

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
ELEVATION CERTIFICATE
IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 9-16

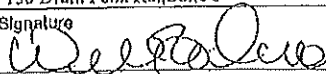
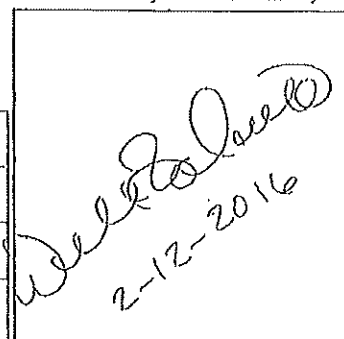

OMB Control Number: 1560-0008
Expiration: 11/30/2010

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 JUSTIN & LUIS SADRUAN		Policy Number:
A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 513 EAST AVENUE		Company NAIC Number: FCB 17 2010
City BAY HEAD	State NJ	Zip Code 08742
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BOROUGH OF BAY HEAD; LOT 3, BLOCK 65		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL		
A5. Latitude/Longitude: Lat. <u>40°04'03.9"N</u> Long. <u>074°02'35.5"W</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>6</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>1,868</u> sq ft	b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>0</u>	a) Square footage of attached garage <u>N/A</u> sq ft
c) Total net area of flood openings in A8.b <u>0</u> sq ft	d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
		c) Total net area of flood openings in A9.b _____ sq ft
		d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION		
B1. NFIP Community Name & Community Number BOROUGH OF BAY HEAD 345281		B2. County Name OCEAN
B3. State NJ	B4. Map/Panel Number 34629C0208	B5. Suffix P
B6. FIRM Index Date 9-29-06	B7. FIRM Panel Effective/Revised Date Sept. 29, 2006	B8. Flood Zone(s) VE
B9. Base Flood Elevation(s) (Zone AE, use base flood depth) 13		
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, ARIA/H, ARIA/O 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>GPS RTK OBSERVATION</u> Vertical Datum: <u>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>4</u> - <u>7</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters
b) Top of the next higher floor	<u>25</u> - <u>73</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>23</u> - <u>7</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters
d) Attached garage (top of slab)	<u>15</u> - <u>45</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>18</u> - <u>4</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>14</u> - <u>7</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>15</u> - <u>3</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>11</u> - <u>2</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters

ELEVATION CERTIFICATE

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

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 checked="" 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 William H. Doolittle		License Number 24GS3624000		
Title Prof. Land Surveyor		Company Name Lindstrom, Diessner & Carr, P.C.		
Address 136 Drum Point Rd., Suite 6		City Brick	State NJ	Zip Code 08723
Signature 		Date February 12, 2016	Telephone (732) 477-8900	
				
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) FEMA PRELIMINARY FLOOD INSURANCE RATE MAP (PFIRM) (REVISED RELEASED 1/30/2015) FLOOD HAZARD ZONE VE-17. A/C PLATFORM AT ELEVATION 18.5 FEET; TANKLESS HOT WATER HEATER AT ELEVATION 20.2 FEET; BOTTOM OF ELECTRIC PANEL AT ELEVATION 18.4 FEET; FURNACE AT ELEVATION 20.6 FEET; 2ND FURNACE LOCATED IN THE ATTIC. BREAKAWAY WALLS TO BE CERTIFIED BY OTHERS.				
Signature 				Date February 12, 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 _____ - _____		<input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.		
b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ - _____		<input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.		
E2. For Building Diagrams 6-8 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.				



BOROUGH OF BAY HEAD
83 BRIDGE AVENUE
P.O. BOX 248
BAY HEAD, NJ 08742
(732) 892-0574

Memo of Review For Correctness and Completion

The attached FEMA Elevation Certificate has been reviewed by this office.
 The items noted below are not correct on the attached form and should read as entered on this page.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name		Policy Number
A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 513 EAST AVENUE		Company NAIC Number
City BAY HEAD State NJ ZIP Code 08742		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) _____		
A5. Latitude/Longitude: Lat. _____ Long. _____ Horizontal Datum: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983		
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.		
A7. Building Diagram Number _____		
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) _____ sq ft		a) Square footage of attached garage _____ sq ft
b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade _____		b) No. of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b _____ sq in		c) Total net area of flood openings in A9.b _____ sq in
d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number		B2. County Name		B3. State	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	B7. FIRM Panel Effective/Revised Date	B8. Flood Zone(s)	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

- FIS Profile FIRM Community Determined Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
 Designation Date _____ CBRS OPA

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.

