

ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

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

App'd 5/12/15

SECTION A - PROPERTY INFORMATION

A1. Building Owner's Name: ROBERT G. CHONG H. VAN LENTEN

A2. Building Street Address (Including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.: 14 CAPSTAN ROAD
 City: WARETOWN State: NEW JERSEY ZIP Code: 88758

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): TAX MAP 6515 Block 91 OCEAN TOWNSHIP OCEAN COUNTY N.J.

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

A5. Latitude/Longitude: Lat. 39.80718° Long. -74.17809° 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): 1041 sq ft
 b) No. of permanent flood openings in the crawspace or enclosure(s) within 1.0 foot above adjacent grade: 6
 c) Total net area of flood openings in A8.b: 1200 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: 34029C0416 B5. Suffix: F B6. FIRM Index Date: 9-29-2006

B7. FIRM Panel Effective/Revised Date: 9-29-2006 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:
 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

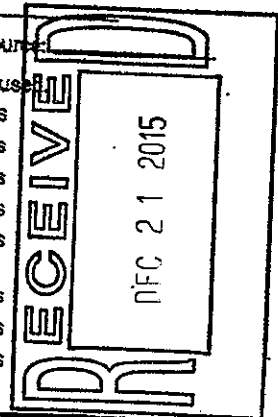
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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, crawspace, or enclosure floor) | <u>4.5</u> | Check the measurement used: |
| 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 checked="" 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>9.6</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| f) Lowest adjacent (finished) grade next to building (LAG) | <u>4.1</u> | <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters |
| g) Highest adjacent (finished) grade next to building (HAG) | <u>4.3</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>3.6</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.
 Check here if attachments.

Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No

| | | | |
|---|---|------------------------------------|------------------------|
| 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>FORKED RIVER</u> | State: <u>NJ</u> | ZIP Code: <u>08731</u> |
| Signature: <u>[Signature]</u> | Date: <u>12-14-2015</u> | Telephone: <u>609-693-6452</u> | |

William C. Endriss
[Signature]
 PLACE SEAL
65 02748600
 HERE
12/14/2015

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.
17 CAPSTAN ROAD

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 MULTI STORY STRUCTURE ON ENCLOSED PILING ② OUTSIDE AIR CONDITIONING UNIT & ELEVATION 9.6 Hot Water heater/furnace @ First floor ELEVATION 14.2 ③ FLOOD VENTS ARE SMART VENTS MODEL 1540-570 200 Square INCHES EACH. ④ FEMA PRELIMINARY FLOOD MAP (Dated 1-30-2015) HAS PROPERTY IN ZONE AE ELEVATION 8'

Signature Will Ch... Date 12-14-2015

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 _____ |
|-------------------------|------------------------------|---|

