

8' AE

**SECTION A - PROPERTY INFORMATION**

A1. Building Owner's Name <i>CHARLES W. McCAULEY</i>		FOR INSURANCE COMPANY USE	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or R.O. Route and Box No. <i>39 COMPASS ROAD</i>		Policy Number	
City <i>WARETOWN</i>	State <i>NEW JERSEY</i>	Company NAIC Number	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>TAX MAP Lot 2 Block 94 OCEAN TOWNSHIP OCEAN COUNTY NJ</i>		ZIP Code <i>08758</i>	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) <i>RESIDENTIAL</i>			
A5. Latitude/Longitude: Lat. <i>39.809</i> Long. <i>-74.17712</i>		Horizontal Datum: <input type="checkbox"/> NAD 1927 <input checked="" 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 <i>6</i>			
A8. For a building with a crawspace or enclosure(s):		A9. For a building with an attached garage:	
a) Square footage of crawspace or enclosure(s) <i>579 ±</i> sq ft		a) Square footage of attached garage <i>N/A</i> sq ft	
b) No. of permanent flood openings in the crawspace or enclosure(s) within 1.0 foot above adjacent grade <i>3</i>		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <i>0</i>	
c) Total net area of flood openings in A8.b <i>400</i> sq in		c) Total net area of flood openings in A9.b <i>0</i> sq in	
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. FIRM Community Name & Community Number <i>TOWNSHIP OF OCEAN 340518</i>		B2. County Name <i>OCEAN COUNTY</i>		B3. State <i>N.J.</i>	
B4. Map/Panel Number <i>34029C0416</i>	B5. Suffix <i>F.</i>	B6. FIRM Index Date <i>9-29-2006</i>	B7. FIRM Panel Effective/Revised Date <i>9-29-2006</i>	B8. Flood Zone(s) <i>AE</i>	B9. Base Flood Elevation(s) (Zone A0, use base flood depth) <i>6'</i>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: <i>1/1/</i> <input type="checkbox"/> CBRS <input type="checkbox"/> 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: *TJ 2445* 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.

a) Top of bottom floor (including basement, crawspace, or enclosure floor)	<i>4.4</i>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<i>13.2</i>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
c) Bottom of the lowest horizontal structural member (V Zones only)	<i>N/A</i>	<input type="checkbox"/> feet <input type="checkbox"/> meters
d) Attached garage (top of slab)	<i>N/A</i>	<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)	<i>10.0</i>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<i>3.6</i>	<input type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<i>4.0</i>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<i>3.9</i>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

RECEIVED  
 7/26/2014

**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 <i>William C. Endriss</i>		License Number <i>GS 0248600</i>	
Title <i>LAND SURVEYOR</i>	Company Name <i>Dolan-Endriss Assoc PA</i>		
Address <i>651 WEST LACEY ROAD</i>	City <i>FORLID RIVER</i>	State <i>NJ</i>	ZIP Code <i>08731</i>
Signature <i>William C. Endriss</i>	Date <i>1-20-2014</i>	Telephone <i>609-693-6452</i>	

*William C. Endriss*  
 SEAL  
 GS 0248600  
 HERE  
 1-20-2014

**ELEVATION CERTIFICATE, page 2**

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			<b>FOR INSURANCE COMPANY USE</b>
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <u>39 COMPASS ROAD</u>			Policy Number
City <u>WARRENTON</u>	State <u>NJ</u>	ZIP Code <u>08758</u>	Company NAIC Number

**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 TWO STORY DWELLING BUILT ON PILINGS WITH ENCLOSURE. ② 3 SMALL VENTS, 200 SQ IN EACH FOR ENCLOSURE. ③ OUT SIDE AIR CONDITIONER @ ELEVATION 10.0, HOT WATER HEATER/FURNACE @ SECOND FLOOR ELEV 22.0 PER OWNER  
ALL ELEVATIONS DAVID 1988

Signature Will [Signature] Date 1-20-2014 PWM-8'AE

**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.

INSURANCE COMPANY USE ONLY

IMPORTANT: In these spaces, copy the corresponding information from the building's insurance policy.

