

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: JOHN MICHAELCZYK

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or R.O. Route and Box No.: 9 DAVEY JONES WAY
 City: WARRENTON State: NEW JERSEY ZIP Code: 08758

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): TAX MAP Lot 5 Block 155 OCEAN TOWNSHIP OCEAN COUNTY N.J.

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.): RESIDENTIAL

A5. Latitude/Longitude: Lat. 39.79583° Long. -74.18533° 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: 1 B

A8. For a building with a crawlspace or enclosure(s):
 a) Square footage of crawlspace or enclosure(s): N/A sq ft
 b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: 0
 c) Total net area of flood openings in A8.b: 0 sq ft
 d) Engineered flood openings? Yes No N/A

A9. For a building with an attached garage:
 a) Square footage of attached garage: 473 sq ft
 b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade: 0
 c) Total net area of flood openings in A9.b: 0 sq ft
 d) Engineered flood openings? Yes No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFP Community Name & Community Number: TOWNSHIP OF OCEAN 340518

B2. County Name: OCEAN COUNTY B3. State: N.J.

B4. Map/Panel Number: <u>34029C0416</u>	B5. Suffix: <u>F</u>	B6. FIRM Index Date: <u>9-29-2006</u>	B7. FIRM Panel Effective/Revised Date: <u>9-29-2006</u>	B8. Flood Zone(s): <u>AE</u>	B9. Base Flood Elevation(s) (Zone AO, use base flood depth): <u>6</u>
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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.

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: AT-9347 Vertical Datum: 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>6.2</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<u>6.2</u>	<input checked="" 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>6.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>5.6</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>6.0</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>4.2</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. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

Check here if attachments.

Certifier's Name: <u>WILLIAM C ENDRISS</u>		License Number: <u>ES 02748600</u>	
Title: <u>LAND SURVEYOR</u>		Company Name: <u>DOLAN- ENDRISS ASSOC. P.A.</u>	
Address: <u>651 WEST LACEY ROAD</u>		City: <u>FORCEN RIVER</u>	State: <u>NJ</u> ZIP Code: <u>08731</u>
Signature: <u>[Signature]</u>		Date: <u>9-29-2015</u>	Telephone: <u>609-693-6452</u>

William C Endriss
[Signature]
 PLACE
 SEAL HERE
9/29/2015

ELEVATION CERTIFICATE, page 2

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

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or R.O. Route and Box No.
9 DAVEY JONES WAY

City WARETOWN State N.J. ZIP Code 08758

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

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

Comments ① ONE STORY DWELLING ON CONCRETE SLAB WITH ATTACHED GARAGE
② NO FLOOD VENTS IN GARAGE ③ OUTSIDE AIR CONDITIONING UNIT ELEVATION 6.0'
HOT WATER/FURNACE IN GARAGE RAISED TO BLM 8.0' ④ PRELIMINARY FEMA
FLOOD MAP (DATED 1-30-2015) HAS PROPERTY IN ZONE AE. ELEVATION 7'

Signature William V. Kuhn Date 9-29-2015

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.

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-G9) 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 _____

Community Name _____ Telephone _____

Signature _____ Date _____

Comments _____

Check here if attachments.