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 PHOTOGRAPHS

IMPORTANT: In these spaces, copy the

Building Street Address (including Apt., Unit, or

City: **WILMINGTON**

No. of Floors: **2**

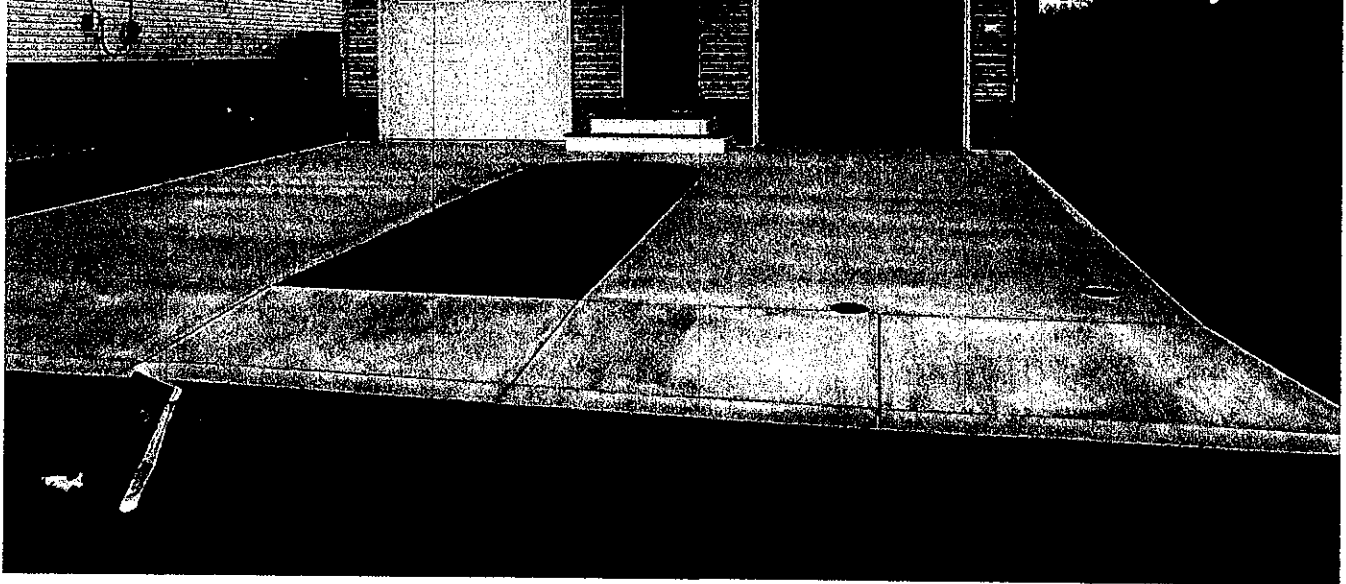
State: **DE** ZIP Code: **19803**

FOR INSURANCE COMPANY

Policy Number:

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, attach a set of building photographs to the application. For Form A6, identify all photographs with date taken, front view, side view, and rear view. When applicable, photographs must show the indicated in Section A6. If submitting the



12-14-2015

FRONT VIEW



12-14-2015

RIGHT SIDE VIEW

IMPORTANT: In this section, copy the corresponding information from Section 1.

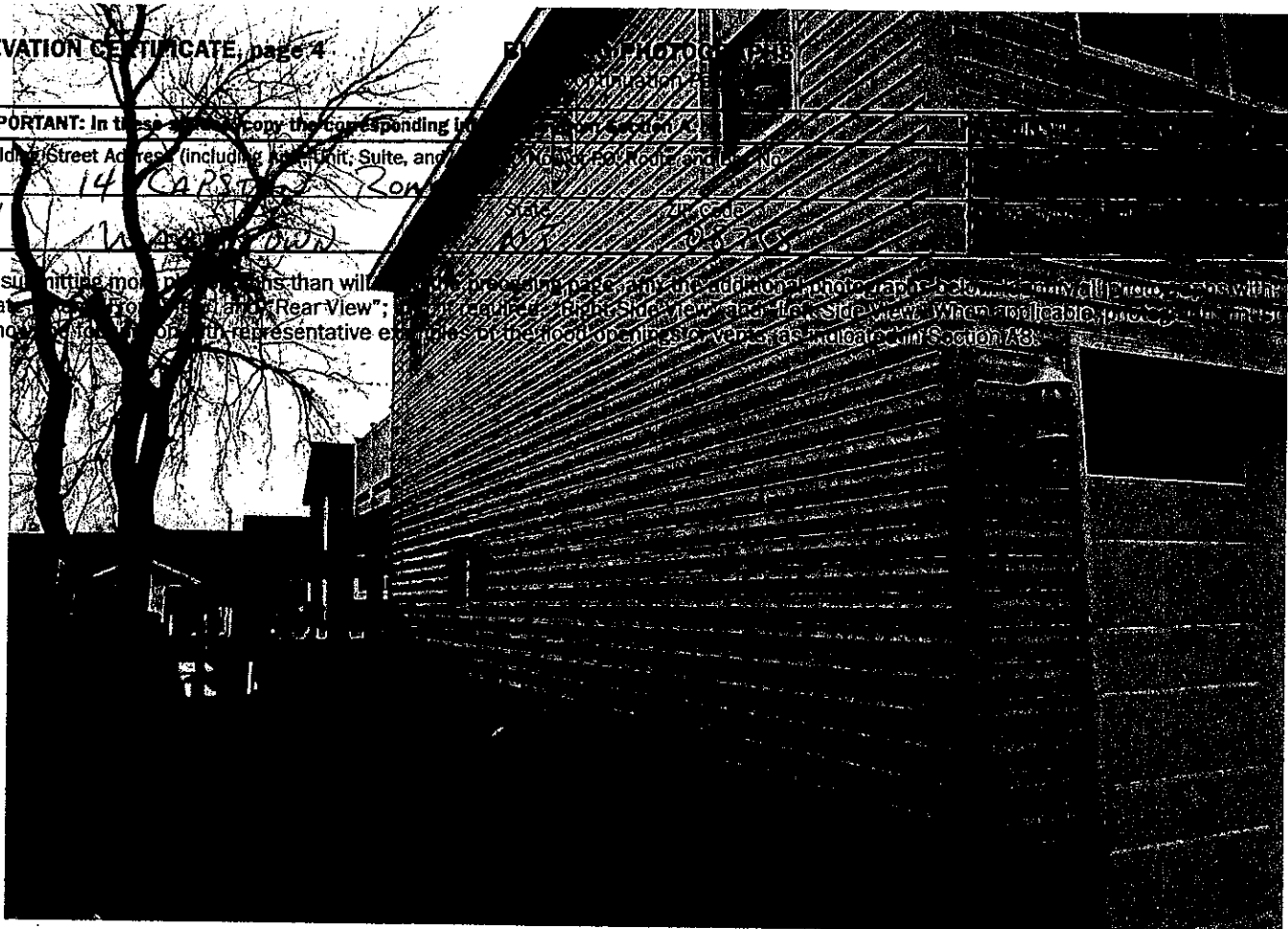
Building/Street Address (including Apt. #, Unit, Suite, and Room No.)