Local Official's Name Christopher Parlow	Title Borough Administrator
Community Name Borough of Bay Head	Telephone 732-892-0636
Signature	Date 3/17/21

Comments

- Living space over garage, hence all bottom floor area is accounted for in A8 (crawl space or enclosures). Therefore, C2d changed to N/A.

BUILDING PHOTOGRAPHS

See Instructions for Item A6

OMB Control Number: 1680-0008
Expiration: 11/30/2018

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. 513 EAST AVENUE		Policy Number:	
City BAY HEAD	State NJ	Zip Code 08742	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 OF 513 EAST AVENUE



LEFT SIDE OF 513 EAST AVENUE



REAR OF 513 EAST AVENUE



RIGHT SIDE OF 513 EAST AVENUE

PHOTOS TAKEN ON FEBRUARY 10, 2016

Note: The V Zone design certificate is not a substitute for the NFIP Elevation Certificate (see Fact Sheet No. 1.4, Lowest Floor Elevation), which is required to certify as-built elevations needed for flood insurance rating.

V ZONE DESIGN CERTIFICATE

FEB 17 2016

Name LEE KELLOGG Policy Number (Insurance Co. Use) _____
 Building Address or Other Description 513 EAST AVE
 Permit No. _____ City BAY HEAD State NJ Zip Code 08742

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community No. 345281 Panel No. 3102X0 Suffix VE FIRM Date 6/1/13 FIRM Zone(s) VE 17
208F

SECTION II: Elevation Information Used for Design

(NOTE: This section documents the elevations/depths used or specified in the design - it does not document surveyed elevations and is not equivalent to the as-built elevations required to be submitted during or after construction.)

1. FIRM Base Flood Elevation (BFE) 7.0 feet*
 2. Community's Design Flood Elevation (DFE) 16.0 feet*
 3. Elevation of the Bottom of Lowest Horizontal Structural Member 25.92 feet*
 4. Elevation of Lowest Adjacent Grade 14.1 feet*
 5. Depth of Anticipated Scour/Erosion used for Foundation Design 5 feet
 6. Embedment Depth of Pilings or Foundation Below Lowest Adjacent Grade 37 feet
- * Indicate elevation datum used in 1-4: NGVD29 NAVD88 Other _____

SECTION III: V Zone Design Certification Statement

I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards of practice** for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE.
- The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood***. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Design Certification Statement

NOTE: This section must be certified by a registered engineer or architect when breakaway walls are designed to have a resistance of more than 20 psf (0.96 kN/m²) determined using allowable stress design]

I certify that: (1) I have developed or reviewed the structural design, plans, and specifications for construction of breakaway walls to be constructed under the above-referenced building and (2) that the design and methods of construction specified to be used are in accordance with accepted standards of practice** for meeting the following provisions:

- Breakaway wall collapse shall result from a water load less than that which would occur during the base flood***.
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (see Section III).

SECTION V: Certification and Seal

This certification is to be signed and sealed by a registered professional engineer or architect authorized by law to certify structural designs. I certify the V Zone Design Certification Statement (Section III) and the Breakaway Wall Design Certification Statement (Section IV, check if applicable).

Certifier's Name PAUL ENOLA License Number NJ C7498
 Title ARCHITECT Company Name PAULO ASSOC. LLC
 Address 92 MANTOLOKING ROAD
 City BRICK N State NJ Zip Code 08723
 Signature _____ Date 2/18/2016 Telephone 732-477-7781

Place Seal Here

GENERAL