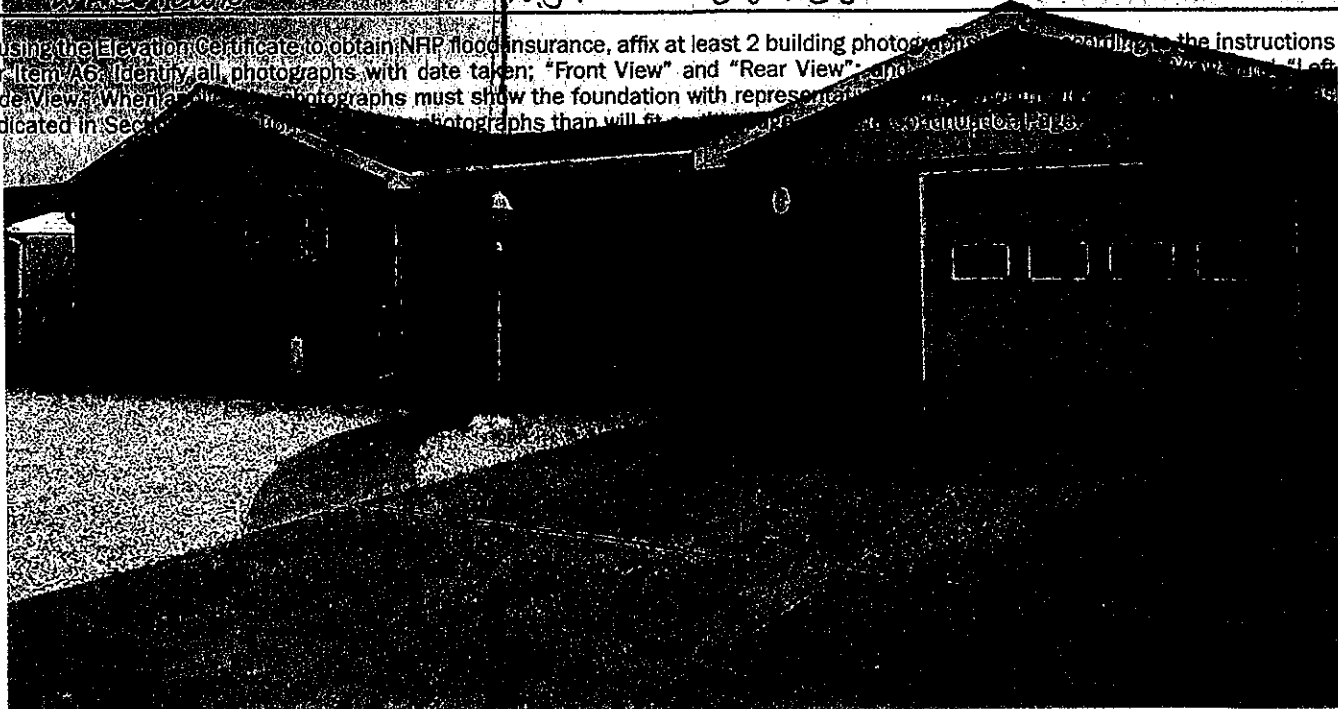
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BUILDING PHOTOGRAPHS

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.		FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/or Edge No.) or P.O. Route and Box No. 9 DAVEY JONES WAY		Policy Number:	
City WARSTOWN	State N.J.	ZIP Code 08758	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View" and "Side View." When affixing photographs must show the foundation with representative photographs that will fit within the space indicated in Section A.



9-29-2015

FRONT VIEW



9-29-2015

RIGHT SIDE VIEW

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

INSURANCE COMPANY/USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or PO. Route and Box No.

