

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

Apple 3/10/14

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

SECTION A - PROPERTY INFORMATION		FOR INSURANCE COMPANY USE
A1. Building Owner's Name Richard J. Roytos		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 28 Capstan Road		Company NAIC Number:
City Waretown	State NJ	ZIP Code 08758
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 8, Block 91, Page 13 of the Ocean Township tax maps		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential		
A5. Latitude/Longitude: Lat. 39d 48m 25s Long. 74d 10m 44s 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 6		
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) 101 sq ft		a) Square footage of attached garage _____ sq ft
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 2		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A8.b 246 sq in		c) Total net area of flood openings in A9.b _____ sq in
d) Engineered flood openings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		d) Engineered flood openings? <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Township of Ocean 340518		B2. County Name Ocean		B3. State New Jersey	
B4. Map/Panel Number 34029C0416	B5. Suffix F	B6. FIRM Index Date N/A	B7. FIRM Panel Effective/Revised Date 09/29/2006	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 6'
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: _____ / _____ / _____ <input type="checkbox"/> CBRS <input type="checkbox"/> OPA					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> 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: Private Vertical Datum: NAVD 1988	
Indicate elevation datum used for the elevations in items a) through h) below. <input type="checkbox"/> NGVD 1929 <input checked="" type="checkbox"/> NAVD 1988 <input type="checkbox"/> 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) 5.7	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor 15.3	<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) 9.4	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
f) Lowest adjacent (finished) grade next to building (LAG) 5.1	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
g) Highest adjacent (finished) grade next to building (HAG) 5.3	<input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 5.0	<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.				
<input checked="" type="checkbox"/> Check here if comments are provided on back of form.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input checked="" type="checkbox"/> Check here if attachments.				
Certifier's Name Donald P. Sweeney	License Number 35886			
Title Professional Land Surveyor	Company Name Louis Lehman, P.A.			
Address 1901 North Olden Avenue 12-A	City Trenton	State NJ		ZIP Code 08618
Signature 	Date 01/23/2015	Telephone (609) 883-2444		

8 AE

received
1-31-14

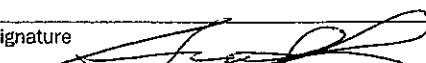
ELEVATION CERTIFICATE, page 2

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 28 Capstan Road			Policy Number:
City Waretown	State NJ	ZIP Code 08758	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 **Net area of each Smart Vent Model 1540-570 is 123 sq. in. (14.5" by 8.5") and is designed to provide 200 sq. ft. of coverage per manufacturer. (see attached specifications) the dwelling has 2 engineered Smart Vents, providing 400 sq. ft. of flood protection. The A/C compressor, on an elevated stand, is the lowest machinery servicing the building. Bk. 464, Pgs. 69 and 73**

Signature  Date **01/23/2015**

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–G10) 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.



Insulated FLOOD VENT - Wood Wall Model: 1540-570



Wood Wall Model
shown with interior
trim flange

High Efficiency Insulated Flood Vent
Superior Automatic Flood Protection Designed
for Installation Between Studs



ICC-ES Evaluated and
FEMA Accepted Foundation Flood Vents

- **Potential savings on homeowner's NFIP premiums**
- **Preserves aesthetic beauty of a home by requiring 2/3 less vents**
- **Each vent certified to protect 200 sq. ft. of your home**
- **Code Compliant, FEMA accepted, ICC-ES Evaluated**
- **All Stainless Steel construction meets or exceeds flood and corrosion resistance code requirements**
- **Patented automatic floats release bi-directional flood door**

One 14 1/2" x 8 1/2" vent is certified to cover 200
square feet of enclosed area for flood protection

The Wood Wall Flood Vent is designed to fit between studs spaced on 16" centers. One vent covers 200 square feet of enclosed area, and it is an easy retrofit. This vent only comes in an insulated model.



SMART VENT

www.smartvent.com • 877-441-8368

BUILDING PHOTOGRAPHS
See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
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City Waretown	State NJ	ZIP Code 08758	Company NAIC Number:

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 12-30-2014

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Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 28 Capstan Road			Policy Number:
City Waretown	State NJ	ZIP Code 08758	Company NAIC Number:

