

# ELEVATION CERTIFICATE

IMPORTANT: Follow the instructions on pages 1-9.

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

## SECTION A - PROPERTY INFORMATION

*10/17/14*

A1. Building Owner's Name: REVIN J. SOLACK

A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or R.O. Route and Box No.: 39 SANDS POINT ROAD  
 City: WARETOWN State: NEW JERSEY ZIP Code: 08759

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.): TANMAG LOT 2 BLOCK 92 OCEAN TOWNSHIP OCEAN COUNTY N.J.

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

A5. Latitude/Longitude: Lat. 39 20 88.5 Long. -74 17 82 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): 1050 sq ft  
 b) No. of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade: 6  
 c) Total net area of flood openings in A8.b: 1200 sq ft  
 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 ft  
 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

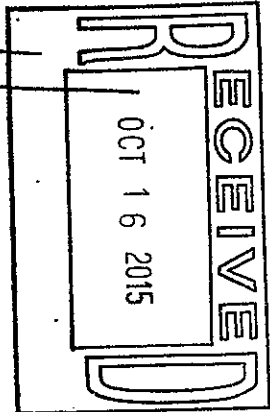
## SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

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, crawlspace, or enclosure floor)	<u>3.4</u>	Check the measurement used. <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> feet <input type="checkbox"/> meters <input type="checkbox"/> feet <input type="checkbox"/> meters <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters <input checked="" type="checkbox"/> feet <input type="checkbox"/> meters
b) Top of the next higher floor	<u>12.7</u>	
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>N/A</u>	
d) Attached garage (top of slab)	<u>N/A</u>	
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	<u>10.5</u>	
f) Lowest adjacent (finished) grade next to building (LAG)	<u>3.1</u>	
g) Highest adjacent (finished) grade next to building (HAG)	<u>3.3</u>	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>2.9</u>	



## 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.  We're 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>65 02748600</u>	
Title: <u>LAND SURVEYOR</u>	Company Name: <u>DOLAN - ENDRISS ASSOC. P.A.</u>		
Address: <u>651 WEST LAGGY ROAD</u>	City: <u>FORKED RIVER</u>	State: <u>NJ</u>	ZIP Code: <u>08731</u>
Signature: <u>[Signature]</u>	Date: <u>10-9-2015</u>	Telephone: <u>609-693-6452</u>	

WILLIAM C. ENDRISS  
[Signature]  
 PLACE SEAL HERE  
65-02748600  
 10-9-2015

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.

39 SANDS POINT 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) OUTSIDE AIR CONDITIONING UNIT @ ELEVATION 10.5, HOT WATER HEATER & FIRST FLOOR ELEV. 12.7, FURNACE IN ATTIC @ ELEV. 30.7 3) FLOOD VENTS ARE SMART VENTS MODEL 1540-570. 4) PRELIMINARY FEMA FLOOD MAP (DATED 1-30-2015) HAS PROPERTY IN ZONE AE ELEVATION 8'

Signature [Signature]

Date 10-9-2015

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 LOMRF 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.

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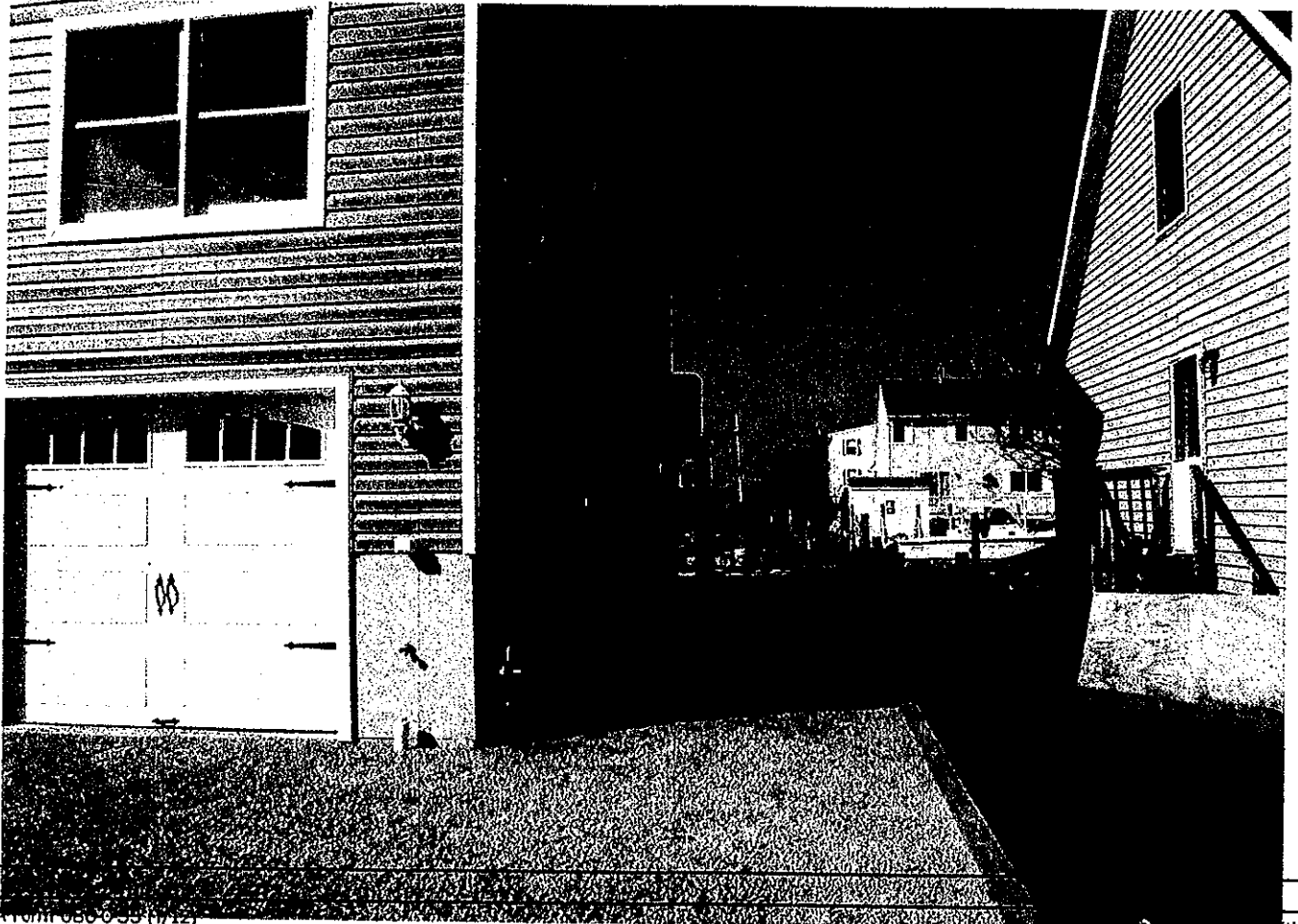
City

