

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008
 Expiration Date: July 31, 2015

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name **FRANCISCO NUNEZ**

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.
142 SHORE BOULEVARD

City **KEANSBURG** State **NEW JERSEY** ZIP Code **07734**

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
LOT NO. 5 IN BLOCK 34 ON OFFICIAL TAX MAP OF THE BOROUGH OF KEANSBURG, PAGE NO. 7

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) **NEW RESIDENTIAL ELEVATED 2014**

A5. Latitude/Longitude: Lat. **40° 26' 51.58" N** Long. **74° 07' 20.99" W** Horizontal Datum: NAD 1927 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** **WALKOUT LEVEL ENCLOSURE** **NO GARAGE**

A8. For a building with a crawlspace or enclosure(s):
 a) Square footage of crawlspace or enclosure(s) **1,273** sq ft
 b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade **7** **6 SMART AND 1 REGULAR**
 c) Total net area of flood openings in A8.b **1,324** sq ft
 d) Engineered flood openings? Yes No **6 SMART VENT MODEL 1540-510 AND 1 REGULAR VENT TO BE IN REAR ENC. DOOR**

A9. For a building with an attached garage:
 a) Square footage of attached garage **N/A** sq ft
 b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade **N/A**
 c) Total net area of flood openings in A9.b **N/A** sq ft
 d) Engineered flood openings? Yes No **N/A**

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number **BOROUGH OF KEANSBURG 340303**

B2. County Name **MONMOUTH COUNTY** B3. State **NEW JERSEY**

B4. Map/Panel Number **34 025 C 0034F** B5. Suffix **F** B6. FIRM Index Date **01/11/2008**

B7. FIRM Panel Effective/Revised Date **09/25/2009** B8. Flood Zone(s) **AE** B9. Base Flood Elevation(s) (Zone A0, use base flood depth) **EL. II'**

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:
 FIS Profile FIRM Community Determined Other/Source: _____

B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source: _____

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

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. **as being raised and built in elevated position with flood vents**

C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters.
 Benchmark Utilized: **USCG DISK RM-1 ON BRIDGE** Vertical Datum: **NGVD 29 VERTCON CONV. NAVD 1988**

Indicate elevation datum used for the elevations in Items a) through h) below. NGVD 1929 NAVD 1988 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>6</u> <u>4</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor FINISHED FLOOR	<u>14</u> <u>2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	_____	<input type="checkbox"/> feet <input type="checkbox"/> meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>14</u> <u>2</u> water heater	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>5</u> <u>5</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>6</u> <u>8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>6</u> <u>2</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 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 comments are provided on back of form. Check here if attachments.

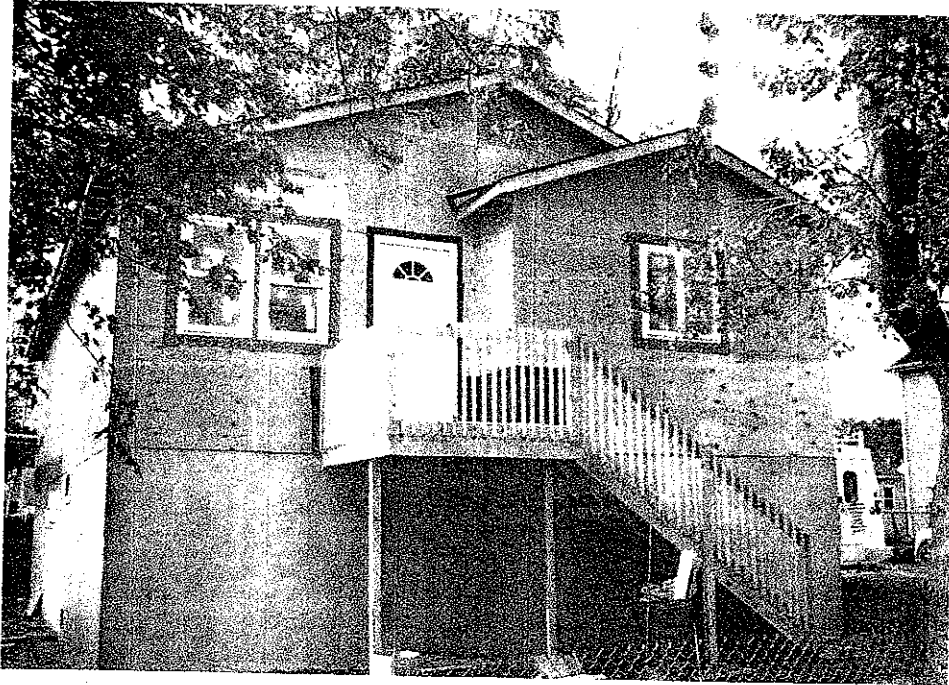
Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Certifier's Name THOMAS CRAIG FINNEGAN P.L.S.		License Number N.J. GS NO. 38601	
Title PROFESSIONAL LAND SURVEYOR		Company Name THOMAS FINNEGAN LAND SURVEYING	
Address 245 EAST END AVENUE		City BELFORD	State NEW JERSEY ZIP Code 07718
Signature <i>Thomas Craig Finnegan</i>		Date 10/16/2014	Telephone 732-787-0318