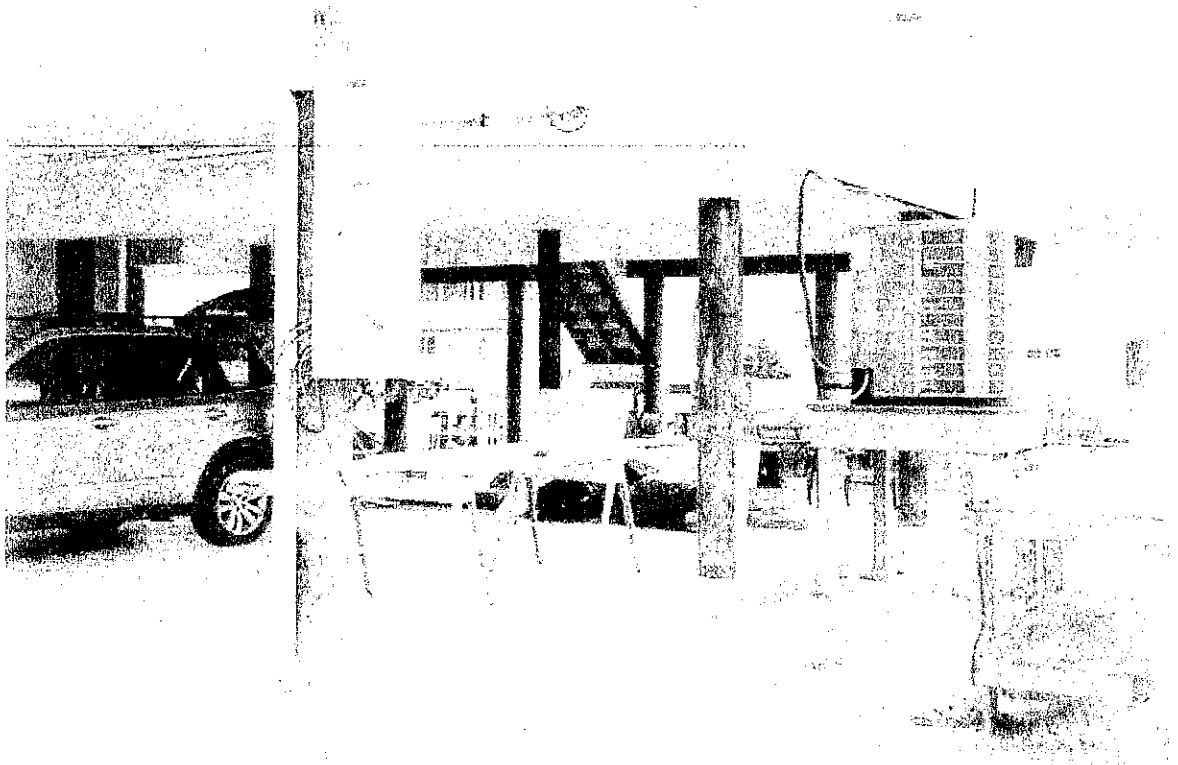
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



REAR VIEW 12-30-2014

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City Waretown	State NJ	ZIP Code 08758	Company NAIC Number:

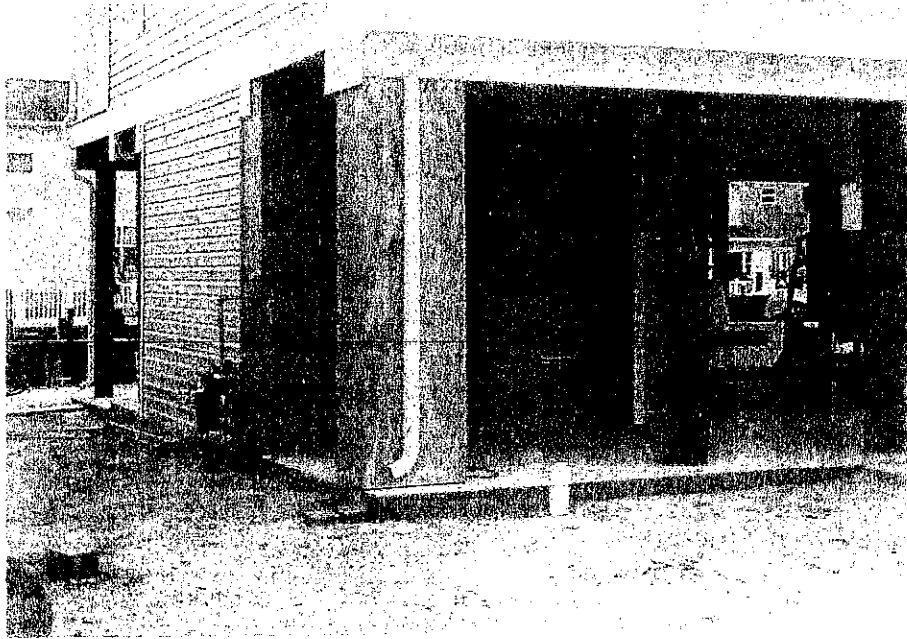
If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



RIGHT SIDE VIEW 1-23-15

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
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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 A8.



LEFT
SIDE
-
FROM
FRONT

12-30-14



LEFT
SIDE
-
FROM
REAR