If  
for  
Si  
in



10-9-2015

FRONT VIEW



10-9-2015

RIGHT SIDE VIEW

ELEVATION

IMPACT	Corresponding Information to Section A	FOR INSURANCE COMPANY USE
Building S	Unit, Suite and/or Block No. or Full Name	Policy Number:
City	State ZIP Code	Company NAIC Number:

4205 Park Lane  
 State NE 68758

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



10-9-2015

Rear View

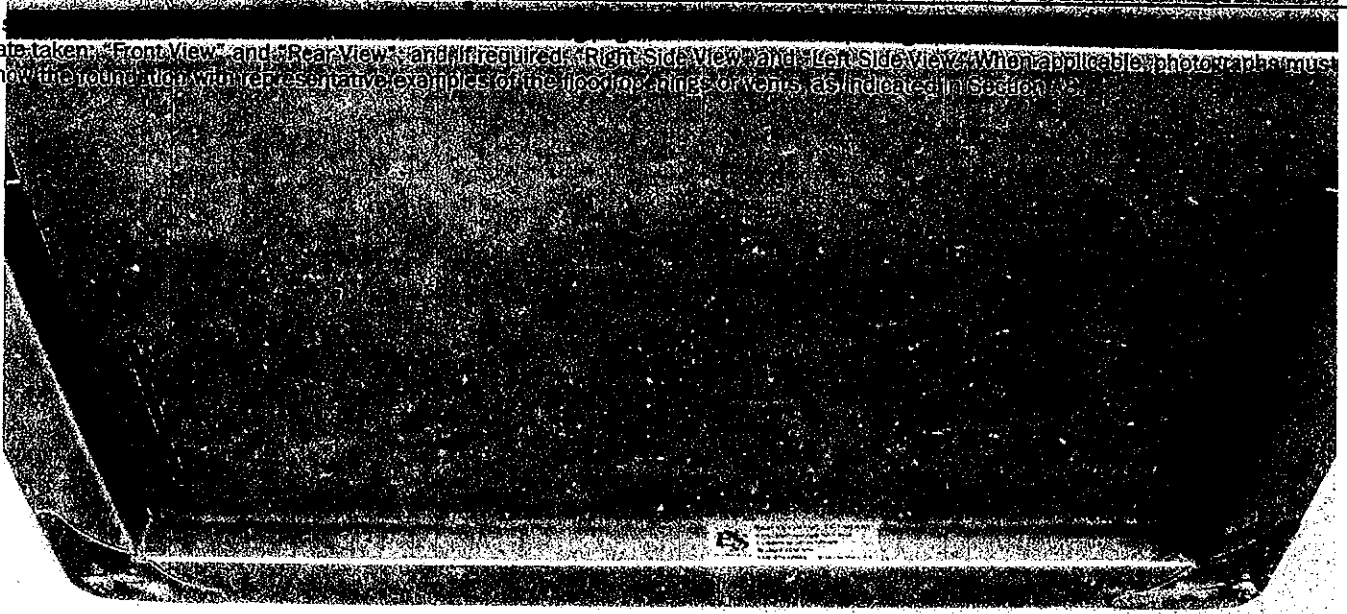


10-9-2015

Left Side View

<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. 39 SANDS POINT ROAD		Policy Number	
City WARRETON	State VA	ZIP Code 22875	County / Municipality

If date taken: Front View and Rear View and, if required, Right Side View and Left Side View, when applicable, photographs must show the room with representative examples of the flooding, dings, or vents, as indicated in Section 3.



10-9-2015

VIEW OF FLOOD VENT