14 CARSTENSON ZONE

City

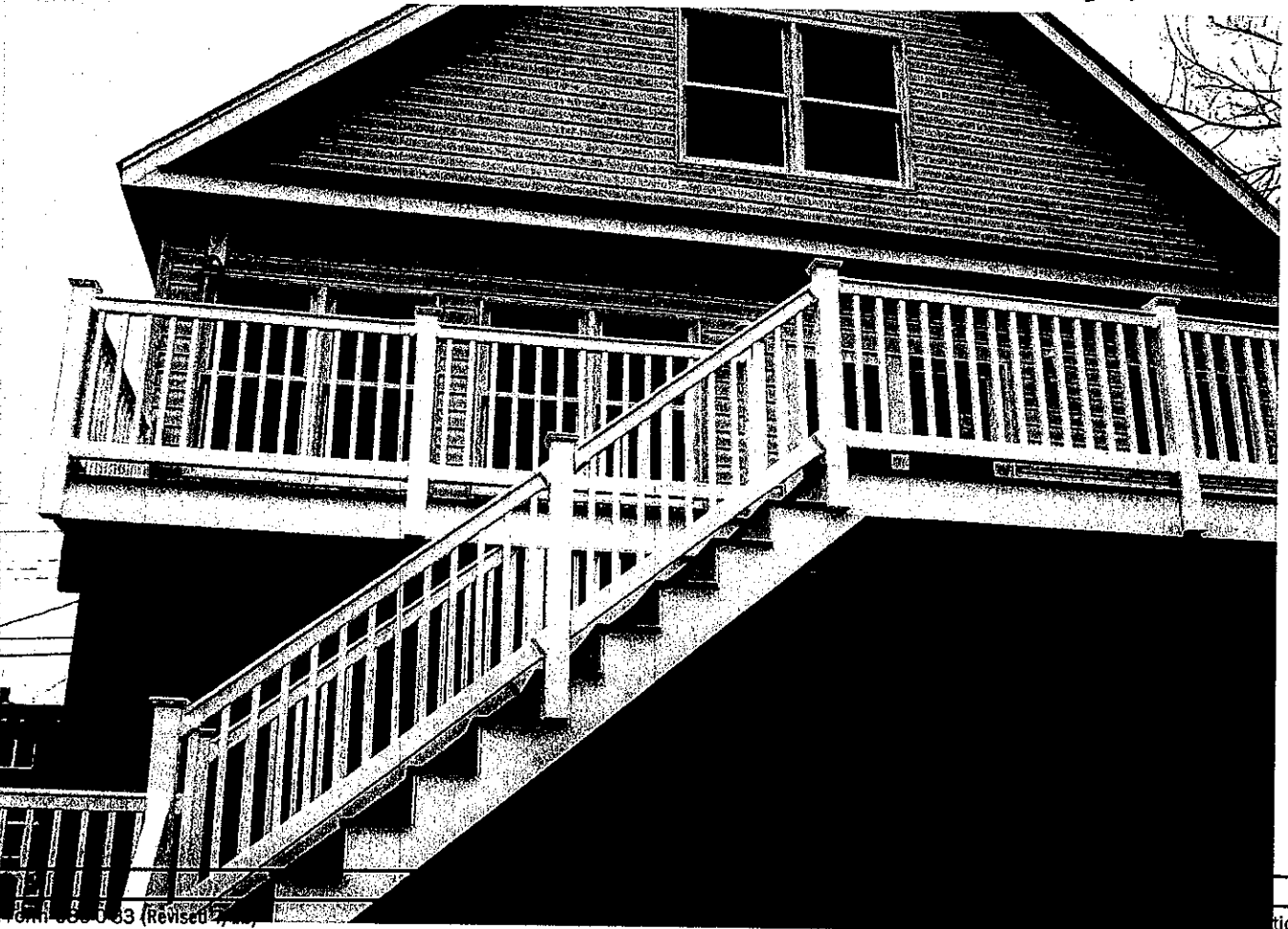
WABASH

If submitted more than one view, the front elevation page only. In addition, photograph the building from all views possible with date and time of day. "Rear View"; show representative examples of the building's exterior. Indicate and Section 1/3.



12-14-2015

LEFT SIDE-VIEW



12-14-2015

REAR VIEW

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 R.O. Route and Box No.

Policy Number:

14 CAPSTAN ROAD

City:

State

ZIP Code

WABER

If s
da
sh

