

# ELEVATION CERTIFICATE

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

IMPORTANT: Follow the instructions on pages 1-9.

*Appl 5/1/14*

## SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name: SUSAN & CHARLES Commini

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 71 Oregon Ave.  
 City: WARREN State: NEW JERSEY ZIP Code: 08758

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.):  
Tax Map lot 15 Block 196 OCEAN TOWNSHIP OCEAN COUNTY NJ

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

A5. Latitude/Longitude: Lat. 39.78907 Long. -74.18897 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 crawspace or enclosure(s):  
 a) Square footage of crawspace or enclosure(s): 838 sq ft  
 b) No. of permanent flood openings in the crawspace or enclosure(s) within 1.0 foot above adjacent grade: 4  
 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: 34029C 0412 B5. Suffix: F B6. FIRM Index Date: 9-29-2006

B7. FIRM Panel Effective/Revised Date: 9-29-2006 B8. Flood Zone(s): SHADED X 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:  
 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, crawspace, or enclosure floor)   | <u>5.9</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| b) Top of the next higher floor  | <u>13.8</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>8.7</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG)   | <u>5.1</u>  | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG)  | <u>5.8</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>5.8</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<br><u>WILLIAM C. ENDRISS</u> |  | License Number<br><u>GS 02748600</u> |                          |
| Title<br><u>LAND SURVEYOR</u>                 | Company Name<br><u>DOLAN - ENDRISS ASSOC. P.A.</u> |                                      |                          |
| Address<br><u>651 WEST LACEY ROAD</u>         | City<br><u>FORKED RIVER</u>                        | State<br><u>N.J.</u>                 | ZIP Code<br><u>08731</u> |
| Signature<br><u>William C. Endriss</u>        | Date<br><u>3-24-2015</u>                           | Telephone<br><u>609-693-6452</u>     |                          |

William C. Endriss  
Will C. Endriss  
 PLACE SEAL HERE  
GS 02748600  
3-24-2015  
 updated 3-30-2015  
 AK Place

received  
 3-10-15

**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.

71 OREGON AVE.

City  
WARETOWN

State  
NJ

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 RAISED BLOCK ENCLOSURE ② FLOOD VENTS ARE USA FLOOD/AIR VENTS, 250 SQUARE INCHES EACH ③ HEATING UNITS ARE IN ENCLOSURE RAISED TO ELW. 8.2. ④ PRELIMINARY FEMA FLOOD MAP HAS PROPERTY IN ZONE AE ELEVATION 7'. ⑤ A/C UNIT PLATFORM @ 12.8'

Signature *Willie L. ...*

Date 3-24-2015 updated 5/26/15

**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 |
|-------------------|------------------------|---|

- 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.

See Instructions for Item A6.

|   |  |                                  |
|---|--|----------------------------------|
| <p><b>IMPORTANT:</b> Fill these spaces with information from Section A.</p> | <p>Building Street Address (Including Apartment, Suite, or P.O. Route) and Box No.</p> | <p>FOR INSURANCE COMPANY USE</p> |
| <p>City</p>   | <p>ZIP Code</p>  | <p>State</p>                     |
|   |  |                                  |

3-24-2015

FRONT VIEW

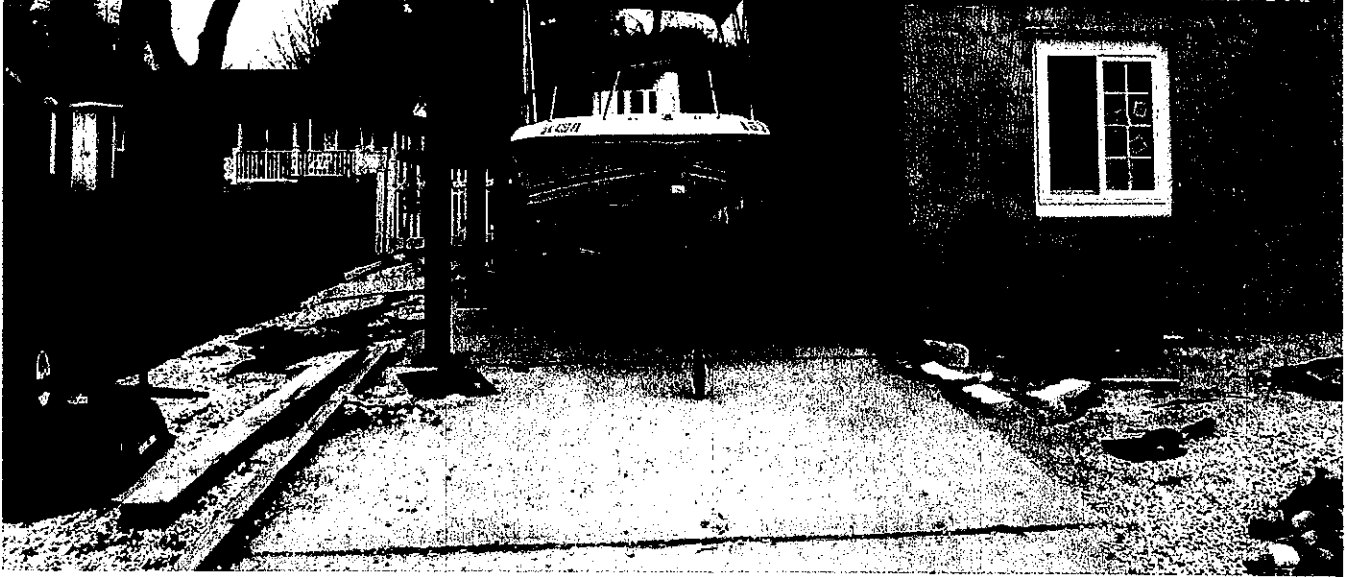


3-24-2015

RIGHT SIDE VIEW

|   |                           |
|---|---------------------------|
| IMPORTANT: This space is for the contractor to use for insurance information. | OR INSURANCE COMPANY NAME |
| Building Street Address (Including Apt. Unit)                                 | Policy Number             |
| City  | Company Name              |

If submitting more than one photograph, please identify all photographs below. Identify all photographs with "Left Side View" and "Right Side View." When applicable, photographs should be identified in Section A8.



3-24-2015

LEFT SIDE VIEW



3-24-2015

REAR VIEW