

# ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

*app date 4/25/14*  
 OMB No. 1660-0008  
 Expiration Date: July 31, 2015

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name: RUDY & MELONIE MARANO

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or E.O. Route and Box No.: 10 COMPASS ROAD  
 City: WARETOWN State: NEW JERSEY ZIP Code: 08758

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): TAX MAP LOT 19 BLOCK 95.02 OCEAN TOWNSHIP OCEAN COUNTY, N.J.

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

A5. Latitude/Longitude: Lat. 39.80675 Long. -74.17677 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: 6

A8. For a building with a crawlspace or enclosure(s):  
 a) Square footage of crawlspace or enclosure(s): 970 sq ft  
 b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: 5  
 c) Total net area of flood openings in A8.b: 1000 sq in  
 d) Engineered flood openings?  Yes  No

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: 0  
 c) Total net area of flood openings in A9.b: 0 sq in  
 d) Engineered flood openings?  Yes  No N/A

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

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

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

B4. Map/Panel Number: <u>34029C 0416</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: JU 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, crawlspace, or enclosure floor)	<u>5.1</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>14.2</u>	<input checked="" 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>N/A</u>	<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>9.0</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>4.8</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>5.0</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>4.6</u>	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters

**received**  
 5-13-15

## 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>GS 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>FORKS RIVER</u>	State: <u>NJ</u>	ZIP Code: <u>08731</u>
Signature: <u>[Signature]</u>	Date: <u>5-13-2015</u>	Telephone: <u>609-693-6452</u>	

*William C. Endriss*  
 PLACE  
 GS-SEA 48600  
 HERE  
 5-13-2015

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.

10 COMPASS ROAD

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) TWO STORY DWELLING ON ENCLOSED PILING. (2) FLOOD VENTS ARE SMART VENTS MODEL 1540-570, 200 SQ INCHES EACH. (3) HOT WATER HEATER ELEV 9.0, FURNACE ELEV 9.6 ARE RAISED IN THE ENCLOSURE. OUTSIDE AIR CONDITIONING UNIT @ ELEVATION 12.8 (4) PER FEMA PRELIMINARY FLOOD MAP DATED 1-30-2015 PROPERTY WILL BE IN ZONE AE EWD 8'

Signature [Signature]

Date 5-13-2015

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.

Table with 3 columns: G4. Permit Number, G5. Date Permit Issued, G6. Date Certificate Of Compliance/Occupancy Issued

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

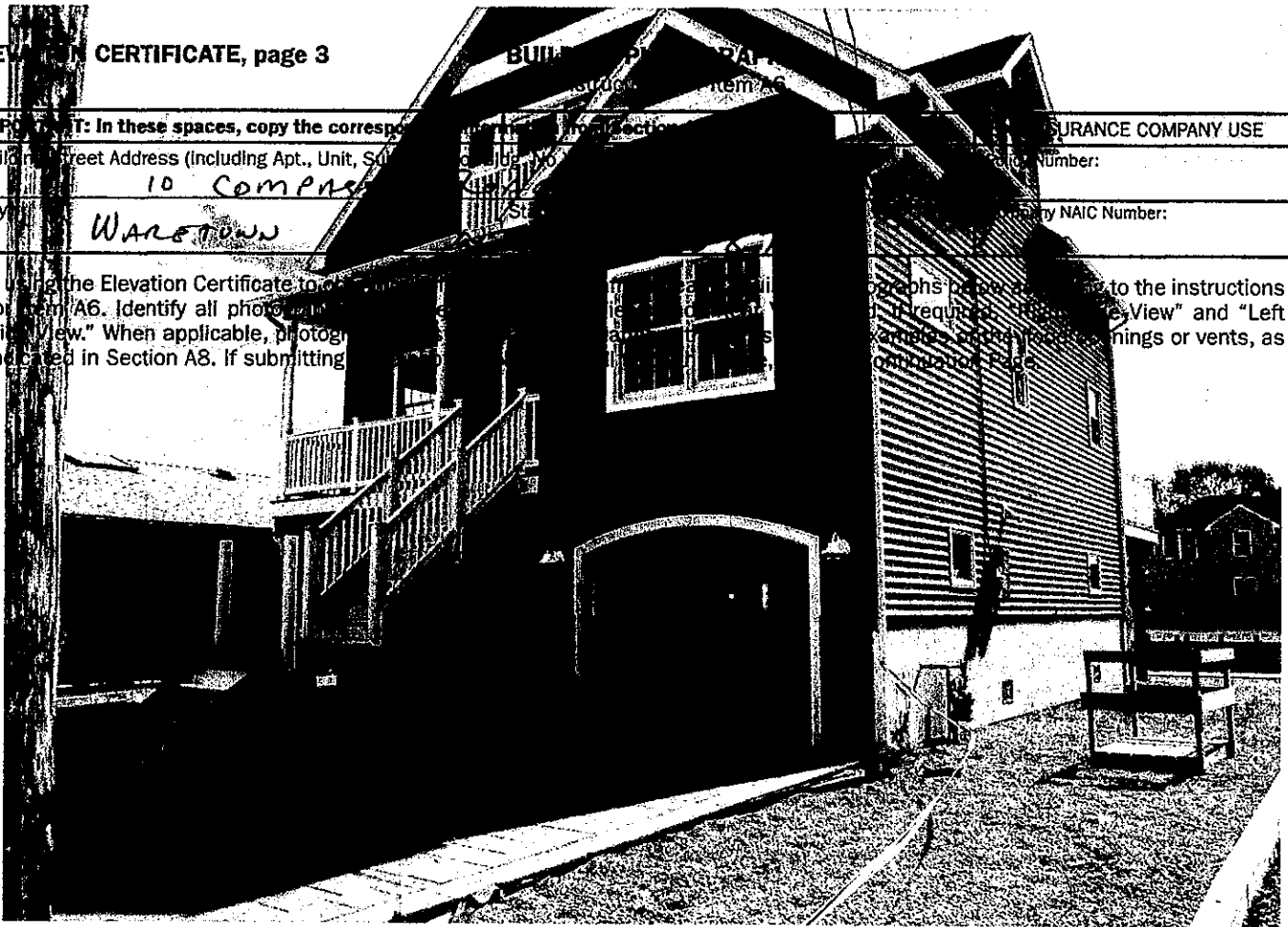
Check here if attachments.

BUILDING DAMAGE REPORT

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A1.</b>		<b>INSURANCE COMPANY USE</b>	
Building Street Address (Including Apt., Unit, Suffix) 10 COMPASS	Building Number: 10	Insurance Policy Number:	
City WAREHOUSING	State:	Agency NAIC Number:	

If using the Elevation Certificate to determine the building's elevation, identify all photographs required for the "Front View" and "Left Side View." When applicable, photographs should include air conditioning units, awnings or vents, as indicated in Section A8. If submitting

photographs, refer to the instructions for the "Front View" and "Left Side View." When applicable, photographs should include air conditioning units, awnings or vents, as indicated in Section A8. If submitting



5-13-2015

FRONT VIEW



5.13.2015

RIGHT SIDE VIEW

IMP			FOR INSURANCE COMPANY USE
Build			Policy Number:
City		ZIP Code:	Company NAIC Number:

If s  
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sh

... preceding page 2 of the additional photographs below. Identify all photographs with:  
Right Side View and Left Side View. When applicable, photographs must  
of the flood openings or vents, as in Section A8.



S-13-2015

REAR VIEW



S-13-2015

LEFT SIDE VIEW