Building Street Address (including Apt., Unit, Suite, etc.)

39 COMPASS ROAD

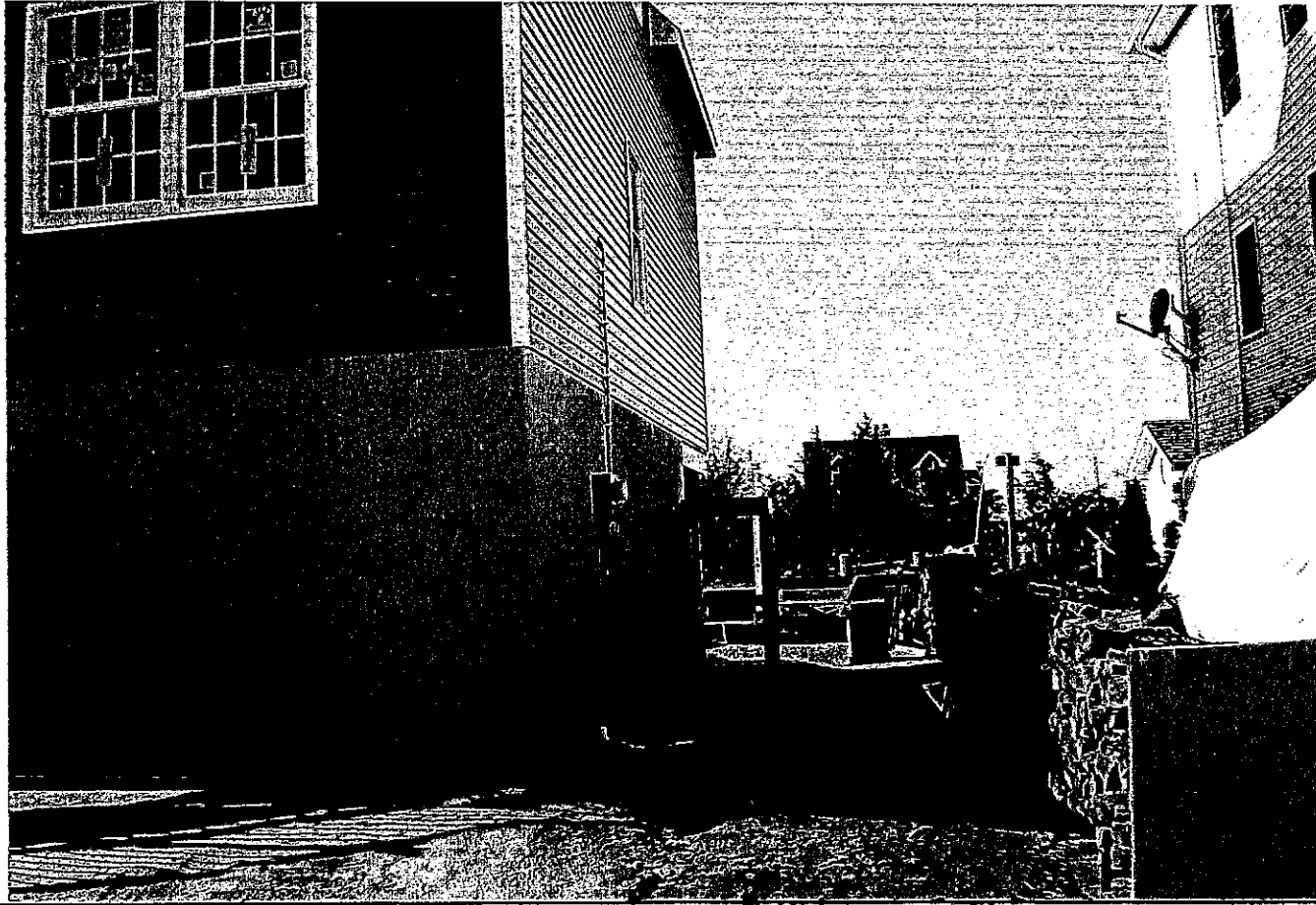
City  
Warrington

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 and view. Photographs must be taken from the "Front Side View" and "Left Side View." When applicable, photographs must be taken from the "Front Side View" and "Left Side View" as indicated in Section A8. If submitting more than 2 photographs, they must be taken from the "Front Side View" and "Left Side View" as indicated in Section A8.



