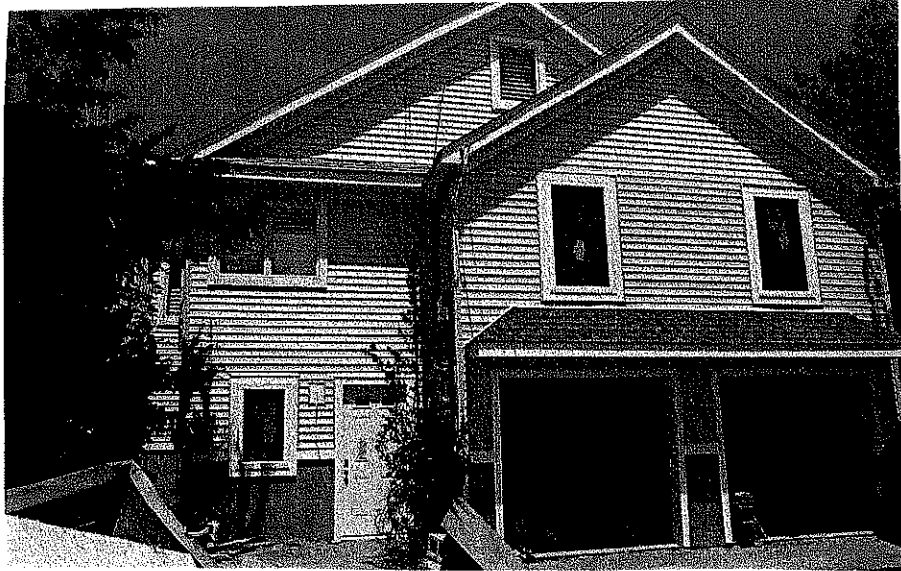
See instructions for Item A6

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 49 Farragut Drive			Policy Number:	
City Brick	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 A6. If submitting more photographs than will fit on this page, use the Continuation Page.

5/26/16



BUILDING PHOTOGRAPHS

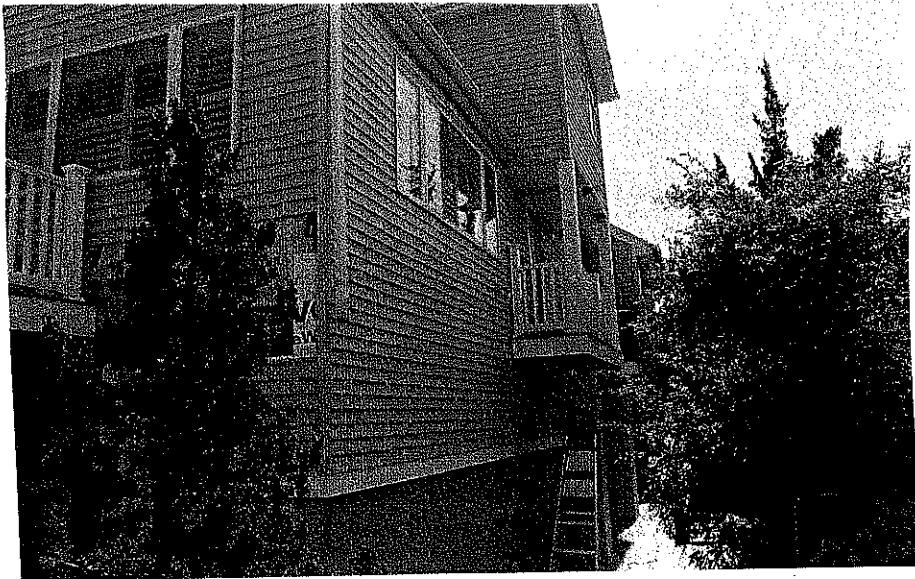
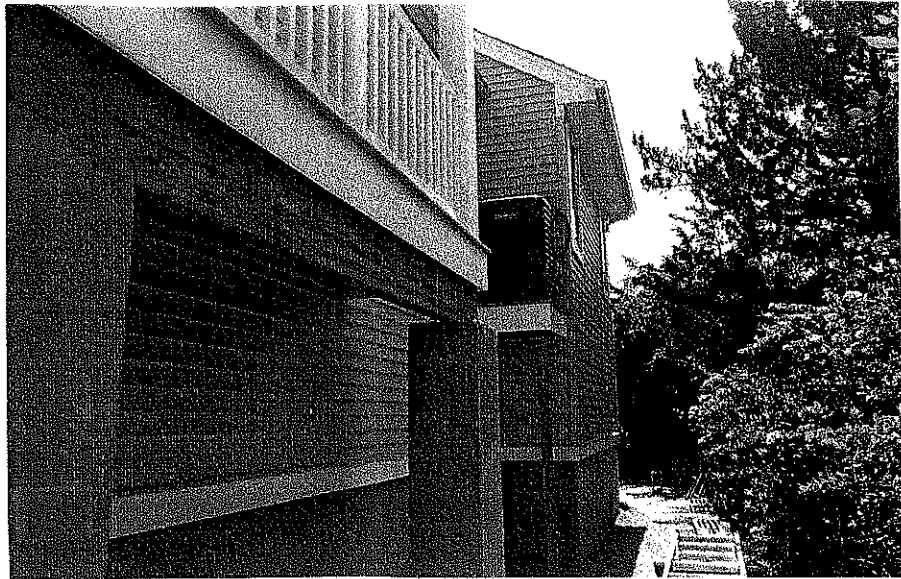
Continuation Page