Policy Number

9 DAVEY JONES WAY

City

State

ZIP Code

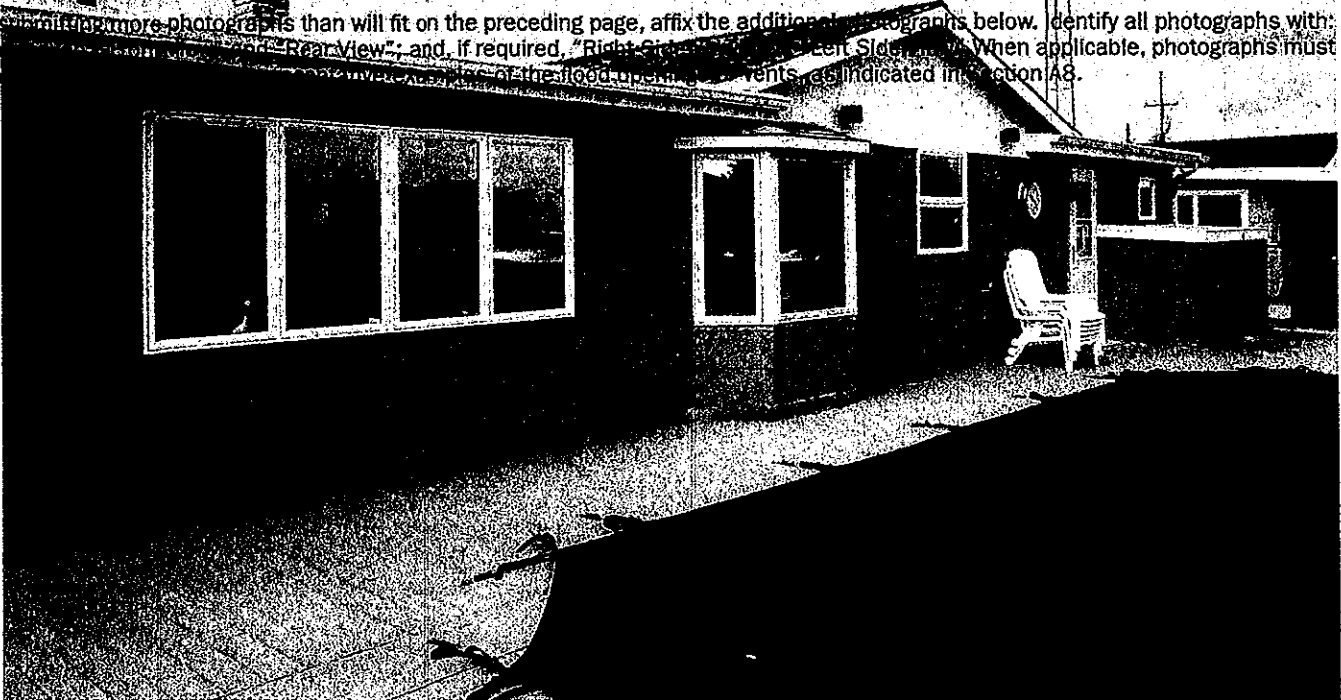
Company NAIC Number

WARETOWN

NJ

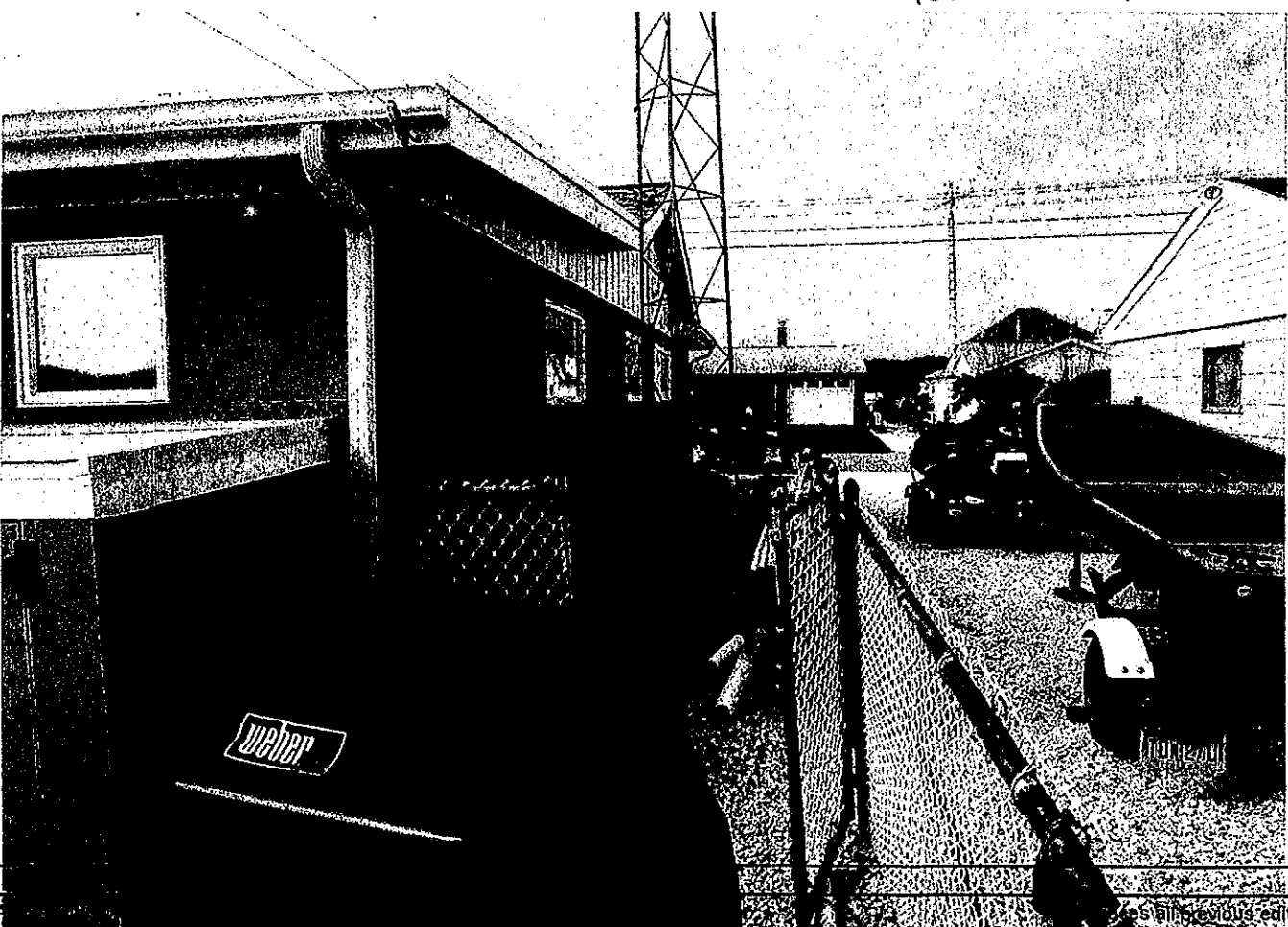
08758

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date, camera type, and "Rear View"; and, if required, "Right Side View" or "Left Side View". When applicable, photographs must show the location of the flood-damaged contents, as indicated in Section A8.



9-29-2015

REAR VIEW



9-29-2015

LEFT SIDE VIEW