1-20-2014

FRONT VIEW

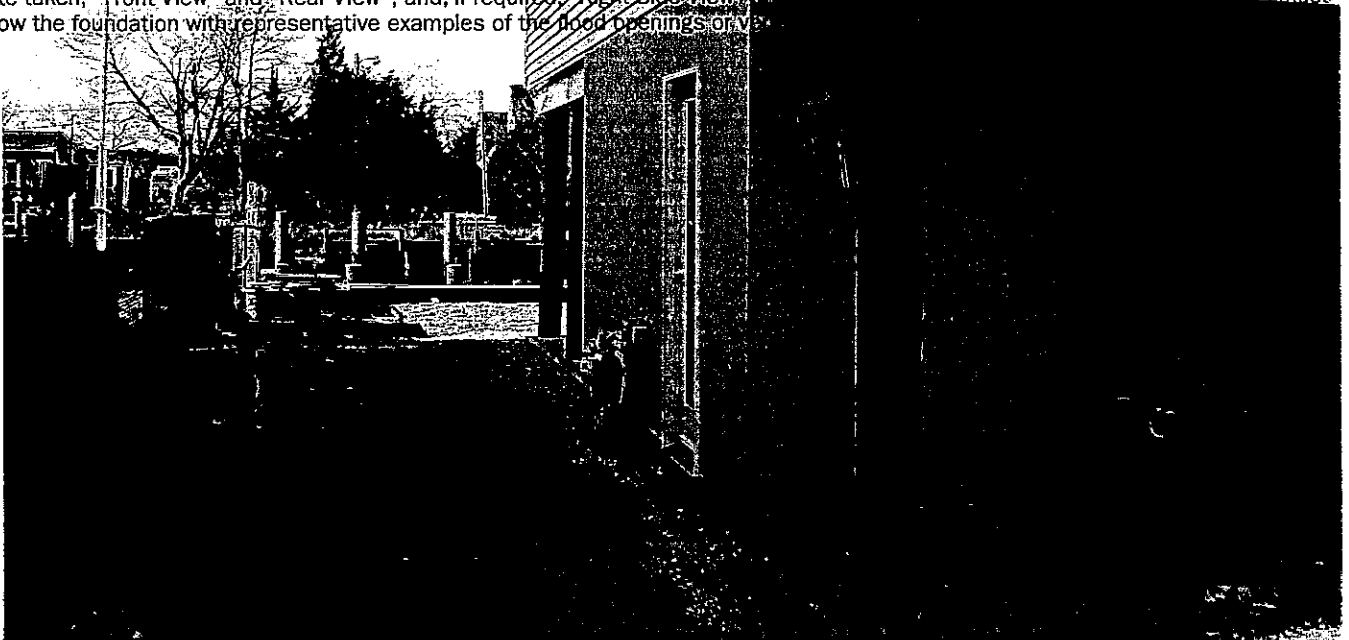


1-20-2014

RIGHT SIDE VIEW

<b>IMPORTANT: In these spaces, copy the corresponding information from Section 4.</b>		FEDERAL GOVERNMENT USE	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No. or PO. Route and Box No.) 39 COMPASS ROAD		County Number	
City WARRENBORN	State NJ	Zip Code 08794	Company NAIC Number

If submitting more photographs than will fit on the preceding page, attach the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View". All photographs must show the foundation with representative examples of the flood openings or vents.



1-20-2014

LEFT SIDE VIEW



1-20-2014

REAR VIEW