PLACE SEAL HERE

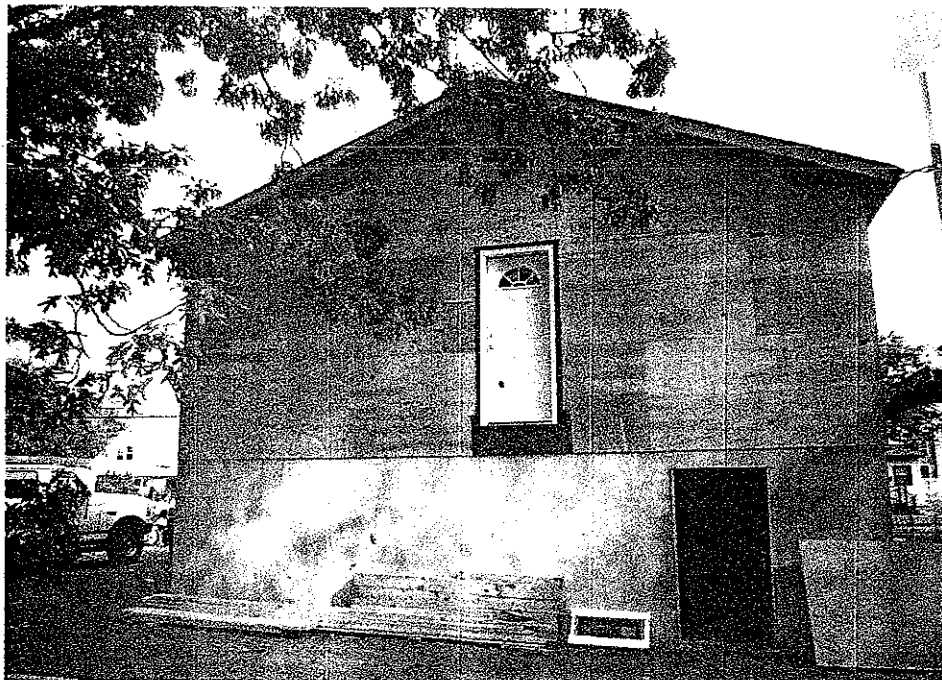
IMPORTANT: In these spaces, copy the corresponding information from Section A.		INSURANCE COMPANY
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 142 SHORE BOULEVARD		
City KEANSBURG	State NEW JERSEY	ZIP Code 07734

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 View"

10/07/2014



"Rear View"

10/07/2014

IMPORTANT: In these spaces, copy the corresponding information from Section A.

