

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 Robert Dunn		Policy Number:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 119 Southview Court		Company NAIC Number:	
City Brick	State NJ	Zip Code 08723	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Block 252.19 Lot 38			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential			
A5. Latitude/Longitude: Lat. 40°01'00.0" Long. 74°06'02.4" 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>8</u> <input checked="" type="checkbox"/>			
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>1,500</u> <input checked="" type="checkbox"/> sq ft	b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>8</u> <input checked="" type="checkbox"/>	a) Square footage of attached garage <u>345</u> <input checked="" type="checkbox"/> sq ft	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>2</u> <input checked="" type="checkbox"/>
c) Total net area of flood openings in A8.b <u>1,600</u> <input checked="" type="checkbox"/> 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 <u>400</u> <input checked="" type="checkbox"/> 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 Township of Brick - 345285		B2. County Name Ocean County	B3. State NJ
B4. Map/Panel Number 34029C0213	B5. Suffix F	B6. FIRM Index Date Sep 29, 2006	B7. FIRM Panel Effective/Revised Date Sep 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 <input checked="" type="checkbox"/>			
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>4.41'</u> (Leica SmartNet) Vertical Datum: <u>NAVD88</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>6</u> <input checked="" type="checkbox"/>	<input checked="" type="radio"/> feet <input type="radio"/> meters	
b) Top of the next higher floor	<u>11</u> - <u>7</u> <input checked="" type="checkbox"/>	<input checked="" type="radio"/> feet <input type="radio"/> meters	
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>n/a</u> - <u> </u>	<input type="radio"/> feet <input type="radio"/> meters	
d) Attached garage (top of slab)	<u>5</u> - <u>3</u> <input checked="" type="checkbox"/>	<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>10</u> - <u>0</u> <input checked="" type="checkbox"/>	<input checked="" type="radio"/> feet <input type="radio"/> meters	
f) Lowest adjacent (finished) grade next to building (LAG)	<u>4</u> - <u>1</u> <input checked="" type="checkbox"/>	<input checked="" type="radio"/> feet <input type="radio"/> meters	
g) Highest adjacent (finished) grade next to building (HAG)	<u>5</u> - <u>0</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>3</u> - <u>9</u>	<input checked="" type="radio"/> feet <input type="radio"/> meters	