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IMPORTANT: In these spaces, copy the corresponding information from Section A.			FORM INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 49 Farragut Drive			Policy Number:
City Brick	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.

5/26/16



Engineered Flood Openings Certificate

To satisfy requirements of the National Flood Insurance Program

This certification must be submitted to, and kept on file by, the local jurisdiction's permit authority. A copy should be retained by the owner to demonstrate compliance in order to receive the best flood insurance rating.

The Smart VENT® and Flood VENT™ Foundation Flood Vent is certified as meeting the flood opening requirements for engineered openings as set forth in the Federal Emergency Management Agency's National Flood Insurance Program regulations (44 CFR 60.3(c)(5)) and ASCE 24-98, provided it is installed according to the those references, as summarized below. Flood openings are required in enclosures below elevated buildings, attached and detached garages, and accessory structures that meet the required limitations. For a copy of the report documenting this certification dated June 21, 2002, and a copy of the National Evaluation Service report NER 624, contact Smart VENT, Inc., at 877/441-8368 or visit:

www.smartvent.com

I do hereby certify that the Smart VENT® Louvered Foundation Flood Vent and the FloodVENT™ Insulated Foundation Flood Vent opening (s) is designed for installation in buildings, will allow for the automatic equalizing of hydrostatic flood forces on exterior walls by allowing for the automatic entry and exit of floodwater during floods up to and including the base (100-year) flood. One Smart VENT® or one FloodVENT™ for every 200 Sq.Ft. of enclosed area will provide sufficient hydrostatic pressure equalization during a flood provided the installation limitations and instructions are followed as listed below. To Calculate the required number of Smart VENTS® or FloodVENTS™ divide the Square Feet of enclosed area by 200.

Example: A 2000 Sq.Ft. enclosed area requires 10 vents. $2000 \text{ Sq.Ft.} / 200 = 10 \text{ Vents}$

Signature *Robert J. ...*
 Title Professional Engineer
 Type of License Professional Engineering
 License Number NJ PE GE26637 J



Professional Seal

*Project Name JAMES & EILEENE HUTCHINSON
 *Project Address 49 Farragut Drive
 *Date Submitted _____
 *Required Fields _____

Installation Limitations and Instructions

1. The Smart VENT® or FloodVENT™ unit provides sufficient automatic equalization of hydrostatic pressure on walls and foundations of buildings located in flood hazard areas where the rate of rise is expected to be less than or approximately 5 feet per hour.
2. Enclosed areas below otherwise elevated buildings, non-elevated attached and detached garages, and certain non-elevated accessory structures located in flood hazard areas are to be used solely for parking of vehicles, building access, or storage.
3. Each enclosed area shall have at least two flood openings, installed on different sides of the enclosed area.
4. The bottom of the flood openings shall be no more than one foot above the adjacent finished ground level.
5. Installation must be in accordance with manufacturer's instructions.

"REFERENCE ONLY" From FEMA TB 1-93. Guidance for Engineered Openings Openings in Foundation Walls

National Flood Insurance Program (NFIP) Technical Bulletin TB 1-93

"In situations where it is not feasible or desirable to meet the openings criteria stated previously, a design professional (registered engineer or architect) may design and certify openings. This section provides guidance for such engineered designs. For openings not meeting all four requirements for non-engineered openings listed on page 2 and 3 of TB 1-93, certification by a registered professional engineer or architect is required. Such certification must be submitted to, and kept on file by, the community. These certifications must assure community officials that the openings are designed in accordance with accepted standards of practice. A certification may be affixed to the design drawings or submitted separately. It must include appropriate certification language, and the name, title, address, signature, type of license, license number, and professional seal of the certifier." (TB 1-93 is available through Smart VENT® or online at www.fema.gov)

Form: SMRT100 Rev. A July 2002

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