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

142 SHORE BOULEVARD

City
KEANSBURG

State
NEW JERSEY

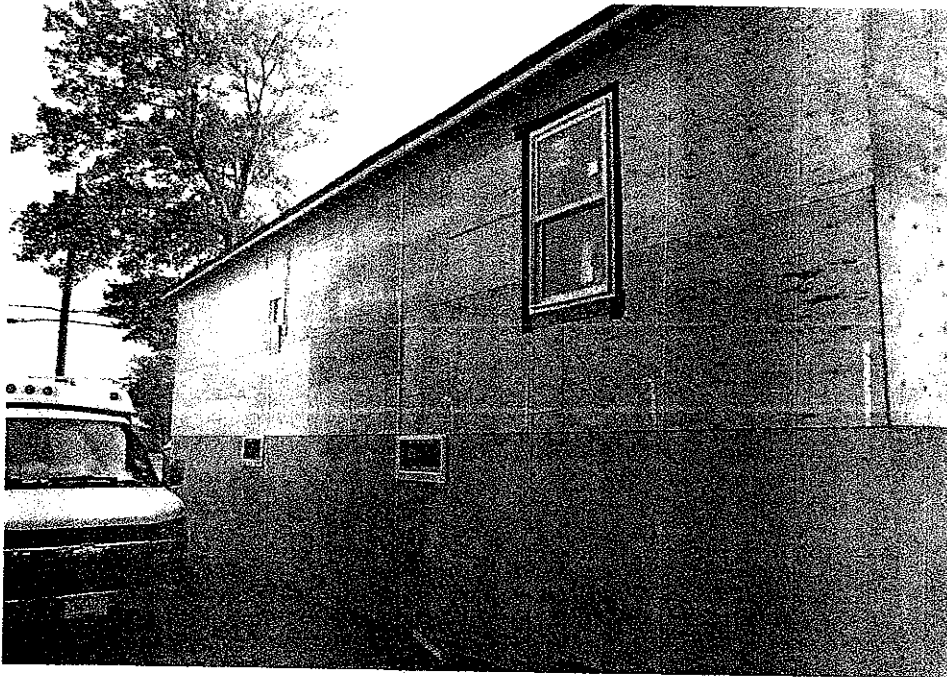
ZIP Code
07734

FOR INSURANCE COMPANIES

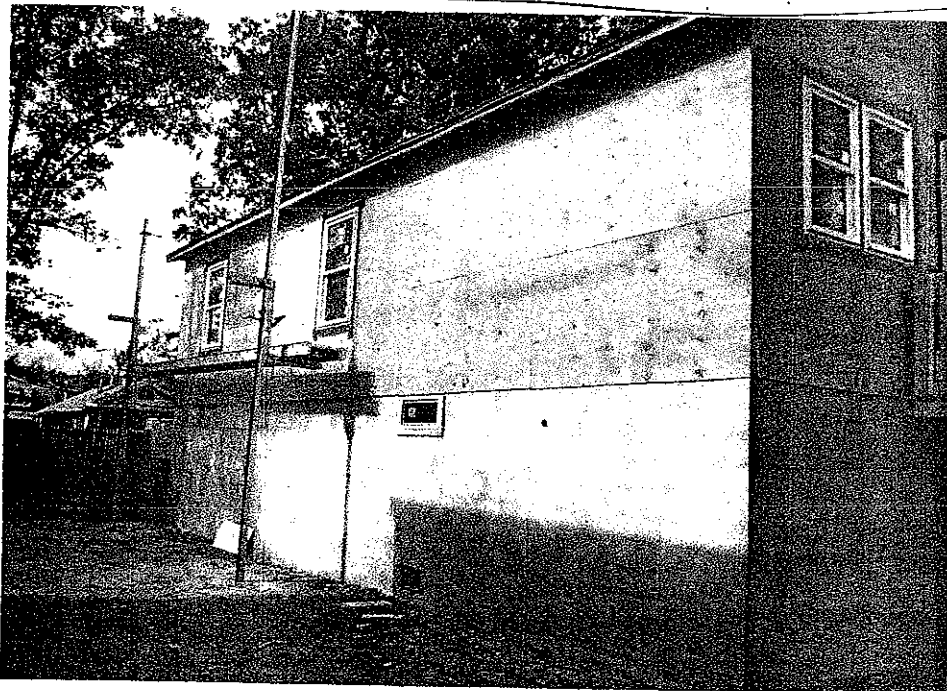
Policy Number

Contractor 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 AB.



"Right Side View"
10/07/2014



"Left Side View"
10/07/2014



OCT 16 2014

Flood Insurance Retrofit Installation Certificate

The Smart Vent Products, Inc. line of ICC-ES Certified Engineered Flood Vents meet the Federal Emergency Management Agency's National Flood Insurance Program regulations (44 CFR 60.3(c)(5)) and FEMA TB-1, ASCE 24, and all ICC Building codes, provided it is installed according to those references, as summarized below. Flood openings are required in enclosures below the Base Flood Elevation, attached and detached garages, and accessory structures that meet the required limitations.

I do hereby certify that the SMART VENT® Foundation Flood Vents were installed in accordance with ICC ESR-2074, the manufacturer's instructions and the Installation Limitations and Instructions below:

1. 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 low value storage.
2. Each enclosed area shall have at least 2 flood openings, installed on different sides of the enclosed area.
3. The bottom of the flood opening shall be no more than one foot above the adjacent finished grade level. Installation must comply with manufacturer's instructions.
4. Attach this certificate to a copy of the Smart Vent ICC-ESR 2074 Certification.

INSTALLER INFORMATION		
<u>66 ILLINOIS AVE Port Monmouth NJ 07758</u> Company Address		
<u>JADE AND SONS BUILDERS</u> Company Name	<u>KAUFFMANN</u> Contact Name	<u>732-787-2245</u> Contact Phone #
<u>JadeAndSons@aol.com</u> Contact Email	<u>#046671 #13VH05275500</u> Contractor License Number	

SMART VENT® INSTALLATION INFORMATION				
<u>6</u> # of vents	<u>55 Fan e panel</u> Model # <u>#1540-521</u>	<u>10/2/14</u> Date Installed	<u>10" Ft Grade</u> Area of Installation	<u>1212</u> Total sq. ft. of protection

SMART VENT® INSTALLATION INFORMATION				
<u>6</u> # of vents	<u>#1540-521</u> Model #	<u>10/2/14</u> Date Installed	Area of Installation	Total sq. ft. of protection

HOMEOWNER INFORMATION	
<u>142 Shore Blvd Keamsburg NJ 0775</u> Property Address	
<u>FRANCISCA JENNIFER NUÑEZ</u> Homeowner Name	<u>732-763-8890</u> <u>732-970-9275</u> Homeowner Phone Number